# 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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