The Zarit Burden Interview

0: NEVER

1: RARELY

2: SOMETIMES

3: QUITE FREQUENTLY

4: NEARLY ALWAYS

Please circle the response the best describes how you feel.

Qu	estion	Score			
1	Do you feel that your relative asks for more help than he/she needs?	0 1 2 3 4			
2	Do you feel that because of the time you spend with your relative that you don't 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 behaviour?	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 our relationships with other family members or friends in a negative way?	0 1 2 3 4			
7	Are you afraid 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 don't 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			

Question		Score				
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/her as if you were the only one he/she could depend on?	0	1	2	3	4
15	Do you feel that you don't have enough money to take care of 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 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

Interpretation of Score:

- 0 21 little or no burden
- 21 40 mild to moderate burden
- 41 60 moderate to severe burden
- 61 88 severe burden

Patient last name:	Date of birth: / /
Patient first name:	Date: / /