

PATIENT NAME: _____

CARE PARTNER NAME: _____

DATE: _____

Zarit Burden Interview

Please fill in the number response that best describes how you feel:

0 = NEVER

1 = RARELY

2 = SOMETIMES

3 = QUITE FREQUENTLY

4 = NEARLY ALWAYS

QUESTION	SCORE
1. Do you feel that because of the time you spend with your relative you don't have enough time for yourself?	
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	
3. Do you feel angry when you are around your relative?	
4. Do you feel that your relative currently affects your relationships with other family members or friends in a negative way?	
5. Do you feel strained when you are around your relative?	
6. Do you feel your health has suffered because of your involvement with your relative?	
7. Do you feel that you don't have as much privacy as you would like because of your relative?	
8. Do you feel that your social life has suffered because you are caring for your relative?	
9. Do you feel you have lost control of your life since your relative's illness?	
10. Do you feel uncertain about what to do about your relative?	
11. Do you feel you should be doing more for your relative?	
12. Do you feel you could do a better job in caring for your relative?	