

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
13. Have the supports provided by Barrow Neurological Institute helped or improved the quality of care your loved one has received or reduced your level of stress? Please leave a comment below.	0	1	2	3	4

Patient Name _____ Date of Birth _____

Carepartner _____ Date _____