

Appendix D.

Caregiver coping



D1. Caregiver burden scale

Caregiver's name: _____ Date: _____

The following questions reflect how people sometimes feel when they are taking care of another person. After each question, circle how often you feel that way: never, rarely, sometimes, frequently, or nearly always. There are no right or wrong answers.

	Never	Rarely	Sometimes	Frequently	Nearly always
1. Do you feel that your relative asks for more help than he or she needs?	0	1	2	3	4
2. Do you feel that because of the time you spend with your relative, you do not have enough time for yourself?	0	1	2	3	4
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0	1	2	3	4
4. Do you feel embarrassed over your relative's behavior?	0	1	2	3	4
5. Do you feel angry when you are around your relative?	0	1	2	3	4
6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?	0	1	2	3	4
7. Are you afraid about what the future holds for your relative?	0	1	2	3	4
8. Do you feel your relative is dependent on you?	0	1	2	3	4
9. Do you feel strained when you are around your relative?	0	1	2	3	4
10. Do you feel your health has suffered because of your involvement with your relative?	0	1	2	3	4
11. Do you feel that you do not have as much privacy as you would like, because of your relative?	0	1	2	3	4
12. Do you feel that your social life has suffered because you are caring for your relative?	0	1	2	3	4
13. Do you feel uncomfortable about having friends over, because of your relative?	0	1	2	3	4
14. Do you feel that your relative seems to expect you to take care of him or her, as if you were the only one he or she could depend on?	0 0	1 1	2 2	3 3	4 4
15. Do you feel that you do not have enough money to care for your relative, in addition to the rest of your expenses?	0	1	2	3	4
16. Do you feel that you will be unable to take care of your relative much longer?	0	1	2	3	4
17. Do you feel you have lost control of your life since your relative's illness?	0	1	2	3	4
18. Do you wish you could just leave the care of your relative to someone else?	0	1	2	3	4
19. Do you feel uncertain about what to do about your relative?	0	1	2	3	4
20. Do you feel you should be doing more for your relative?	0	1	2	3	4
21. Do you feel you could do a better job in caring for your relative?	0	1	2	3	4
22. Overall, how burdened do you feel in caring for your relative?	0	1	2	3	4

Total score: _____

SCORING KEY:

0 to 20 = little or no burden; 21 to 40 = mild to moderate burden; 41 to 60 = moderate to severe burden; 61 to 88 = severe burden.

FIGURE 4. Caregiver Burden Scale. This self-administered 22-item questionnaire assesses the "experience of burden."

Adapted with permission from Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. Gerontologist 1980;20:649-55.

