

# CAREGIVER

## BURDEN QOL ASSESSMENT FORM

Caring for a pet who is unwell can have impacts on our own wellbeing, with many caregivers experiencing moments of overwhelm, exhaustion or distress, at certain times, throughout the journey.

If your vet has asked you to complete this assessment form, we encourage you to think about how you and your family are feeling during this time.

The following is a list of statements that reflect how people sometimes feel when taking care of their pet. After reading each statement, please indicate how often you experience the feelings described, by circling the number that best corresponds to the frequency of those feelings.

As time goes on and your pet's care requirements increase, you may need to repeat the evaluation. It is often useful to fill out the assessment form every few days and record your results over an extended period. We have provided logs for you to do this for as long as you feel appropriate. In some cases, this process will give you reassurance that you are managing ok, whilst in others it may help you realise you need to make some changes, seek additional support, or consider different care choices for you and your pet. Your wellbeing is important and support is available.

### Scoring:

Scoring for each question is as follows.

**Never (0 pts)**    **Rarely (1 pt)**    **Occasionally (2 pt)**    **Frequently (3 pt)**    **Almost Always (4 pt)**

### Questions:

Circle your response for each question and tally the total.

- |  |                       |   |                       |   |                       |   |                       |   |
|--|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|
| 1. Do you feel you don't have enough time for yourself because of the time you spend caring for your pet?                  | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 2. Do you feel stressed between taking care of your pet and trying to meet other responsibilities for your family or work? | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 3. Do you feel embarrassed by your pet's behavior?   | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 4. Do you get angry when you are around your pet?  | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 5. Do you feel that your pet currently negatively affects your relationship with other family members or friends?          | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 6. Are you afraid of what the future holds for your pet?   | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |
| 7. Do you feel tense when you are around your pet?   | <input type="radio"/> | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 |

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### Questions (cont):

Circle your response for each question and tally the total.

8. Do you feel that your health has been affected because of your involvement with your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. Do you feel that your social life has been affected because you are taking care of your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10. Do you feel uncomfortable having friends over because of your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11. Do you feel that you don't have enough money to take care of your pet in addition to the rest of your expenses?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12. Do you feel that you won't be able to take care of your pet for much longer?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13. Do you feel that you have lost control of your life since your pet's illness?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14. Would you prefer to leave the care of your pet to someone else?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15. Do you feel uncertain about what to do regarding your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16. Do you think you should do more for your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17. Do you think you could take better care of your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18. Overall, to what extent do you feel overwhelmed in taking care of your pet?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

### Results:

A score above 18 = indicative of clinically significant caregiver burden.

**0 - 18 Little or no burden**

**19 - 36 Mild to moderate burden**

**37 - 54 Moderate to severe burden**

**55 - 72 Severe burden**



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### Monthly Diary

Month Of : _____						
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Average Score For This Month:</b>		0 - 18 Little or no burden 19 - 36 Mild to moderate burden		37 - 54 Moderate to severe burden 55 - 72 Severe burden		

The Sunset Vets Palliative Care and End of Life **Caregiver Quality of Life Assessment Form** is a modified Zarit Burden Interview Tool, first adapted and validated for Pet Caregivers by M. Spitznagel, et al, of Kent State University. This modified tool has been produced with permission.

To learn more about the researchers work and access additional resources head to:  
[www.petcaregiverburden.com](http://www.petcaregiverburden.com).

For additional copies of this Caregiver QOL Assessment Form please contact Sunset Vets Palliative and End of Life Care.

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