

# Personal Caregiver Self-Assessment & Sustainability Plan

## *Planning Ahead for Long-Term Caregiving Success*

### 1. Schedule & Relief Planning

- How many days in a row can I realistically provide care without burnout?
- Who is my backup or relief caregiver when I need time off?
- Have I scheduled regular days off for myself?
- When will I take my next vacation or extended rest period?
- Do I have coverage planned in advance for holidays and emergencies?

### 2. Health & Medical Self-Care

- When is my next doctor's appointment scheduled?
- Do I have upcoming screenings, lab tests, or chronic conditions to manage?
- Am I getting enough sleep (7–9 hours per night)?
- Am I eating balanced, regular meals each day?
- Am I exercising at least 3 times per week?

### 3. Emotional & Burnout Awareness

- What are the warning signs I'm feeling overwhelmed? (e.g., irritability, crying, exhaustion)
- Do I feel emotionally numb or detached from my loved one or others?
- Am I able to talk to someone about my caregiving challenges (friend, therapist, support group)?
- Have I experienced any physical symptoms linked to stress (headaches, chest pain, fatigue)?
- Have I felt increasing resentment, guilt, or hopelessness recently?

### 4. Boundaries & Balance

- Do I have at least one hour per day for personal quiet time or rest?
- Do I engage in hobbies, faith practices, or other non-caregiving activities each week?
- Have I set clear boundaries about what tasks I will or won't take on?
- Do I feel comfortable saying 'no' or asking for help?
- Have I explored outside resources: respite care, adult day programs, home aides, etc.?



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This is not legal or medical advice. Please seek a professional consultation for your specific circumstances.

### 5. Personal Reflection & Planning

Use this space to write a short reflection on your current state and what actions you might take to improve your caregiving sustainability.

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### 6. Promises to Myself – So I am at my Best

Use this space to list dealbreakers and times you will get help, how, and when.

Samples

*“I promise if I go more than 48 hours without sleep I will call \_\_\_\_\_.”*  
*“I promise if I go ten days without being able to leave the house, I will \_\_\_\_\_.”*  
*I promise I will fill out a caregiver log for myself and share it with \_\_\_\_\_ to make sure I am getting enough sleep, food, and down time.*

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### 7. Ten Things I Enjoy

Make a list of things you enjoy doing (or enjoyed before being a caregiver) and note how many of them you still do. Why are these activities important to you.

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### 8. My Support Team

Make a list of people, agencies, or resources that can help you when needed.

Name	Contact#	Notes
		My Mental Health Provider
		My PCP
		Person to Chat with
		Person to Vent to
		Person for Advice

**Remember: Prioritizing both your well-being and the patient's safety leads to the best possible care journey for everyone involved.**



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