

Form A: to be completed by the caregiver

ZARIT BURDEN INTERVIEW

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

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1) 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
2) Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?	0	1	2	3	4
3) Do you feel angry when you are around the relative?	0	1	2	3	4
4) Do you feel that your relative currently affects your relationship with family member or friends in a negative way?	0	1	2	3	4
5) Do you feel strained when you are around your relative?	0	1	2	3	4
6) Do you feel that your health has suffered because of your involvement with your relative?	0	1	2	3	4
7) Do you feel that you don't have as much privacy as you would like because of your relative?	0	1	2	3	4
8) Do you feel that your social life has suffered because you are caring for your relative?	0	1	2	3	4
9) Do you feel that you have lost control of your life since your relative's illness?	0	1	2	3	4
10) Do you feel uncertain about what to do about your relative?	0	1	2	3	4
11) Do you feel you should be doing more for your relative?	0	1	2	3	4
12) Do you feel you could do a better job in caring for your relative?	0	1	2	3	4

Total for each column _____

Total Score _____