

### Caregiver Burden Scale

*Someone with Alzheimer's disease or a related disorder may need assistance in some of the following areas. For each characteristic for which the patient needed assistance DURING THE PAST MONTH, indicate if you have provided this assistance and if doing so added to your stress level, and why. All questions must be answered with a yes/no response; leave blank if not applicable. If no or blank, go to the next item.*

<b>Characteristic</b>	<b>Patient Needs Assistance?</b>	<b>Do You Provide Assistance?</b>	<b>Does it Add to Your Stress Level?</b>	<b>Why?</b>
Transportation	Y N	Y N	Y N	
Housekeeping	Y N	Y N	Y N	
Cooking	Y N	Y N	Y N	
Shopping	Y N	Y N	Y N	
Decision Making	Y N	Y N	Y N	
Financial Record ... Keeping	Y N	Y N	Y N	
Walking	Y N	Y N	Y N	
Making House ... Repairs	Y N	Y N	Y N	
Farming/Yard ... Work	Y N	Y N	Y N	
Administering ... Medication	Y N	Y N	Y N	
Dressing	Y N	Y N	Y N	
Bathing	Y N	Y N	Y N	
Eating	Y N	Y N	Y N	
Toileting	Y N	Y N	Y N	
Leaving Patient ... Unattended	Y N	Y N	Y N	