

# Care partner burden calculator



Rate each item below from 1 (never) to 5 (almost always) according to how often you feel this way. Add all the numbers you have selected to determine your results.

☐ 1 Never
 ☐ 2 Rarely
 ☐ 3 Occasionally
 ☐ 4 Frequently
 ☐ 5 Almost always

I feel my care recipient...						
1	Asks for more help than they actually need.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2	Takes up so much of my time, there's none left for me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3	Behaves in a way that is embarrassing.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4	Makes me angry.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5	Makes the future look bleak.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6	Depends on me too much.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7	Causes me additional strain and stress.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8	Affects my relationship with other family members in a negative way.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9	Has needs that mean less privacy for me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10	Has impacted my social life in a negative way.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11	Makes me embarrassed to invite others over.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12	Attempts to control me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13	Expects a lot from me, and me alone.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14	Doesn't understand the financial burden placed on me as a result of providing them care.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15	Doesn't know that I am exhausted and cannot take care of them for much longer.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

**Total**

## Assessment results

### 15-30 Little or no burden

Your experience of the burden is manageable.

### 31-45 Mild to moderate burden

Your experience of the burden is somewhat stressful.

### 46-60 Moderate to severe burden

Your experience of the burden is increasingly stressful and may have an impact on your health.

### 61-75 Severe burden

Your experience of the burden is extremely stressful and puts you at a high risk of stress-related health issues.

Adapted from the FTLDA Caregiver Burden Scale; Zarit, S.H. et al (1980).

