

Caregiver: _____

CAREGIVER BURDEN ASSESSMENT

Are you "burning out?" Answer these questions and receive helpful information.

Since you began caregiving, how has assisting or having contact with the person for whom you care affected the following aspects of your life?

Do you have:

- a lot less
- a little less
- the same
- a little more
- a lot more . . .

	a lot less	a little less	the same	a little more	a lot more
... time to yourself?					
... stress in your relationship with your relative?					
... personal privacy?					
... attempts by your relative to manipulate you?					
... time to spend in recreational activities?					
... unreasonable requests made of you by your relative?					
... tension in your life?					
... vacation activities and trips?					
... nervousness and depression concerning your relationship with your relative?					
... feelings that you are being taken advantage of by your relative?					
... time to do your own work and daily chores?					
... demands made by your relative that are over and above what s/he needs?					
... anxiety about things?					
... time for friends and other relatives?					
Score:	OB = (>23 - services)		SB= (>13.5 -counseling)		DB= (>15 - info)

Return To: Erie County Department of Senior Services, Caregiver Resource Center
95 Franklin St., Rm. 1301, Buffalo, NY 14202

Case Manager: _____