

# LGS CAREGIVER STRESS Self-Assessment



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way by circling the number best corresponding to the frequency of those feelings. There are no right or wrong answers. For this survey, the word “patient” is used to describe the person with LGS that you currently care for.

	Never	Rarely	Sometimes	Frequently	Nearly Always
Do you feel stressed between caring for your patient and trying to meet other responsibilities for your family or your work?	0	1	2	3	4
Do you feel embarrassed by your patient's behavior?	0	1	2	3	4
Do you feel angry or strained when you are around your patient?	0	1	2	3	4
Do you feel that your patient affects your relationship with other family members in a negative way?	0	1	2	3	4
Are you afraid of what the future holds for your patient?	0	1	2	3	4
Do you feel that you do not have as much privacy as you would like because of your patient?	0	1	2	3	4
Do you feel that your social life has suffered because you are caring for your patient?	0	1	2	3	4
Do you feel uncomfortable having friends over because of your patient?	0	1	2	3	4
Do you feel that you have lost control of your life since your patient's illness?	0	1	2	3	4

	Never	Rarely	Sometimes	Frequently	Nearly Always
Do you feel uncertain about what to do about your patient?	0	1	2	3	4
Do you feel that you should be doing more for your patient?	0	1	2	3	4
Do you feel you could do a better job in caring for your patient?	0	1	2	3	4
Overall, how burdened do you feel in caring for your patient?	0	1	2	3	4
Do you feel that because of the time you spend with your patient that you do not have enough time for yourself?	0	1	2	3	4
Do you feel your health has suffered because of your involvement with your patient?	0	1	2	3	4
Do you feel that you will be unable to take care of your patient for much longer?	0	1	2	3	4
Do you feel that your patient is dependent on you?	0	1	2	3	4
Do you feel that you do not have enough money to care for your patient in addition to the rest of your expenses?	0	1	2	3	4
TOTAL PER COLUMN:					

### GRAND TOTAL:

<b>SCORING:</b>	0–18 = Little/No Stress	19–36 = Mild/Moderate Stress
	37–54 = Moderate/Severe Stress	55–72 = Severe Stress

Modified from: Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. *The Gerontologist*. 1980;20:649-655.