

Outcome Measure	Caregiver Burden Interview (CBI)
Sensitivity to Change	Not enough evidence
Population	Adult
Domain	Family Environment
Type of Measure	Self-report (by carer)
ICF-Code/s	e4
Description	<p>This modified Burden Questionnaire (Machamer, Temkin et al. 2002) is a 30 item multidimensional measure of caregiving experience. The original version contains 22 items concerning negative aspects of caregiving from the Caregiver Burden Interview (Zarit, Reever et al. 1980). The modified version includes the addition of eight other items that describe the positive aspects of caregiving experience (Teri, Logsdon et al. 1997).</p> <p>Each item is rated on a scale from 0 to 4 to represent its frequency of occurrence, ranging from 'never feels that way' to 'nearly always feels that way.' Not applicable responses are coded as equal to zero for 'never feel that way.'</p> <p>A total score is calculated by subtracting the sum of the responses on the negative items from the sum of the responses of the positive items. The scores on the positive items range from 0 to 32, the scores on the negative items range from 0 to 88 and total possible scores ranges from -88 to 32.</p>
Properties	<p><u>Bachner & O'Rourke (2007)</u>: Applied a reliability generalization meta-analytic procedure to assess the reliability of the CBI across populations. The average estimate of internal consistency as measured by Cronbach's alpha was $\alpha=0.86$ ($SD=0.06$; median $\alpha=0.88$). This average suggests good internal consistency across studies. Generally, responses to the CBI appear reliable across populations of caregivers and patients. Only versions of the CBI with more or less than 22-items (nonstandard formats) reflect both statistical and meaningful differences in reliability. Where feasible, it is recommended that the 22-item version of the CBI be used in future research and clinical practice.</p> <p><u>Siegert et al (2010)</u>: Conducted exploratory and confirmatory factor analysis and Rasch analysis of the CBI in ABI (traumatic brain injury comprised 49.5% of the sample). Principal components analysis revealed 2 major factors: personal strain and role strain. They were then examined using Rasch analysis which identified 2 reliable unidimensional scales.</p> <p><u>Machamer et al. (2002)</u>: Responses on the modified CBI (grouped into negative, intermediate and positive) were significantly associated with</p>

	head injury severity ($p = <.05$), neuropsychological status ($p <.001$) and functional status at 6 months (Glasgow Outcome Scale; $p <.001$).
Advantages	<ul style="list-style-type: none"> • Quick to administer (only 30 items). • The modified 30-item version examines positive (as well as negative) aspects of the caregiving experience. • Available in the public domain.
Disadvantages	<ul style="list-style-type: none"> • Appears to be predominantly used in dementia, with little information regarding psychometric properties for use in TBI.
Reviewers	Robyn Tate

References

Machamer, J., N. Temkin and S. Dikmen (2002). "Significant other burden and factors related to it in traumatic brain injury." Journal of Clinical and Experimental Neuropsychology **24**(4): 420-433.

Teri, L., R. G. Logsdon, J. Uomoto and S. M. McCurry (1997). "Behavioral treatment of depression in dementia patients: A controlled clinical trial." Journals of Gerontology Series B-Psychological Sciences and Social Sciences **52**(4): P159-P166.

Zarit, S. H., K. E. Reever and J. Bachpeterson (1980). "Relatives of the Impaired Elderly - Correlates of Feelings of Burden." Gerontologist **20**(6): 649-655.