New: Burden Scale for Family Caregivers in 20 European languages

With this scale, valid assessment of subjective burden among family caregivers is possible all over Europe using the same questionnaire.

1. Background

The burden experienced by family caregivers is the most important caregiver-related variable in care at home of a chronically-ill person. The extent of subjective burden has significant impact on the emotional and physical health of the family caregiver, and even influences the mortality of spouse caregivers. It affects the way the family caregiver deals with the care-receiver and determines the time of institutionalization.

2. Burden Scale for Family Caregivers BSFC

We are asking you for information about your <u>present</u> situation. The present situation comprises your caregiving deduced from the illness of your family member (or friend).

The following statements often refer to the type of your assistance. This may be any kind of support up to nursing care.

Please draw an "X" for the best description of your present situation. Please answer every question!

		strongly ag- ree	agree	disagree	strongly disagree
1.	I feel fresh and rested in the morning.				
2.	My life satisfaction has suffered because of the care.				
3.	I often feel physically exhausted.				
4.	From time to time I wish I could "run away" from the situation I am in.				
5.	I miss being able to talk with others about the care.				
6.	I have enough time for my own needs and interests.				
7.	Sometimes I feel that the person I am caring for is using me.				
8.	Away from the caring situation I can switch off.				

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		strongly ag- ree	agree	disagree	strongly disagree
n	ecessary nursing care (washing, eeding etc).				
	ometimes I don't really feel like myself' as before.				
	The care I give is acknowledged by thers.				
	ince I have been a caregiver my nancial situation has decreased.				
	feel like being forced into this aregiving situation.				
	The wishes of the person I am caring or are reasonable in my opinion.				
	feel I have a handle on the care ituation.				
	My health is affected by the care ituation.				
	am still capable of feeling really oyful.				
	have had to give up future plans ecause of the care.				
	t doesn't bother me if outsiders are ware of the sick person's situation.				
	The care takes a lot of my own trength.				
eı	feel torn between the demands of my nvironment (such as family) and the emands of the care.				

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	strongly agree	agree	disagree	strongly disagree
22. I feel I have a good relationship with the person I am caring for.				
23. I have problems with other family members due to the care.				
24. I feel I should take a break.				
25. I am worried about my future because of the care I give.				
26. My relationships with other family members, relatives, friends and acquaintances are suffering as a result of the care.				
27. I feel sad because of the fate of the person I am caring for.				
28. I can take care of other daily obligations to my satisfaction in addition to the caregiving.				

Thank you very much!

3. Evaluation

The responses to the 28 statements of the BSFC are rated according to the following scheme:

- a) For the statements numbered
- 1, 6, 8, 9, 11, 14, 15, 17, 19, 22 and 28

the rating is as follows:

Response:	Points:
Strongly agree	0
Agree	1
Disagree	2
Strongly disagree	3

b) For the remaining statements numbered

2, 3, 4, 5, 7, 10, 12, 13, 16, 18, 20, 21, 23, 24, 25, 26 and 27 the rating is reversed:

Response:	Points:
Strongly agree	3
Agree	2
Disagree	1
Strongly disagree	0

4. Interpretation of the sum score

The interpretation of the BSFC score depends on the disease causing the need for care. If this is dementia, the interpretation is made according to Table 1. For all other diseases, that is when dementia is not involved, Table 2 applies.

The assignment of the BSFC score to the categories

- a) not or mildly burdened
- b) **moderately** burdened
- c) severely or very severely burdened

is made depending on the risk of psychosomatic symptoms, which

- in a) is **not** increased,
- in b) is increased
- in c) is **strongly** increased.

Table 1: Interpretation of the BSFC score for caregivers of individuals with dementia

BSFC Score	Subjective burden categories	Risk of psychosomatic symptoms	Sample percentage (N = 1236)
0 – 35	none to mild	not at risk ^{a)}	33.8 %
36 – 45	moderate	increased risk ^{b)}	25.3 %
46 –84	severe to very severe	at very high risk ^{c)}	40.9 %

^{a)} if the BSFC score ranges from 0 to 35, the extent of overall physical symptoms (Gießen Symptom List GBB-24) corresponds to the expected value in the "normal population", that is, 50% of those caregivers have a percentile rank (PR) of physical symptoms \leq 50 and the other 50% a PR > 50.

b) if the BSFC score ranges from 36 to 45, 74% of those caregivers have an above-average extent of physical symptoms (PR > 50).

c) if the BSFC score ranges from 46 to 84, 90% of those caregivers have an above-average extent of physical symptoms (PR > 50).

Table 2: Interpretation of the BSFC score for caregivers of individuals **without dementia**

BSFC Score Subjective bur-Risk of psychosomatic den categories symptoms			Sample percentage (N = 591)	
0 – 41	none to mild	not at risk ^{a)}	61.4 %	
42 - 55	moderate	increased risk ^{b)}	24.4 %	
56 –84	severe to very severe	at very high risk ^{c)}	14.2 %	

a) if the BSFC score ranges from 0 to 41, the extent of overall physical symptoms (Gießen Symptom List GBB-24) corresponds to the expected value in the "normal population", that is, 50% of those caregivers have a percentile rank (PR) of physical symptoms \leq 50 and the other 50% a PR > 50.

b) if the BSFC score ranges from 42 to 55, 74% of those caregivers have an above-average extent of physical symptoms (PR > 50).

c) if the BSFC score ranges from 56 to 84, 90% of those caregivers have an above-average extent of physical symptoms (PR > 50).