Printable tools from

When Mom or Dad Can No Longer Manage Alone

Mark Duda

All 18 chapter tools, one per chapter, ready to print.

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What I'm Noticing

Writing down changes, so you can tell a pattern from a bad day

Keep this for a few weeks. Write each entry as soon as you can. Stick to what you saw or heard. Keep it private: it's a record, not a scorecard.

Date	What I saw or heard	Area	New, same, or worse?	Who else saw it

Areas: Bills and mail · Food and kitchen · Medications · Falls and getting around · Personal care · The house · The car · Mood · Memory and thinking

What's going well:

For the doctor (fill in before an appointment):

- The changes that worry me most:
- When I first noticed them:
- Whether they are getting worse:
- Anything sudden in the last few days or weeks:
- Falls in the past year, even without injury:
- Changes in hearing or vision:
- Medicines, including over-the-counter, as best I know:

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Seeing the Whole Day

Noticing what a short visit or phone call can miss

A plan for one longer visit, for you or someone else. Use it with the *What I'm Noticing* log from Chapter 1.

When

- A weekday if possible, not only a holiday
- Stay into late afternoon and evening, or overnight, if your parent is comfortable with it
- Note the hour for anything you write down

Before the visit

- Ask your parent what they'd like to do
- Agree on one or two things to help with, if they want help

Spend time together during an ordinary day (don't take over, but step in if anything looks unsafe, especially medicines)

- Making a meal
- Opening and dealing with the mail
- Taking medicines
- Getting around the house, including stairs
- How the evening and night go, if you stay over
- A drive on a familiar route, if your parent still drives and there are no immediate safety concerns

Ask, with your parent's permission

- A neighbor, friend or local relative: "Have you noticed anything I should know about?"

Afterward

- How did your parent seem later that day, and the next morning?
- What surprised you?
- What went well?
- Write it in the log, with dates and times.

Compare notes with the family member who sees your parent most:

What the visitor saw	What I usually see	Same, different, or not sure?

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Letter to the Doctor and Appointment Prep Sheet

Sharing what you've seen before a medical visit, and getting ready for it

Letter to the Doctor

Dear Dr. _____,

I'm _____, the (son / daughter / other) of your patient _____, date of birth _____. [Mom / Dad] has an appointment with you on _____.

I'm writing because I've noticed some changes that I'd like you to be aware of before the visit. [Mom / Dad] ☐ knows ☐ does not yet know that I'm writing.

What I've noticed, with dates:

1. _____

   _____

   _____

2. _____

   _____

   _____

3. _____

   _____

   _____

What's different from [her / his] usual self: _____

Anything sudden in the last few weeks: _____

Falls in the past year: _____

Changes in hearing, vision, mood or sleep: _____

Medicines and supplements, as best I know: _____

What's going well: _____

We'd like help understanding what's causing these changes.

☐ [Mom / Dad] has said it's OK for you to talk with me.

I can be reached at _____.

Thank you,

_____

_____

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Appointment Prep Sheet

Before

- ☐ Appointment booked as a visit about memory and thinking (or the yearly Wellness visit)
- ☐ Letter sent on _____ arrival confirmed
- ☐ Asked my parent: Do you want me there? Do you want time alone with the doctor?
- ☐ Bag of every medicine, vitamin and supplement packed
- ☐ Insurance card and plan card
- ☐ *What I'm Noticing* log (Chapter 1)
- ☐ Any safety concerns to mention (driving, stove, falls)

My parent's questions

1.

2.

Our three questions

1.

2.

3.

If we hear "it's just age"

- What else could explain these changes?

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- What has been ruled out, and what hasn’t?
- Would it make sense to see a specialist?

During the visit: notes

- What the doctor found:
- Tests ordered:
- Referrals:
- Changes to medicines:
- Next appointment:
- Whom to call with questions:

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Parent Preferences and Wishes

Learning what matters most to your parent, in their words

For your parent to fill in, in their own words, at their own pace, alone or with you. This is not a legal document. It's a record of what matters to them, to guide the family's decisions. It doesn't name a health care agent or replace an advance directive; Chapter 7 covers those.

What matters most to me:

What I enjoy most about my life right now:

What I worry about when I think about the next few years:

Where I want to live, and what would make that possible:

Help I would be willing to accept:

☐ Someone to help with housework ☐ Meals ☐ Rides ☐ Help with bills ☐ Help with medicines ☐ Someone checking in ☐ Other: _____

Help I would not want, or not yet:

Who I want involved in decisions about my care:

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People I trust most, and why:

How I'd like to be told hard news, and by whom:

What I would want my family to know about my values and my health care:

Things that would make me feel I'd lost control of my life:

Date: _____ Updated: _____

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The Decision Ladder

Moving from the smallest help to larger steps

Use this to keep track of what's been offered, what your parent has agreed to, and what to try next. Start at the bottom.

Rung	Examples	My parent's answer (and date)	Trial end date	Who could suggest it
8. Facility care	Assisted living, memory care, nursing home (Ch 14)			
7. Living closer	Moving near family or in together (Ch 13)			
6. More help at home	More hours of in-home help; home health if eligible (Ch 9)			
5. A few hours a week	Part-time aide, companion, adult day program			
4. Help with one task	Bills, medicines, appointments			
3. Ordinary services	Delivered meals, groceries, cleaning, yard work, rides			
2. Small changes	Grab bars, lighting, pill organizer, medical alert button (Ch 8)			
1. Staying in touch	Regular calls, texts, a neighbor who checks in			

What my parent has said no to, and why:

What my parent might say yes to:

The line we agreed on (what would make us talk again about the next rung):

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Signs that would mean we need outside help now:

Help for me:

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Family Meeting Agenda

Running a family meeting that ends with decisions

Date, time and place: _____

Joining by phone or video: _____

Who's coming: _____

What to bring: the *What I'm Noticing* log (Chapter 1), notes from the doctor, and a list of who's doing what now.

1. What our parent wants

(first, and short; with our parent, if possible)

- What matters most to you right now?
- What worries you?
- What kind of help would be okay, and what wouldn't?

2. What the parent giving care needs

(if one parent is caring for the other)

- What's the hardest part of the day?
- What would help most?

3. What's happening now

(10 minutes)

- What has changed recently? (Bring the *What I'm Noticing* log.)
- What did the doctor say?
- Any safety concerns?

4. Who's doing what now

(10 minutes)

Task	Who does it now	Hours a week

5. Who will do what next

(20 minutes)

Task	What exactly	Who	Starting when	Does our parent agree?
Hands-on help				

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Appointments and driving				
Money and paperwork				
Research				
Staying in touch				
Relief for the main caregiver				
Paying for help				
How we'll share updates				
Who sends the summary				

6. Papers and authority

(5 minutes)

- If our parent is comfortable sharing: is there a power of attorney? A health care proxy? Where are they kept? (Chapter 7)

7. What we didn't settle

(5 minutes)

8. Next check-in date:

Ground rules: One person talks at a time. Start with what our parent wants. No old grievances today. Write every decision down.

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Important Documents Checklist

Finding out which papers exist, where they are and what's missing

For: _____ **Date filled in:** _____

Item	Do we have it?	Date completed	Who's named (and the backup)
Financial power of attorney			
Health care proxy			
Living will			
HIPAA authorization			
Will			
Trust (if any)			
POLST or MOLST (if serious illness or advanced frailty)			
Social Security advance designation			
Trusted contact (brokerage or bank)			

Item	Where the original is	Who has copies	Review by
Financial power of attorney			
Health care proxy			
Living will			
HIPAA authorization			
Will			
Trust (if any)			
POLST or MOLST (if serious illness or advanced frailty)			

Check each document

- Does it name someone who has died, divorced or moved away?
- Is there a backup?
- Was it signed in the state where your parent lives now?
- Does the doctor have the proxy and the HIPAA form? Does the bank have the power of attorney?

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- For the power of attorney: does it say it's durable? Does it start now or only later?
- Has the HIPAA form expired?
- If there are newer papers, have the old ones been cancelled?

Questions for the lawyer (for your parent to ask, or for you to ask with them)

1. Which papers does my parent need in our state?
2. When does the power of attorney take effect, and what triggers it?
3. What can the agent do, and what can't they do?
4. How must the papers be signed and witnessed here?
5. Will you meet with my parent alone?
6. What is your fee, and is it flat or hourly?
7. What happens if my parent later can't make decisions?
8. Do my parent's old papers still work, and how do we cancel any we're replacing?

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Home Safety Walk-Through

Checking the home room by room

Walk through the home with your parent. Check each item, note what needs fixing, and decide together who will do it. Start with the bathroom and the nighttime path.

What to check	OK or fix?	Who will do it, and by when
Path from bed to bathroom: night lights the whole way? Nothing to trip on?		
Bathroom: grab bars by the toilet and inside and outside the tub or shower, anchored firmly? Non-slip mat or strips? Night light?		
Bathroom: would a shower chair or raised toilet seat help? (Ask the therapist.)		
Stairs: handrails on both sides, secure and full length? Light switches top and bottom? Steps clear and even?		
Floors and halls: throw rugs removed or secured? Cords against the wall? Clear paths?		
Bedroom: lamp within reach of the bed? Flashlight? Phone near the bed?		
Kitchen: everyday items at waist height? Sturdy step stool with a bar to hold? Stove safety device, if there's been a close call?		
Outside: steps even and non-slip? Porch light? Grab bar by the door?		
Shoes and walking aids: nonskid, low-heeled shoes? Cane or walker the right size?		
Alarms: smoke alarms in bedrooms, outside sleeping areas and on every floor? Carbon monoxide alarms? Tested this month? Can your parent hear them?		
If memory is changing: stove safety knobs or automatic shut-off? Water heater at 120°F? Medicines, guns and other dangerous items locked up or removed?		

Health check (for the next doctor's visit)

- ☐ Told the doctor about any falls, unsteadiness or fear of falling
- ☐ Medication list reviewed, including over-the-counter drugs and supplements
- ☐ Eye exam in the past year
- ☐ Feet and shoes checked
- ☐ Asked about physical therapy, a walking aid or a home safety visit

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☐ Asked about balance and strength exercise

☐ Asked about dizziness on standing and rushing to the bathroom

If your parent falls and no one is there

- Phone within reach of the bed: ☐
- Emergency numbers in large print by the phone: ☐
- Alert device (if your parent agrees): ☐
- Daily check-in time: _____
- If there's no answer, who checks, and when: _____
- Practiced getting up from the floor with a therapist: ☐

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Questions for a Home Care Agency

Comparing agencies before you hire

Agency name: _____ **Phone:** _____ **Date called:** _____

Copy this page for each agency you call.

About the agency

- Are you licensed by the state (if the state requires it)?
- Are the aides your employees, or do you refer workers we would employ ourselves?
- Do you do criminal background checks? Are workers bonded and insured?
- Do you provide Medicare home health, home care, or both?

About the aides

- What training do your aides have, including first aid, CPR and dementia care?
- Who supervises them, and how often does a supervisor visit?
- Are your aides certified or licensed where state law requires it?
- Can the aide give medicines, or only remind? What else won't they do?

About the schedule

- How soon can you start? Is there a minimum number of hours per visit or week?
- Will the same aide come each time? Can my parent meet the aide first and ask for someone else?
- If the aide is sick or away, who comes instead? Who do we call after hours?
- Do you offer overnight or live-in care?

About the care

- Will you write a care plan with my parent, and how often is it updated?
- What happens if my parent says no to care that day, or there's a fall or emergency?

About cost and contract

- What is the hourly rate, and is it different for nights, weekends or holidays? What costs extra?
- How much notice do you need to change or cancel visits?
- Do you accept Medicaid, long-term care insurance or veterans' benefits?
- How do we raise a concern or make a complaint?

Notes:

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Care Options and Cost Worksheet

Lining up the options and who pays

Date: _____ *Update this when care changes.*

Part 1: Care now and what it costs

Type of help	Hours or days per week	Cost per month	Who pays (parent, Medicare, Medicaid, VA, insurance, family)	Amount covered	What's left
Home care aide					
Adult day program					
Medicare home health					
Medicines					
Equipment and supplies					
Meals or other services					
Other:					
Total					

Part 2: Your parent's monthly picture

- Monthly income: $_____
- Other monthly costs (housing, utilities, food, insurance premiums): $_____
- Care costs left after other sources pay (Part 1 total, "What's left" column): $_____
- **Gap each month (all costs minus income):** $_____
- Savings available to cover the gap: $_____
- Estimated months savings would last (savings ÷ monthly gap): _____

If the gap is zero or less, savings are not being depleted by this monthly shortfall.

Count VA or other payments once, either as income or as an amount covered in Part 1, not both.

Part 3: Programs to check

Program	Who to call	Date called	Result or next step
SHIP (Medicare, Medigap, Medicare Advantage, Savings Programs, Extra Help)			
Medicare Advantage plan extra benefits (if any)			

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State Medicaid home care program			
PACE (if available in the area)			
VA health care or pension (if a veteran or surviving spouse)			
Long-term care insurance (if a policy exists)			
Area Agency on Aging			
Tax help (deduction or credit)			
Elder law attorney (before any gifts or transfers)			

Notes:

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Provider Check Worksheet

Checking an agency, hospice or facility before you trust it

Copy these pages for each provider you check, and skip any rows that don't apply. **What matters most to my parent:** _____

Provider name: ___ **Type (circle one):** home health / hospice / nursing home / inpatient rehab / assisted living / home care agency / individual aide

Phone: _____ **Date checked:** _____ **Ratings as of (date shown on Care Compare):** _____

Step 1: Basics

- Serves my parent's area? Yes / No
- Medicare-certified or approved (if it's a Medicare service)? Yes / No
- In my parent's Medicare Advantage network (if they have a plan)? Yes / No / N/A
- Can start, or has an opening, by: _____

Step 2: What the public record shows

What I checked	Where	What I found
Overall star rating(s)	Medicare.gov/care-compare	
Measures that matter for my parent	Medicare.gov/care-compare	
Patient or family survey results	Medicare.gov/care-compare	
Inspection reports, penalties, alerts	Medicare.gov/care-compare, or ask the provider or state	
State license and recent reports	State licensing or survey agency (the Eldercare Locator, 1-800-677-1116, can help you find it)	
Complaints	Long-term care ombudsman or state agency	
Nurse aide registry (individual aide)	State nurse aide registry	
Exclusion list (individual aide)	exclusions.oig.hhs.gov	

Step 3: What I asked, and what they said

Who will come, and how often?

_____

_____

_____

What happens after hours, or if the regular worker is out?

_____

_____

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My question about a weak rating or report, and their answer:

References called (name and what they said):

Step 4: Red flags noticed

Step 5: What my parent thinks

Decision (circle one): Use / Keep looking **Why:**

First two weeks of care

Date	What happened	Who I called, and the result

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Questions for the Discharge Planner

Knowing what to ask before your parent leaves the hospital

Before you start: Original Medicare, or a Medicare Advantage plan? Any Medigap policy?

Status and timing

1. Is my parent an inpatient or under observation? Has that changed during this stay?
2. When is discharge planned?
3. Has my parent received the Important Message from Medicare and, if applicable, the observation notice? May I have copies?

What comes next

4. What care do you think my parent will need after leaving?
5. What did physical and occupational therapy recommend?
6. What are you recommending: home, home with home health, skilled nursing rehab, or inpatient rehab? Why?
7. Does my parent qualify for coverage under Original Medicare or their Medicare Advantage plan? If not, why not? Does a waiver or alternative coverage rule apply?
8. If my parent has a Medicare Advantage plan: Has prior authorization been requested? Which providers are in the plan's network?

Choosing

9. May I have the list of available agencies and facilities?
10. Which of them have openings now, and when could care start?
11. Does the hospital have a disclosable financial interest in any home health agency or skilled nursing facility being recommended?

Our concerns

12. We can provide _____. We cannot provide _____. Given that, what are the options?
13. Can we meet with the discharge-planning team before the transition?

Leaving

14. Which medications are new, changed or stopped? Have prescriptions been sent?
15. What equipment is being ordered, and when will it arrive?
16. When is the first home health visit, and with which agency?
17. What follow-up appointments are needed?
18. What warning signs should we watch for, and whom do we call?
19. If we believe my parent still needs hospital care, what is the deadline and contact information for requesting a fast appeal?

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Living-Together Checklist

Deciding whether moving in together can work

Date: _____

1. What my parent wants

In my parent's words, what they hope for:

_____

_____

_____

What worries them most:

_____

_____

_____

2. Everyone in the household

Use one line for each person, including each child.

Person	What they're willing to do	What worries them	Agreed?
Me			☐
Spouse or partner			☐
Child:			☐
Child:			☐
My parent			☐

3. The home

☐ A bedroom without stairs (or can be arranged)

☐ A safe bathroom nearby. Changes needed: _____

☐ Smoke alarm in my parent's room

- Privacy for my parent and for us: _____

4. Care: who does what

Need	Family member	Paid help or program	Notes
Daytime company and supervision			
Bathing and dressing			

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Medicines			
Toileting or incontinence care			
Rides to appointments			
Nights and weekends			
Breaks for the caregiver (respite)			

5. Money (write down what you agree)

- My parent will contribute $_____ a month toward: _____
- Who pays for care, supplies and medicines: _____

☐ Any payment to a family caregiver is in writing

☐ Elder law attorney consulted before any gift, sale or deed change (or not needed)

6. Benefits and paperwork to check before the move

☐ SSI: if my parent gets it, called Social Security before the move

☐ Selling or leaving the home: checked effect on SSI or Medicaid

☐ Medicare Advantage plan or stand-alone drug plan: serves the new area, or new plan chosen

☐ Medigap: kept, or checked with the insurer (Medicare SELECT)

☐ Medicaid: if moving to a new state, applied there

☐ Legal papers: checked they work in the new state

☐ Address changed with Social Security

☐ New doctors and pharmacy lined up

7. Trial and check-in

- We'll check in on: _____ We'll try this until: _____

Signs it isn't working, for my parent:

_____

_____

_____

Signs it isn't working, for our family:

_____

_____

_____

What we'd do instead:

_____

_____

_____

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Tour and Contract Questions

Visiting a facility and reading the contract before signing

Copy these pages for each place you visit. **What matters most to my parent:** _____

Place: _____ **Type (circle one):** assisted living / memory care / nursing home / board and care / CCRC

Date visited: _____ **Second visit (unannounced):**

_____

_____

_____

Before the visit

- ☐ State license or Care Compare checked (Chapter 11)
- ☐ Ombudsman asked about recurring concerns
- ☐ If a referral service sent us: how it's paid: _____

On the tour

Question	Answer
Staff on duty: days / nights / weekends	
How often staff leave and are replaced	
Dementia training, and how often renewed	
What happens in a medical emergency	
How residents are kept safe if they wander (memory care)	
Activities this week (ask for the schedule)	
What "24-hour supervision" means here	
What staff try first for distress or agitation; when medication is considered	
Can my parent stay if needs grow?	
How the food looked at mealtime	
How staff spoke with residents	

Money

Question	Answer
Base monthly rate, and what it includes	
Extra charges and "levels of care"	

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Rate increases: notice and recent history	
Move-in fees or deposits; refundable?	
Accepts Medicaid for this level of care (assisted living vs. memory care)? If money runs out, can my parent stay?	
Which charges are rent and meals, and which are care?	
Entrance fee and refund terms (CCRC)	

The contract

- ☐ Read the whole contract before move-in day
- ☐ Nursing home: not signing as a personal guarantor (only as representative, if authorized)
- ☐ Nursing home arbitration agreement: understood it's optional; 30 days to cancel (assisted living: ask what state law allows)
- ☐ Reasons the place can ask my parent to leave, and notice required: _____
- ☐ Reviewed by an elder law attorney (if amounts are large or terms unclear)

My parent's reaction: _____

My impression: _____

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Moving Timeline

Planning the move, step by step

Check off each step as you go. **Move date:** _____ **New address:** _____

Main contact at the new place: _____ **Phone:**

_____

_____

_____

4 to 6 weeks before

- ☐ Ask my parent what they want to bring, and who they want there on move day
- ☐ Get the floor plan, room measurements and the list of furniture provided
- ☐ Meet the staff; share a one-page summary of my parent's routines and history
- ☐ Ask about rules on belongings, furniture and electrical items
- ☐ Talk with an elder law attorney before any decision about the house (Chapters 10 and 13)

2 to 4 weeks before

- ☐ Choose and measure the furniture; label clothing, glasses, hearing aids and dentures
- ☐ Make a dated list, or photos, of what goes with my parent
- ☐ Decide what goes to family; decide together where valuables will be kept
- ☐ Line up movers or helpers (references and prices in writing)
- ☐ Confirm the doctor, the medicine list and how prescriptions will be handled
- ☐ Copy the power of attorney, health care proxy and advance directive (Chapter 7)

The week before

- ☐ Change of address with the Postal Service
- ☐ Address change with Social Security (this updates Medicare)
- ☐ If my parent gets SSI: plan to report the move by the 10th of the month after the move
- ☐ If my parent has Medicaid: tell the state Medicaid office
- ☐ Medicare Advantage or drug plan: check whether it still works (Chapter 13 for moves out of the area)
- ☐ Update banks, insurance and bills (Chapter 16)
- ☐ Finish the admission paperwork (don't sign as a personal guarantor; see Chapter 14)
- ☐ Empty house: locked, utilities set, someone checking on it, insurer told

Move day

- ☐ Room set up before my parent arrives
- ☐ Someone my parent knows stays with them
- ☐ Stay for a meal or an activity; say when I'll be back

The first 30 days

Week	How my parent seems (eating, sleeping, mood)	What I told staff

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1		
2		
3		
4		

☐ Read the bed-hold policy (nursing home)

☐ Care plan meeting date: _____ My questions: _____

Tell the nurse promptly if I see: a fall or injury · not eating or weight loss · a big change that isn't settling. **Sudden confusion or a rapid change in alertness:** urgent medical assessment. **Emergency:** call 911.

After the first month

☐ Next care plan meeting: _____

☐ Family council meeting dates (if there is one): _____

☐ Ombudsman phone number: _____

☐ Decide about the house, with advice: _____

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Monthly Money Check

Watching for problems without taking over

Do this with your parent, once a month. **Month:** _____ **Done together with:** _____

Bills and mail

- ☐ All bills paid this month, including utilities, insurance, property tax and medical
- ☐ No past-due or shutoff notices
- ☐ No unopened piles of mail
- ☐ Nothing new we don't recognize, such as subscriptions, magazines or "prizes"

Accounts

Account	Balance last month	Balance now	Anything unusual?

- ☐ No large or unexplained withdrawals, transfers or checks
- ☐ No new names on any account
- ☐ Credit card charges all recognized
- ☐ No gift card, wire, cryptocurrency or cash-courier payments
- ☐ Medicare statements checked against my parent's calendar

People and calls

- ☐ Any calls, emails or texts asking for money or account information? What happened: _____
- ☐ Any new "friend," helper or online contact asking about money?
- ☐ Any pressure to change a will, deed or account?

Protections in place

- ☐ Trusted contact named at the bank and brokerage (where offered)
- ☐ Account alerts set up (who gets them: _____)
- ☐ Credit frozen at all three bureaus (if we chose to)
- ☐ Power of attorney on file with the bank (Chapter 7)

If something's wrong, call:

- Bank fraud line: _____
- Elder Fraud Hotline: 1-833-372-8311 (Mon.–Fri., 10 a.m.–6 p.m. ET)
- Report a scam: ReportFraud.ftc.gov · ic3.gov
- Medicare billing questions or fraud: 1-800-MEDICARE (1-800-633-4227) · Senior Medicare Patrol: 1-877-808-2468
- Adult Protective Services, or the Eldercare Locator: 1-800-677-1116
- Emergency: 911

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Driving Observation Checklist

Keeping track of driving warning signs over time

Fill one in after a ride, or when someone tells you about an incident, and bring a few to the doctor.
Date: _____ **Trip:** _____ **Time of day:** _____ **Weather:** _____

Seen by: ☐ me, riding along ☐ someone else (who and what they saw): _____

On the road (✓ if you saw it)

☐ Drifted out of the lane or straddled lanes
☐ Missed or rolled through a stop sign or light
☐ Didn't yield, or misjudged gaps in traffic
☐ Drove much too slowly or too fast for conditions
☐ Braked late or hit the wrong pedal
☐ Got lost or confused on a familiar route
☐ Needed directions or warnings from a passenger
☐ Seemed drowsy, distracted or anxious
☐ Trouble turning to check blind spots or backing up

Around the car

☐ New dents or scrapes
☐ Tickets or warnings
☐ Other people have commented on the driving

Health and medicines

☐ New or changed medicines: _____
☐ Last eye exam: _____
☐ Any memory changes, dizziness or falls

Overall: ☐ No concerns ☐ Some concerns ☐ Serious concerns

What I'll do next: ☐ Ride along again ☐ Talk with my parent ☐ Ask the doctor ☐ Ask about a driving evaluation

Other ways to get there (fill in before any change)

Trip	How often	Who or what could drive
Groceries		
Doctor		
Church or community		
Friends and family		

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My Limits Plan

Deciding what you can keep doing, and what you'll do when you can't

Review it every few months, or whenever things change. **Date:** _____ **Next review:** _____

What I can do

_____

_____

_____

What I can't do, or won't do

_____

_____

_____

What I'll ask someone else to take on

Task	Who	Starting when

My warning signs (✓ any you notice)

- ☐ Exhausted, overwhelmed or anxious
- ☐ Sad, hopeless, or no interest in things I used to enjoy
- ☐ Quick to anger or impatient
- ☐ Lonely
- ☐ Not sleeping
- ☐ Headaches or other physical problems
- ☐ Using alcohol or medicines to cope

If these signs persist or begin affecting my health, I'll:

_____

_____

_____

My breaks

- Regular break (what, when, who covers): _____
- Backup if I'm sick or away: _____

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My own health

☐ My doctor's appointment is booked: _____

☐ My doctor knows I'm a caregiver

Work

☐ Asked HR about family leave, including intermittent leave

☐ Asked about an employee assistance program

Help to call

- Eldercare Locator (Area Agency on Aging caregiver program): 1-800-677-1116
- VA Caregiver Support Line (if a veteran enrolled in VA health care): 1-855-260-3274, weekdays 8 a.m.–8 p.m. ET
- In crisis: call or text 988
- My support group: _____

Looking ahead

☐ We've talked with the doctor about palliative care

☐ We know my parent's wishes, and the advance directive is on file (Chapter 7)

☐ We know when we'd want to ask about hospice

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