

# 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.