

ABSTRACT

Background: Caregivers of stroke survivors frequently experience substantial physical, emotional, social, and financial burden, particularly in rehabilitation settings. Despite this, there is a lack of comprehensive and multidimensional tools specifically designed to assess caregiver burden within physiotherapy practice.

Methodology: A cross-sequential methodological study design was adopted. In Phase I, the E-SCSSP was developed through extensive literature review and expert consultation, covering domains such as physical, emotional, social, financial, cognitive-behavioral, sleep-related, and support system factors. Phase II involved content validation using the Content Validity Index (CVI). In Phase III, a pilot study was conducted among 20 caregivers of stroke patients to assess feasibility, clarity, and preliminary reliability. Data were analyzed using descriptive statistics and inferential tests, including t-test, ANOVA, and Pearson correlation.

Results: The mean caregiver burden score was 95.35 ± 17.21 , indicating a high level of burden. Among participants, 70% reported high burden and 25% reported severe burden. A statistically significant difference in burden was observed across age groups ($p = 0.009$), with caregivers aged 30–45 years experiencing the highest burden. No significant gender difference was found ($p = 0.503$). The scale demonstrated good feasibility, ease of administration, and clarity.

Conclusion: The E-SCSSP is a valid, reliable, and practical tool for assessing caregiver burden in stroke rehabilitation. It enables comprehensive evaluation and supports healthcare professionals in planning targeted interventions to improve caregiver well-being and patient outcomes.

Keywords: *Stroke, Caregiver Burden, Physiotherapy, Rehabilitation, Scale Development, E-SCSSP*

TABLE OF CONTENTS

SL NO.	NAME	PAGE NO.
	Certificate	i
	Declaration	ii
	Approval Sheet	iii
	Dedication	iv
	Acknowledgement	v
	Abstract	vi
	List of Table	vii
	List of Figures	viii
	List of Graphs	ix
	List of Abbreviation	x
1.	Introduction	1
2.	Review of literature	9
3.	Aim and Objective	21
4.	Materials and Methods	23

5.	Statistical Analysis	41
6.	Results	45
7.	Discussion	58
8.	Conclusion	63
9.	Limitations and Recommendations	65
10.	References	67
11.	Annexures	
	Annexure. A: Consent From (English)	74
	Annexure. B: Consent From (Hindi)	76
	Annexure. C: Consent From (Bengali)	78
	Annexure. D: Evaluation Performa	81
	Annexure. E: Master Chart	84