

***** Caregiver Burden (Zarit burden interview) Form

Record ID

Site: 39 ADCID

Subject ID: PTID

Form Date: (Y-M-D)

Visit number: 1 (Initial visit), 2 and up (Follow up visit)

VISITNUM

Caregiver's initials: INITIALS

Data Entry Date: (Y-M-D)

Data Entry By

Administered Status

- 1 Yes
- 95 - No, Physical problem
- 96 - No, Cognitive/behavior problem
- 97 - No, Other problem
- 98 - No, Verbal refusal
- 99 - Not Administered

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Form A: to be completed by the caregiver

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ZARIT BURDEN INTERVIEW

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Indicate how often you experience the feelings listed by circling the number in the box that best corresponds to the frequency of these feelings

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1. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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3. Do you feel angry when you are around the relative?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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4. Do you feel that your relative currently affects your relationship with family member or friends in a negative way?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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5. Do you feel strained when you are around your relative?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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6. Do you feel that your health has suffered because of your involvement with your relative?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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7. Do you feel that you don't have as much privacy as you would like because of your relative?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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8. Do you feel that your social life has suffered because you are caring for your relative?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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9. Do you feel that you have lost control of your life since your relative's illness?
 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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10. Do you feel uncertain about what to do about your relative?

- 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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11. Do you feel you should be doing more for your relative?

- 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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12. Do you feel you could do a better job in caring for your relative?

- 0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

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Total for column 0

Total for column 1

Total for column 2

Total for column 3

Total for column 4

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Total Score
