The Caregiver Self-Care Checklist

A practical, printable list of the things that keep a family caregiver standing — health, rest, help, breaks, and the warning signs worth catching early.

How to use this: Don't try to do all of it. Print it, go through it once with a pen, and check off what is already true. Circle three unchecked items to work on this month. Come back to it every few weeks — caregiving changes, and so will your answers. A companion workbook goes deeper on each of these areas.

START HERE: AN HONEST LOOK AT WHERE YOU ARE

- ☐ Name out loud (or on paper) that you are a caregiver — not just a daughter, son, husband, wife, or neighbor who helps out.
- ☐ Write down how many hours in a typical week you spend on caregiving tasks, including the mental work of worrying and planning.
- ☐ List the three caregiving tasks that drain you the most.
- ☐ List the one caregiving task you actually don't mind doing.
- ☐ Note the last time you did something purely for yourself, and how long ago that was.
- ☐ Ask yourself: if I got sick tomorrow, who would step in? Write the name, or write “no one” if that's the honest answer.

PROTECT YOUR OWN HEALTH FIRST

- ☐ Schedule your own annual physical — pick a date this week, even if the appointment is months out.
- ☐ Schedule any screening you have postponed (dental, vision, bloodwork, mammogram, colonoscopy, skin check).
- ☐ Refill your own prescriptions on the same day you refill the ones you manage for someone else.
- ☐ Tell your own doctor, in plain words, that you are a caregiver and how many hours a week it takes.
- ☐ Ask your doctor for a blood pressure check and a depression screening — both are common casualties of long-term caregiving.
- ☐ Keep a short written list of your own symptoms so you don't dismiss them at the appointment.

- [ ] Get a flu shot and any other vaccines you're due for — you are the person who cannot afford to be sick.

SLEEP, FOOD, AND MOVEMENT

- [ ] Pick a realistic bedtime and set an alarm to remind you to start winding down.
- [ ] Move the baby monitor, phone, or bell out of arm's reach if it is waking you unnecessarily.
- [ ] Identify what specifically interrupts your sleep, and name one thing that could reduce it.
- [ ] Stock five easy, real meals you can make in under ten minutes so exhaustion doesn't become skipped meals.
- [ ] Fill a water bottle in the morning and keep it where you sit most often.
- [ ] Choose one movement you will actually do — a ten-minute walk, stretching during a TV show, walking the hallway during a nap.
- [ ] Put that movement on the calendar three times this week, at a specific time.
- [ ] Notice your caffeine and alcohol use honestly; write down what a typical day looks like.

BUILD A REAL BACKUP BENCH

- [ ] List every person who could help in any way — family, friends, neighbors, church or synagogue members, coworkers.
- [ ] Beside each name, write the one task that person is actually suited for.
- [ ] Break one large task into a small, specific, time-bound request (“Sit with Dad Saturday 1–4” instead of “help more”).
- [ ] Make that one specific ask this week — by text, phone, or in person.
- [ ] Keep a running “if you want to help” list on the refrigerator so you have an answer ready when someone offers.
- [ ] Say yes the next time someone offers, even if it's easier to do it yourself.
- [ ] Spread your requests across different people so one person doesn't burn out and disappear.
- [ ] Ask a sibling or relative who lives far away for a concrete, remote task: bill paying, insurance calls, ordering supplies, research.

GET ACTUAL BREAKS

- [ ] Find out whether your area's Area Agency on Aging offers respite care, and call to ask.
- [ ] Check whether your loved one qualifies for adult day services, and ask for a tour.
- [ ] Ask a home care agency what a few hours a week would cost, so you know the real number.
- [ ] Check whether long-term care insurance, VA benefits, or Medicaid waivers cover any respite hours.
- [ ] Block one recurring break on the calendar — same day, same time, every week.
- [ ] Decide in advance what you will do with that break, so it doesn't get filled with errands.
- [ ] Line up a second, backup person for that recurring break so a cancellation doesn't erase it.
- [ ] Take one full day off within the next 60 days and plan the coverage now.

HANDLE THE MEDICAL APPOINTMENTS WITHOUT LOSING YOUR MIND

- [ ] Keep one binder, folder, or phone note with the current medication list, diagnoses, and doctors.
- [ ] Write your questions down before each appointment and put the most important one first.
- [ ] Ask the scheduler for the first appointment of the day or the first after lunch to cut waiting time.
- [ ] Call ahead the morning of the appointment to see whether the doctor is running behind.
- [ ] Bring another person when the news is likely to be complicated.
- [ ] Ask directly: “What should I watch for, and when should I call you?”
- [ ] Ask the nurse the practical questions — bathing, feeding, medication timing, equipment.
- [ ] Request a written summary or after-visit notes before you leave.

HANDLE YOUR OWN EMOTIONS

- [ ] Give yourself permission to feel anger, resentment, and grief without deciding they make you a bad person.
- [ ] Name the loss you are actually grieving — it is often the relationship you used to have.
- [ ] Write down the belief that keeps you from resting (“If I don't do it, no one will”), then write one true counter-argument.
- [ ] Find one person you can be completely honest with about how hard this is.

- [ ] Look up one caregiver support group — in person or online — and attend once before deciding.
- [ ] Consider a few sessions with a counselor who works with caregivers.
- [ ] Stop measuring yourself against a caregiver you know or saw online.

WATCH FOR THE WARNING SIGNS

- [ ] Check yourself against these: constant exhaustion that sleep doesn't fix, snapping at people you love, dread on the drive over.
- [ ] Notice if you have stopped enjoying things you used to enjoy.
- [ ] Notice if you are getting sick more often, or if old health problems are flaring.
- [ ] Notice increased drinking, smoking, or use of medication to get through the day.
- [ ] Notice thoughts of running away, or wishing it were over.
- [ ] If you are having thoughts of harming yourself, call or text 988 today — this is not something to push through alone.
- [ ] Treat any three of the above showing up together as a signal to get help, not as proof you should try harder.

PROTECT YOUR OWN FUTURE

- [ ] Check how caregiving is affecting your job, income, and retirement contributions.
- [ ] Ask your employer about family leave, flexible hours, or an employee assistance program.
- [ ] Keep your own finances separate and documented from your loved one's.
- [ ] Make sure your own will, power of attorney, and healthcare directive are current.
- [ ] Maintain at least one friendship or activity that has nothing to do with caregiving.

WEEKLY AND MONTHLY MAINTENANCE

- [ ] Weekly: take your recurring break, and don't trade it away.
- [ ] Weekly: make one specific ask for help.
- [ ] Weekly: move your body three times, however briefly.
- [ ] Monthly: re-read this checklist and mark what has slipped.

- [ ] Monthly: re-check the warning signs list.
- [ ] Every 3 months: reassess whether the current arrangement is still working, and adjust before it breaks.

THE THREE THINGS I AM CHANGING THIS MONTH

_____

_____

_____

It is not selfish to take care of yourself while you are taking care of someone else. It is the part of the job that makes the rest of the job possible.

THE CAREGIVER SELF-CARE WORKBOOK

A guided workbook for family caregivers — adult children, spouses and partners, brand-new caregivers, and the ones who have been at it for years.

Caregiving asks you to keep track of someone else's medications, appointments, meals, moods, safety, and finances. Almost no one is keeping track of yours. This workbook is the place to do that — on paper, in your own handwriting, without anyone watching.

This workbook belongs to

The person I care for / my relationship to them

Date started

*Use the companion **Caregiver Self-Care Checklist** alongside this workbook. The checklist tells you what to do. This workbook helps you figure out why it hasn't happened yet, and what to change.*

How to Use This Workbook

There is no right order and no deadline. Some people work through it front to back in an evening. Most people do one section at a time, in whatever ten quiet minutes they can find. Both are fine.

A few things worth knowing before you start

- **Write honestly, not politely.** No one is grading this. The value is in the sentences you would not say out loud at a family dinner.
- **You will not finish this and feel fixed.** The goal is smaller and more useful: to see your situation clearly enough to change one or two things about it.
- **Skip what doesn't apply.** A spouse caring for a partner at home and an adult child managing care from 800 miles away have different problems. Take what fits.
- **Come back to it.** Caregiving changes — usually gradually, sometimes overnight. Answers you write today may be wrong in four months. Date your pages.

What's in here

- **Sections 1–4** take an honest inventory: your load, the beliefs driving it, and the warning signs worth catching early.
- **Section 5** is a set of realistic scenarios — the awkward, guilt-soaked moments caregiving actually produces — with room to think them through before you are living them.
- **Sections 6–10** are practical: who can help, how to ask, how to get real breaks, and how to get more out of a fifteen-minute doctor's appointment.
- **Sections 11–13** turn all of it into a plan, a backup plan, and a short list of where to go next.

BEFORE YOU START: In one sentence, what made you pick this up today?

1 Where You Are Right Now

Start with facts, not feelings. Most caregivers underestimate their own load because it arrived gradually — a ride here, a phone call there, and then one day it was everything.

The basic picture

How long have you been caregiving, and what event started it?

Roughly how many hours a week does it take — including driving, phone calls, paperwork, and the hours you spend worrying or planning?

Who else is involved, and what do they actually do?

Rate where you are today

Circle a number for each. 1 means “not at all,” 10 means “completely.”

	1	2	3	4	5	6	7	8	9	10
I am getting enough sleep										
I am eating like someone I care about										
I move my body most weeks										
My own medical care is current										
I get real time away										
I have someone I can be honest with										
I still enjoy things I used to enjoy										
I feel able to keep this up										

Look at your lowest two scores. What is the actual reason they are low? Not the excuse — the reason.

Which score would change the most if just one thing were different? What is that one thing?

What is the part of this nobody around you sees?

Come back in three months and rate yourself again. Date: _____ . What moved, and what didn't?

2 Your Caregiving Load Inventory

You cannot hand off what you have not written down. Fill in the tasks you currently carry. In the last column, mark **M** if it truly must be you, **S** if someone else could do it, or **P** if it could be paid out or dropped entirely.

Task or responsibility	How often	Time it takes	Drains me? (1-5)	M / S / P

Now look at every row you marked S or P.

Those are your candidates. You do not have to hand off all of them — pick the one that would buy you back the most time or the most peace.

The one task I am going to stop doing myself:

What is genuinely in the way of handing it off? (Cost, no one to ask, they'd do it wrong, my parent would refuse, guilt…)

3 The Beliefs That Keep You Stuck

Most caregivers know they should rest. Knowing is not the problem. Underneath the not-resting there is almost always a belief that makes rest feel unavailable — or unearned.

Check any that sound like your own inner voice:

- ☐ If I don't do it, no one will.
- ☐ No one else will do it right.
- ☐ She took care of me. I owe her this.
- ☐ In our family, we don't put people in facilities.
- ☐ Asking for help means I'm failing at this.
- ☐ If I take a break, something will happen while I'm gone.
- ☐ Other people have it harder than I do.
- ☐ I promised I would never…
- ☐ It's easier to just do it than to explain it to someone else.
- ☐ I'll rest when this is over.

Take the one you checked hardest.

Some of these beliefs are worth keeping. Some are quietly running your life. Work this one all the way through.

Write it out in your own words:

Where did it come from? Who taught it to you, or when did you decide it?

What is it costing you — specifically, in the last month?

What would a fair version of this belief sound like? (“I am responsible for arranging good care” is different from “I am responsible for providing all of it.”)

4 Reading Your Own Warning Signs

Caregiver burnout does not announce itself. It shows up as physical symptoms, a shorter fuse, and a slow narrowing of your life until there is nothing in it but caregiving. Check anything that has been true in the past month.

Body

- ☐ Exhaustion that sleep doesn't fix
- ☐ Getting sick more often than usual
- ☐ Headaches, stomach trouble, or back pain that is new
- ☐ Old health problems flaring up
- ☐ Weight change you didn't intend
- ☐ Blood pressure creeping up

Mind and mood

- ☐ Snapping at people you love
- ☐ Crying more, or feeling numb
- ☐ Dread on the drive over
- ☐ Trouble concentrating or remembering
- ☐ Losing interest in things you used to enjoy
- ☐ Resenting the person you care for, then feeling awful about it
- ☐ Fantasizing about running away, or about it being over

Behavior

- ☐ Drinking or smoking more
- ☐ Using medication to get through the day
- ☐ Cancelling your own appointments
- ☐ Turning down invitations automatically
- ☐ Not returning friends' calls
- ☐ Working through meals

HOW MANY DID YOU CHECK? WRITE THE NUMBER AND THE DATE.

A note worth taking seriously. Three or more of these showing up together is not evidence that you should try harder. It is a signal to bring in help — a doctor, a counselor, respite care, or all three. If you are having thoughts of harming yourself, call or text **988** (Suicide & Crisis Lifeline) today. Caregiving is hard enough without carrying that alone.

If a friend showed you this page with their own checkmarks on it, what would you tell them?

Now say the same thing to yourself. Write it down.

5 What Would You Do?

These are the moments caregiving actually produces — the ones that catch you flat-footed and leave you replaying them at 2 a.m. Working through them on paper, in advance and calmly, means you are not inventing an answer in the middle of one. Not all of them will fit your situation. Do the ones that do.

Scenario 1 — The sibling who visits twice a year

You handle your mother's medications, groceries, appointments, and the 11 p.m. phone calls. Your brother visits at Thanksgiving, spends two days, and tells you Mom seems confused and you should "really get that looked at." You have been trying to get that looked at for seven months.

What do you want to say? Write the unfiltered version first.

What could you actually say that gets you help instead of a fight?

What is one specific, remote task you could ask him for before he leaves?

Scenario 2 — The offer you wave off

A neighbor stops you in the driveway and says, “Let me know if there's anything I can do.” You hear yourself say, “Oh, we're managing fine, but thank you.” You are not managing fine. You get in the car and cry.

Why did you say no? Be specific — pride, habit, not knowing what to ask for, not wanting to owe anyone?

Write three small, specific things you could hand that neighbor next time.

What would you say next week if you ran into her again?

Scenario 3 — Discharged on a Friday afternoon

Your husband is being sent home from the hospital at 4 p.m. Friday with a walker, six new prescriptions, a follow-up appointment you have to schedule yourself, and instructions you half-heard. The discharge nurse is already moving to the next room.

What are the three questions you must get answered before you leave that room?

Who could you call this weekend if something goes wrong — write actual names and numbers.

What would make the first 72 hours at home safer? (Equipment, someone staying over, a bed moved downstairs?)

Scenario 4 — The morning you snapped

Your mother asked the same question for the ninth time in an hour and you heard yourself shout at her. She looked frightened. You have been apologizing to yourself all day and you still feel like a monster.

What was actually happening in you before you snapped — hunger, no sleep, an unrelated worry, months of no break?

What would you need in place so that the tenth question doesn't land on an empty tank?

Write down what you would say to another caregiver who told you this story.

Scenario 5 — The job is starting to slip

You have taken twelve calls at work this month about your father. Your manager was understanding the first eight times. You have used most of your paid time off on appointments and you have not had an actual day off in five months.

What does your employer actually offer — family leave, flex time, an employee assistance program? What don't you know yet?

What would you need to say to your manager, and what would you need in return?

What is your honest line — the point at which the job or the caregiving arrangement has to change?

Scenario 6 — Caring for your husband while your own health slips

You are 74. You have been helping your husband to the bathroom at night for two years. Your knee has been getting worse and you cancelled your own orthopedic appointment twice because there was no one to stay with him.

What happens to him if your knee gives out entirely? Write it plainly.

Who or what could cover three hours so you can go to that appointment?

What is the smallest piece of equipment, help, or change that would take strain off you at night?

Scenario 7 — She refuses outside help

You finally arrange for an aide to come two mornings a week. Your mother tells the aide to leave, calls you in tears, and says she doesn't want a stranger in her house. You cancel the aide.

What is she actually afraid of — losing control, being a burden, the cost, admitting decline?

What could you try differently? (A shorter first visit, framing it as help for you, having the aide come while you are there, a trial month?)

What is your limit — how long can you keep going without that help?

Scenario 8 — Five hundred miles away

You are the long-distance one. Your sister does the hands-on care and has started answering your calls in short sentences. You feel guilty and useless, and you also feel judged.

What can you genuinely do from where you are? (Bills, insurance, ordering supplies, research, scheduling, paying for a few respite hours?)

What would you need to ask your sister to find out what would actually help her?

What could you commit to that is regular and reliable, rather than occasional and dramatic?

Scenario 9 — The free afternoon you couldn't use

Someone finally covers for you. You have four hours. You spend three of them doing laundry and grocery shopping, check your phone eleven times, and come home more tired than when you left.

What did you actually want to do with those hours?

What stopped you — guilt, the phone, not remembering what you enjoy, the errands that genuinely needed doing?

Write the rules for your next break. Be specific about the phone.

Scenario 10 — Year four

It has been four years. You have stopped picturing an end. Friends have drifted. You realize you cannot remember the last time you laughed at something, and you are not sure who you are outside of this anymore.

What did you used to do, before, that had nothing to do with anyone else's needs?

What is one piece of that you could get back this month — even a small, diminished version of it?

Who from your old life would you contact if you decided not to be embarrassed about how long it has been?

6 Building Your Backup Bench

Most caregivers ask the same one or two people for everything until those people quietly disappear. A bench spreads the load and makes each individual ask small enough to say yes to.

List everyone who could possibly help, even a little. Include people you would feel awkward asking. Then match each one to a task that actually fits who they are.

Name	How I know them	What they are actually good for	Asked? (date)

Categories people forget

Adult grandchildren · neighbors · your loved one's old friends · church, synagogue, or mosque volunteers · the person's former coworkers · your own coworkers · a paid teenager for yard work or errands · Meals on Wheels · a volunteer driver program · your local Area Agency on Aging.

Three people I will ask something of in the next two weeks — and what I will ask each of them for:

Who did you leave off this list because asking them felt awkward? Write the name anyway.

What would have to be true for you to accept help without apologizing for needing it?

Keep a running list on the refrigerator. *When someone asks what they can do, you will not have to think of something on the spot — you can point at the list and let them pick.*

7 The Ask: Saying It Out Loud

Vague requests get vague answers. “I could use more help” puts the work of figuring out what you need onto someone who has no idea. A specific request with a date, a time, and a task is far easier to say yes to — and far easier to say no to cleanly, which is also useful information.

Weak versus specific

Weak	Specific
I could really use some help.	Could you sit with Dad Saturday from 1 to 4?
It's only a thought, but maybe sometime…	I need Tuesday mornings covered. Can you do one a month?
Nobody ever helps me.	I need someone to take over the pharmacy runs.
I'm so tired.	I need one weekend off before the holidays. Can you take it?

Write your own scripts

Fill these in and keep them somewhere you will see them. Having the words ready is most of the battle.

ASKING A SIBLING OR ADULT CHILD FOR SOMETHING REGULAR

ASKING A FRIEND OR NEIGHBOR FOR SOMETHING SMALL

ANSWERING SOMEONE WHO SAYS 'LET ME KNOW IF YOU NEED ANYTHING'

TELLING YOUR LOVED ONE THAT HELP IS COMING IN

SAYING NO TO SOMETHING THAT IS NOT YOURS TO CARRY

When someone says no: *they are declining a task, not rejecting you. Thank them, and go to the next name on your bench. Keep the relationship — you may need them for something else.*

8 Your Non-Negotiable Hour

Not a spa day. Not a vacation. One hour a week that belongs to you, on the calendar, with coverage arranged — because a break that depends on things being calm will never happen.

What would you do with one uninterrupted hour? List three things, and don't make them productive.

What day and time will it be? Write an actual day and an actual time.

Who is covering? Write a first choice and a backup.

What will you do about the phone?

What usually kills it, and what you'll do instead

What gets in the way	What I will do instead
An appointment gets scheduled over it	
Someone cancels the coverage	
I use it for errands	
I feel guilty and go home early	
Something goes wrong that morning	

Once it exists, defend it. *The first time you trade it away for something more urgent, it stops being non-negotiable and becomes the first thing that goes. There will always be something more urgent.*

9 Getting Real Respite

An hour helps. It is not enough on its own. Respite care means someone else takes over for a block of time — hours, a day, a weekend, occasionally a week — so you can leave without your attention still being in the house.

Find out what actually exists near you

- ☐ Call your Area Agency on Aging and ask specifically what respite programs they fund.
- ☐ Ask about adult day services and request a tour — go see one before you rule it out.
- ☐ Call two home care agencies and ask what four hours a week would cost.
- ☐ Ask whether your loved one qualifies for a Medicaid waiver that pays for in-home hours.
- ☐ If they are a veteran or a veteran's spouse, ask the VA about respite and caregiver support.
- ☐ Check long-term care insurance policies for respite benefits — people forget they have them.
- ☐ Ask their faith community whether they have a volunteer visitor program.
- ☐ Ask their doctor whether a home health referral is possible after a hospitalization.
- ☐ Find out what a residential facility charges for a short-term respite stay.

What I found out

Write down the real numbers and names as you get them. This page becomes your reference the next time you are desperate and cannot think straight.

Who I called	What they offer	Cost	Phone / next step

The first real break I am going to take, and the date I am taking it:

What is the honest obstacle — cost, guilt, their refusal, no one you trust? Name it, then write one thing that would lower it.

If cost is the obstacle: what would you be willing to spend per month for a reliable break, and what would you give up to fund it?

10 Getting More Out of Fifteen Minutes

You will get a short appointment whether you are ready or not. Being ready is the difference between leaving with answers and leaving with a new prescription and no idea what to do at 2 a.m. This applies to their appointments and to yours.

Before you go

- ☐ Write your questions down and put the most important one first — you may only get one.
- ☐ Bring a current medication list, including supplements and over-the-counter items.
- ☐ Note what has changed since the last visit, with dates.
- ☐ Ask for the first appointment of the day or the first after lunch.
- ☐ Call that morning to see whether they are running behind.
- ☐ Bring someone else if the news is likely to be complicated.

Questions worth asking, every time

- What should I watch for, and at what point do I call you instead of waiting?
- What is this medication for, and what does it look like if it is not working?
- What should I expect over the next six months?
- Is there anything that would make this safer at home?
- Who on your staff do I call with the day-to-day questions?

MY QUESTIONS FOR THE NEXT APPOINTMENT (MOST IMPORTANT FIRST)

_____

_____

_____

_____

And for your own doctor

Say the words out loud at your next visit: *“I am a caregiver. I am providing about ___ hours of care a week and I am not sleeping.”* It changes what they screen you for.

WHAT I NEED TO TELL MY OWN DOCTOR

After the appointment

Write it down in the parking lot, before it evaporates. Ten minutes of notes now will save you a phone call and a week of second-guessing later.

WHAT THEY ACTUALLY SAID

WHAT CHANGED — MEDICATIONS, ORDERS, REFERRALS

WHAT I AM SUPPOSED TO DO NEXT, AND BY WHEN

WHAT I FORGOT TO ASK — FOR NEXT TIME

11 Your 90-Day Plan

Three months is long enough to change something real and short enough that you can still picture the end of it. Pick two goals. Not eight.

GOAL 1

What I want to be true in 90 days:

Why it matters — what changes for me if this happens:

Step	What I will do	By when	Done
First step (this week)			
Second step			
Third step			
Who I need for this			
What could derail it			

How will I know this actually happened? What will be different that someone else could notice?

What will I do if I get to day 90 and it hasn't happened?

GOAL 2

What I want to be true in 90 days:

Why it matters — what changes for me if this happens:

Step	What I will do	By when	Done
First step (this week)			
Second step			
Third step			
Who I need for this			
What could derail it			

How will I know this actually happened? What will be different that someone else could notice?

What will I do if I get to day 90 and it hasn't happened?

12 If Something Happens to You

This is the page most caregivers avoid and the one that matters most. If you were in the hospital tomorrow, someone would have to step into your role with no notice. Right now, could they?

Fill this in, make a copy, and give it to one other person.

The person I care for	
Their address	
Date of birth	
Primary doctor and phone	
Preferred hospital	
Insurance / Medicare information is kept	
Medication list is kept	
Allergies to note	
Who has power of attorney	
Who has healthcare proxy	
Advance directive is kept	
Keys / entry code / alarm	
Pharmacy	
Person to call first	
Person to call second	
Pet care	

The one-page handoff

Write out a normal day — wake time, medications and when, meals, what upsets them, what calms them, bedtime routine. A stranger should be able to follow it. Use the back of this page if you need more room.

13 Resources and Next Steps

Start with the first two. Between them, they will point you to almost everything else that exists in your county.

Start here

- **Eldercare Locator** — 1-800-677-1116, eldercare.acl.gov. A federal service that connects you to services in your specific area code. One call, real people.
- **Your Area Agency on Aging** — found through the Eldercare Locator. They know what respite, transportation, meal, and caregiver support programs your county actually funds.

National organizations

- **ARCH National Respite Locator** — archrespite.org. Searchable respite programs by state.
- **AARP Family Caregiving** — aarp.org/caregiving. Practical guides, a caregiving line, and state-by-state legal information.
- **Alzheimer's Association** — 1-800-272-3900, alz.org. A 24/7 helpline staffed by clinicians, useful for any dementia, not only Alzheimer's.
- **VA Caregiver Support Line** — 1-855-260-3274. If your loved one is a veteran, start here; benefits are frequently unclaimed.
- **Well Spouse Association** — wellspouse.org. Specifically for spousal and partner caregivers.
- **988 Suicide & Crisis Lifeline** — call or text 988. For you, at any hour, for any reason.

Look for locally

- Adult day programs · volunteer driver programs · Meals on Wheels · faith-community visitor programs · disease-specific support groups · your employer's employee assistance program · a counselor or social worker who works with caregivers · your local library's community services desk.

MY LOCAL NUMBERS — WRITE THEM DOWN AS YOU GET THEM

Thirty-Day Self-Care Tracker

Mark an X for each one you managed that day. This is not a test and there is no passing score. The point is to see the pattern — and to notice the weeks where every column goes empty, because those are the weeks worth paying attention to.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Slept 6+ hours															
Ate real meals															
Moved my body															
Took time for myself															
Talked to someone															
Asked for help															

Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Slept 6+ hours															
Ate real meals															
Moved my body															
Took time for myself															
Talked to someone															
Asked for help															

Looking at the month: what pattern do you see?

What made the good days good?

Which column was emptiest, and what would it take to fill it?

Was there a week where everything went blank? What was happening that week?

What is one thing you did this month that you would not have done a month ago?

Before You Put This Down

You did not choose most of this. You are doing work that is invisible to almost everyone around you, that has no schedule and no performance review, and that will not get easier on its own. That you are still standing is not nothing.

Taking care of yourself in the middle of it is not a reward you earn once everything else is handled. Everything else will not be handled. It is the part of the job that makes the rest of the job survivable — for you, and for the person depending on you.

THE ONE THING I AM CHANGING, STARTING THIS WEEK

WHO I AM TELLING ABOUT IT, SO IT IS NOT JUST IN MY HEAD

WHEN I WILL COME BACK TO THIS WORKBOOK

*Use the companion **Caregiver Self-Care Checklist** as your quick monthly review. Print it and keep it where you will see it.*