Family Report: Caregiving Issues

This questionnaire should be completed by the person who will help if the memory problem progresses.

The name of the person is: ______________________________________

My name is: ___________________________  My telephone is: ____________

What is your relationship to the person with the memory problem (your loved one)?

Spouse  Child  Relative/Friend  Other ______________

1. Do you feel that because of the time you spend with your relative that you don’t have enough time for yourself?

   Never  Rarely  Sometimes  Quite frequently  Nearly always

2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?

   Never  Rarely  Sometimes  Quite frequently  Nearly always

3. Do you feel angry when you are around your relative?

   Never  Rarely  Sometimes  Quite frequently  Nearly always

4. Do you feel that your relative currently affects your relationship with family members or friends in a negative way?

   Never  Rarely  Sometimes  Quite frequently  Nearly always

5. Do you feel strained when you are around your relative

   Never  Rarely  Sometimes  Quite frequently  Nearly always

6. Do you feel that your health has suffered because of your involvement with your relative?

   Never  Rarely  Sometimes  Quite frequently  Nearly always
7. Do you feel that you don’t have as much privacy as you would like because of your relative?
   Never   Rarely   Sometimes   Quite frequently   Nearly always

8. Do you feel that your social life has suffered because you are caring for your relative?
   Never   Rarely   Sometimes   Quite frequently   Nearly always

9. Do you feel that you have lost control of your life since your relative’s illness?
   Never   Rarely   Sometimes   Quite frequently   Nearly always

10. Do you feel uncertain about what to do about your relative?
    Never   Rarely   Sometimes   Quite frequently   Nearly always

11. Do you feel you should be doing more for your relative?
    Never   Rarely   Sometimes   Quite frequently   Nearly always

12. Do you feel you could do a better job in caring for your relative?
    Never   Rarely   Sometimes   Quite frequently   Nearly always

Adapted from abbreviated Zarit Burden Interview, Gerontologist 41:652-7;2001.

Scoring the Caregiver Issues
Never – 0
Rarely – 1
Sometimes – 2
Quite frequently – 3
Nearly always – 4

Instructions
Score the answers to questions 1 through 10 according to the number of points indicated. Record these scores and the answers to questions 11 and 12 on the left-hand side of the Memory Loss Evaluation: First Follow-Up form.