

# WORKSHEET 2:

## Care Partner Burden Calculator

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

For each statement, circle the rating to indicate how often you feel this way.  
Add all the numbers you have selected and enter into the Total Score section.

0 Never 1 Rarely 2 Sometimes 3 Frequently 4 Nearly Always

I feel my care recipient						
1	Asks for more help than they actually need.	0	1	2	3	4
2	Takes up so much of my time, there's none left for me.	0	1	2	3	4
3	Behaves in a way that is embarrassing.	0	1	2	3	4
4	Makes me angry.	0	1	2	3	4
5	Makes the future look bleak.	0	1	2	3	4
6	Depends on me too much.	0	1	2	3	4
7	Causes me additional strain and stress.	0	1	2	3	4
8	Affects my relationship with other family members in a negative way.	0	1	2	3	4
9	Condition means less privacy for me.	0	1	2	3	4
10	Has impacted my social life in a negative way.	0	1	2	3	4
11	Makes me embarrassed to invite others over.	0	1	2	3	4
12	Attempts to control me.	0	1	2	3	4
13	Expects a lot from me, and me alone.	0	1	2	3	4
14	Doesn't understand the financial burden placed on me as a result of providing them care.	0	1	2	3	4
15	Doesn't know that I am exhausted and cannot take care of them for much longer.	0	1	2	3	4
<b>TOTAL</b>						<input type="text"/>

### ASSESSMENT RESULTS:

- 0 – 15 Little or No Burden**  
Your experience of the burden is manageable.
- 16 – 30 Mild to Moderate Burden**  
Your experience of the burden is somewhat stressful.
- 31 – 44 Moderate to Severe Burden**  
Your experience of the burden is increasingly stressful and may have an impact on your health.
- 45 – 60 Severe Burden**  
Your experience of the burden is extremely stressful and puts you at a high risk of stress-related health issues.

