

Appendix Burden Scale for Family Caregivers

Please read each of the following statements and decide which answer corresponds best to your caregiving situation.

1. I feel fresh and rested when I get up in the morning.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
2. The care I provide has made me less content with my life.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
3. I often feel physically exhausted.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
4. From time to time I wish I could "run away" from the situation I'm in.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
5. I wish I could talk to others about my role as a caregiver.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
6. I have enough time for my own needs and interests.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
7. I feel appreciated by the person I'm caring for.
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not
8. I can switch off when I'm not "on duty".
 - Yes, definitely
 - Yes, generally
 - No, not really
 - No, definitely not