Caregiver Burnout Quiz

Twelve questions about the last two weeks. See where the strain sits, then plan one change.



WHY IT HELPS

Caring for a parent, partner or child wears you down slowly. A short check every month or two shows which part of your life is giving way first, so you can ask for the right help before it builds.

HOW TO USE IT

Check	Answer 12 lines for the last two weeks.
Score	Add each area, then the total.
Plan	Pick one change for each heavy area.

INSIDE

2, 4	A filled-in example
3	My self-check
5	My relief plan
6	My scores over time

Bring it to your own doctor. Caregivers often skip their own care. This sheet gives you words for how things really are.

DATE
Sunday, March 8

I CARE FOR
My dad, Frank (stroke, 2024)

Answer for the last two weeks. Pick one box per line.

RARELY 0 SOMETIMES 1 OFTEN 2

1 Sleep and energy

Area score *5* / 6

1	I feel tired even after a full night in bed.	Rarely	Sometimes	**Often**
2	My sleep is interrupted by caregiving tasks or worry.	Rarely	Sometimes	**Often**
3	I find it hard to concentrate at work or at home.	Rarely	**Sometimes**	Often

2 My own health and time

Area score *4* / 6

4	I put off my own appointments or medicines because there is no time.	Rarely	Sometimes	**Often**
5	I have more headaches, stomach problems or aches than before.	Rarely	**Sometimes**	Often
6	I have stopped doing things I used to enjoy.	Rarely	**Sometimes**	Often

3 Mood

Area score *3* / 6

7	I get short-tempered with people I care about.	Rarely	**Sometimes**	Often
8	I feel guilty when I take time for myself.	Rarely	Sometimes	**Often**
9	I am not sure how much longer I can keep going like this.	**Rarely**	Sometimes	Often

4 Support

Area score *4* / 6

10	I feel alone in making decisions about their care.	Rarely	Sometimes	**Often**
11	I worry about money because of caregiving costs or lost work hours.	Rarely	**Sometimes**	Often
12	I feel that nobody understands what my days are like.	Rarely	**Sometimes**	Often

MY TOTAL

16 / 24

0 to 7	Steady for now
8 to 15	Strain is building
16 to 24	High strain

MY HEAVIEST AREAS
Sleep and energy, My own health and time

If you have thoughts of harming yourself or the person you look after, get help now. In the US or Canada, call or text 988. If anyone is in immediate danger, call 911 or the emergency number where you live.

DATE

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1 One change for each heavy area

AREA	ONE CHANGE THIS WEEK
Sleep and energy	Ask Dan to cover Saturday night
My own health and time	Book the physical I keep moving

2 Hand off a task

Name the task, the person and the day.

TASK	WHO COULD DO IT	WHEN I WILL ASK, OR THE DAY	DONE
Pick up prescriptions	My brother Dan	Tue after work	☑
Sit with Dad on Thursday evening	Neighbor, Ruth	Thu 6 to 9 pm	☑
Drive Dad to physio	My sister Ana	Friday morning	☐
			☐
			☐
			☐
			☐

3 People and services to call

Area Agency on Aging: respite list

Dad's care team nurse line

FOR MY NEXT APPOINTMENT

What I want to raise with my doctor or care team.

1 One change for each heavy area

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			☐
			☐
			☐
			☐
			☐
			☐
			☐

3 People and services to call

FOR MY NEXT APPOINTMENT

What I want to raise with my doctor or care team.

My scores over time

Take the self-check every four to eight weeks, or after a big change. Write each area score and what changed.

DATE	TOTAL	SLEEP, ENERGY	HEALTH, TIME	MOOD	SUPPORT	WHAT CHANGED

FOR MY NEXT APPOINTMENT

What I want to raise with my doctor or care team.

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