

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.

- _____ 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 loved one.
- _____ I should do more to help my loved one.
- _____ I could do a better job caring for my loved one.
- _____ I feel burdened by caring for my loved one.
- _____ Total Score

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

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

_____ Total points from all scores.

Interpretation: No or Minimal Burden: 0 to 20
Mild or Moderate Burden: 21 to 40
Moderate to Severe Burden: 41 to 60
Severe Burden: 61 to 88

Adapted from The Family Practice Handbook