



StrokeUnderstood

Caregiver Burden Assessment

Name: _____

Today's date: _____ (day/month/year)

Is the person you are caring for residing in long-term care? ___ Yes ___ No

How long have you been participating in the stroke support group?

- Less than 3 months
- Between 3 and 6 months
- Between 6 months and one year
- Between one and two years
- More than two years
- Unsure

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
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?					