

Installation : \_\_\_\_\_

Dossier : \_\_\_\_\_  
 Nom, Prénom : \_\_\_\_\_  
 Date de naissance : \_\_\_\_\_  F  M  
 Aaaa-MM-JJ  
 NAM : \_\_\_\_\_ Exp. \_\_\_\_\_  
 Aaaa-MM  
 Nom de la mère : \_\_\_\_\_

## ZARIT BURDEN INTERVIEW

Please circle the response the best describes how you feel.

**Quotation:**

- 0 = never
- 1 = rarely
- 2 = sometimes
- 3 = quite frequently
- 4 = nearly always

Question	Score
<b>1</b> Do you feel that your relative asks for more help than he/she needs?	0 1 2 3 4
<b>2</b> Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0 1 2 3 4
<b>3</b> Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0 1 2 3 4
<b>4</b> Do you feel embarrassed over your relative's behaviour?	0 1 2 3 4
<b>5</b> Do you feel angry when you are around your relative?	0 1 2 3 4
<b>6</b> Do you feel that your relative currently affects your relationships with other family members or friends in a negative way?	0 1 2 3 4
<b>7</b> Are you afraid what the future holds for your relative?	0 1 2 3 4
<b>8</b> Do you feel your relative is dependent on you?	0 1 2 3 4
<b>9</b> Do you feel strained when you are around your relative?	0 1 2 3 4
<b>10</b> Do you feel your health has suffered because of your involvement with your relative?	0 1 2 3 4
<b>11</b> Do you feel that you don't have as much privacy as you would like because of your relative?	0 1 2 3 4
<b>12</b> Do you feel that your social life has suffered because you are caring for your relative?	0 1 2 3 4
<b>13</b> Do you feel uncomfortable about having friends over because of your relative?	0 1 2 3 4

Nom :

Prénom :

# Dossier :

<b>14</b>	Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	0	1	2	3	4
<b>15</b>	Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	0	1	2	3	4
<b>16</b>	Do you feel that you will be unable to take care of your relative much longer?	0	1	2	3	4
<b>17</b>	Do you feel you have lost control of your life since your relative's illness?	0	1	2	3	4
<b>18</b>	Do you wish you could leave the care of your relative to someone else?	0	1	2	3	4
<b>19</b>	Do you feel uncertain about what to do about your relative?	0	1	2	3	4
<b>20</b>	Do you feel you should be doing more for your relative?	0	1	2	3	4
<b>21</b>	Do you feel you could do a better job in caring for your relative?	0	1	2	3	4
<b>22</b>	Overall, how burdened do you feel in caring for your relative?	0	1	2	3	4
<b>TOTAL</b>						<b>/88</b>
<b>Interpretation of Score</b> 0 – 21 little or no burden 21 – 40 mild to moderate burden 41 – 60 moderate to severe burden 61 – 88 severe burden						

Signature and title : \_\_\_\_\_

Date : \_\_\_\_\_  
yyyy/mm/dd