Caregiver Load Map

A right-now snapshot of what one person is carrying. This is not a scorecard and not a daily log - fill only what matters today.

1. YOUR HOUSEHOLD REALITY

CHECK ANY THAT FIT TODAY

- ☐ I am the only adult carrying most daily care
- ☐ Another adult is present but not consistently available.
- ☐ Work or school schedules leave little overlap.
- ☐ Other children or relatives also depend on me.
- ☐ I carry most calls, appointments, school, or insurance tasks.
- ☐ Nights or early mornings mostly fall to me.

PEOPLE WHO CAN HELP, EVEN OCCASIONALLY (OPTIONAL)

2. WHERE THE LOAD LANDS

AREA OF THE DAY	WHAT LANDS ON ME	WHAT GIVES WAY WHEN I CANNOT DO IT ALL
Morning		
Daytime / appointments		
Evening		
Overnight		
Calls / paperwork / planning		

3. THE PRESSURE POINT

THE HOUR OR PART OF THE DAY THAT BREAKS FIRST

THE RESPONSIBILITY ONLY I KNOW HOW TO DO

WHAT CANNOT CONTINUE AS-IS

4. ONE CHANGE TO ASK FOR

CHECK THE CHANGE THAT WOULD REDUCE THE LOAD MOST

- ☐ Remove or pause something.
- ☐ Share it with another adult.
- ☐ Train another adult to do it.
- ☐ Change timing or scheduling.
- ☐ Clarify who to contact between sessions.
- ☐ Ask what respite or support options exist.
- ☐ Another specific change.

COMPLETE ONE SENTENCE: I AM CARRYING... I NEED... TO CHANGE.

5. HAND-OFF

DATE SHARED

PERSON / ROLE

NEXT REVIEW DATE