

Zarit Burden Interview Assessing Caregiver Burden

Gerontologic health scientific literature identifies a number of scales to measure caregiver burden. The Zarit Scale of Caregiver Burden or the Zarit Burden Interview is the most widely used instrument. Originally designed and tested in 1980 containing 29 items, it was reduced to 22 questions. Subsequent adaptation of the scale made it particularly attractive. The research reported in *The Gerontologist* (2001, Vol 41, No. 5, 652-657) that a short 12-item version and 4-item screening version were found to correlate well with the full 22-item version. The short and simple 4-item screen, proven to be valid and reliable for its designated use, is self-administered by the caregiver. The screen has proven to be a helpful resource tool for caregivers and their families.

A courtesy of L'Orech Yomim/Center for Healthy Living, Inc. 2011

Suggested Scoring:

Zarit Burden Interview: Revised (22-items)

Total score range: 0 to 88
0-21: no to mild burden
21-40: mild to moderate burden
41-60: moderate to severe burden
≥ 61: severe burden

Zarit Burden Interview: Short (12-items)

Total score range: 0 to 48
0-10: no to mild burden
10-20: mild to moderate burden
> 20: high burden

Zarit Burden Interview: Screen (4-item)

Total score range: 0 to 16
≥ 8: high burden

Original: Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. *The Gerontologist* 1980; 20:649

Zarit Caregiver Burden Assessment (Revised, 22-items)

Name: _____

Date: _____

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After reading each statement, indicate how often you experience the feelings listed by circling the number that best corresponds to the frequency of these feelings.

| | Never | Rarely | Sometimes | Frequently | Nearly Always |
|---|-------|--------|-----------|------------|---------------|
| 1) 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 |
| 2) Do you feel embarrassed you're your relative's behavior? | 0 | 1 | 2 | 3 | 4 |
| 3) Do you feel angry when you are around your relative? | 0 | 1 | 2 | 3 | 4 |
| 4) Do you feel that your relative currently affects your relationship with other family members or friends in a negative way? | 0 | 1 | 2 | 3 | 4 |
| 5) Are you afraid what the future holds for your relative? | 0 | 1 | 2 | 3 | 4 |
| 6) Do you feel strained when you are around your relative? | 0 | 1 | 2 | 3 | 4 |
| 7) Do you feel that you do not have as much privacy as you would like because of your relative? | 0 | 1 | 2 | 3 | 4 |
| 8) Do you feel that your social life has suffered because you are caring for your relative? | 0 | 1 | 2 | 3 | 4 |
| 9) Do you feel uncomfortable about having friends over because of your relative? | 0 | 1 | 2 | 3 | 4 |
| 10) Do you feel that you have lost control of your life since your relative's illness? | 0 | 1 | 2 | 3 | 4 |
| 11) Do you wish you could just leave the care of your relative to someone else? | 0 | 1 | 2 | 3 | 4 |
| 12) Do you feel uncertain about what to do about your relative? | 0 | 1 | 2 | 3 | 4 |

| | Never | Rarely | Sometimes | Frequently | Nearly Always |
|--|-------|--------|-----------|------------|---------------|
| 13) Do you feel that you should be doing more for your relative? | 0 | 1 | 2 | 3 | 4 |
| 14) Do you feel you could do a better job in caring for your relative? | 0 | 1 | 2 | 3 | 4 |
| 15) Overall, how burdened do you feel in caring for your relative? | 0 | 1 | 2 | 3 | 4 |
| 16) Do you feel that your relative asks for more help than (s)he needs? | 0 | 1 | 2 | 3 | 4 |
| 17) Do you feel that because of the time you spend with your relative that you do not have enough time for yourself? | 0 | 1 | 2 | 3 | 4 |
| 18) Do you feel your relative is dependent upon you? | 0 | 1 | 2 | 3 | 4 |
| 19) Do you feel your health has suffered because of your involvement with your relative? | 0 | 1 | 2 | 3 | 4 |
| 19) Do you feel your health has suffered because of your involvement with your relative? | 0 | 1 | 2 | 3 | 4 |
| 20) 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 |
| 21) Do you feel that you will be unable to take care of your relative much longer? | 0 | 1 | 2 | 3 | 4 |
| 22) Do you feel that you do not have enough money to care for your relative in addition to the rest of your expenses? | 0 | 1 | 2 | 3 | 4 |

Scoring Instructions: Add Items 1-12 **Total 1-12 (maximum score = 48)** _____

Add Items 13-21 **Total 13-21 (maximum score = 36)** _____

Score #22 (maximum score = 4) _____

Total Score (88) _____

Zarit Caregiver Burden Assessment (**Short, 12-items**)

Name: _____

Date: _____

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After reading each statement, indicate how often you experience the feelings listed by circling the number that best corresponds to the frequency of these feelings.

| | Never | Rarely | Sometimes | Frequently | Nearly Always |
|--|-------|--------|-----------|------------|---------------|
| 1) Do you feel you don't have enough time for yourself? | 0 | 1 | 2 | 3 | 4 |
| 2) Do you feel stressed between caring and meeting other responsibilities? | 0 | 1 | 2 | 3 | 4 |
| 3) Do you feel angry when you are around your relative? | 0 | 1 | 2 | 3 | 4 |
| 4) Do you feel your relative affects your relationship with others in a negative way? | 0 | 1 | 2 | 3 | 4 |
| 5) Do you feel strained when are around your relative? | 0 | 1 | 2 | 3 | 4 |
| 6) Do you feel your health has suffered because of your involvement with your relative? | 0 | 1 | 2 | 3 | 4 |
| 7) Do you feel you don't have as much privacy as you would like, because of your relative? | 0 | 1 | 2 | 3 | 4 |
| 8) Do you feel your social life has suffered because you are caring for your relative? | 0 | 1 | 2 | 3 | 4 |
| 9) Do you feel you have lost control of your life since your relative's illness? | 0 | 1 | 2 | 3 | 4 |
| 10) Do you feel uncertain about what to do about relative? | 0 | 1 | 2 | 3 | 4 |
| 11) Do you feel you should be doing more for your relative? | 0 | 1 | 2 | 3 | 4 |
| 12) Do you feel you could do a better job in caring for your relative? | 0 | 1 | 2 | 3 | 4 |

Scoring Instructions: Add Items 1-12 **Total 1-12 (maximum score = 48)** _____

Zarit Caregiver Burden Assessment **(Screen, 4-items)**

Name: _____

Date: _____

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After reading each statement, indicate how often you experience the feelings listed by circling the number that best corresponds to the frequency of these feelings.

| | Never | Rarely | Sometimes | Frequently | Nearly Always |
|--|-------|--------|-----------|------------|---------------|
| 1) Do you feel that because of your relative that you don't have enough time for yourself? | 0 | 1 | 2 | 3 | 4 |
| 2) Do you feel stressed between caring for your relative and trying to meet other responsibilities (work, home)? | 0 | 1 | 2 | 3 | 4 |
| 3) Do you feel strained when you are around your relative? | 0 | 1 | 2 | 3 | 4 |
| 4) Do you feel uncertain about what to do about your relative? | 0 | 1 | 2 | 3 | 4 |

Scoring Instructions: Add Items 1-14 **Total 1-4 (maximum score = 16)** _____