

Caregiver Burden Scale

Rank these statements on how true they are for you as a caregiver, using a scale of 0 to 4 with 0=Never and 4=Nearly Always.

Section 1

- ___ I don't have enough time for myself.
- ___ I am over-taxed by my responsibilities.
- ___ I have lost control over my life.
- ___ I am uncertain about what to do for my relative.
- ___ I should do more to help my relative.
- ___ I could do a better job caring for my relative.
- ___ I feel burdened by caring for my relative.
- ___ Total points for Section 1

Section 2

- ___ My relative needs help all the time.
- ___ My relative depends on me to help her complete daily tasks.
- ___ I fear what may happen to my relative in the future.
- ___ I fear that will not be enough money to care for my relative.
- ___ I fear I will not able to continue to care for my relative.
- ___ I wish someone else would take over my caregiving responsibilities
- ___ I feel a sense of strain when I'm with my relative.
- ___ Total points for Section 2

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Section 3

- ___ I sometimes feel anger toward my relative.
- ___ I am sometimes embarrassed by my relative.
- ___ I feel uncomfortable about having friends over.
- ___ Caring for my loved one has a negative impact on my social life.
- ___ Caregiving has a negative impact on my relationships with other family and friends
- ___ Caregiving has affected my health.
- ___ Being a caregiver impacts my privacy.
- ___ Total points for Section 3

___ **Total points from all 3 Sections**

Interpretation

No or minimal burden: 0 to 20

Mild to moderate burden: 21 to 40

Moderate to severe burden: 41 to 60

Severe burden: 61 to 88