

# The Zarit Burden Interview



**To be completed by the patient's care partner/family member.**

Please circle the response that best describes how you feel.

**0:** Never **1:** Rarely **2:** Sometimes **3:** Quite Frequently **4:** Nearly Always

1. Do you feel that because of the time you spend with your loved one, that you don't have enough time for yourself?	0	1	2	3	4
2. Do you feel stressed between caring for your loved one and trying to meet other responsibilities for your family or work?	0	1	2	3	4
3. Do you feel angry when you are around your loved one?	0	1	2	3	4
4. Do you feel that your loved one currently affects your relationships with other family members or friends in a negative way?	0	1	2	3	4
5. Do you feel strained when you are around your loved one?	0	1	2	3	4
6. Do you feel your health has suffered because of your involvement with your loved one?	0	1	2	3	4
7. Do you feel that you don't have as much privacy as you would like because of your loved one?	0	1	2	3	4
8. Do you feel that your social life has suffered because you are caring for your loved one?	0	1	2	3	4
9. Do you feel you have lost control of your life since your loved one's illness?	0	1	2	3	4
10. Do you feel uncertain about what to do about your loved one?	0	1	2	3	4
11. Do you feel you should be doing more for your loved one?	0	1	2	3	4
12. Overall, how burdened do you feel in caring for your loved one?	0	1	2	3	4

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Carepartner \_\_\_\_\_ Date \_\_\_\_\_

Carepartner email \_\_\_\_\_