

Caregiver Checkup

* Check the replenishments and stressors you experience under each weekday column. Week 1

REPLENISHMENTS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
<i>Physical</i>	Sleep							
	Shower							
	Meals (3)							
	Medication							
	Exercise							
	Water (#glasses)							
	Deep breathing							
	Physical touch							
<i>Social</i>	Talking on phone							
	Visiting w/family							
	Visiting w/friends & others							
	Reading correspondence							
<i>Spiritual</i>	Meditating and Praying							
	Listening to music							
	Connecting w/nature							
<i>Intellectual</i>	Reading							
	Writing							
	Learning something new							
	Other							
STRESSORS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
	Muscle tension							
	Intestinal problems							
	Crying							
	Yelling							
	Withdrawing							
	Overeating							
	Increased use of Alcohol/drugs							
	Other							

1. Refer to the **“Replenishments”** section of the Caregiver Checkup chart and list the two or three replenishments that are most important to you. What do you absolutely need to feel good?
2. List what went well during the week and which replenishments were checked off?
3. Refer to the **“Stressors”** section of the Caregiver Checkup chart and note below how the stress played out in your body and emotions. Which stressors were checked off?
4. Describe the context around these stressful symptoms? Try to remember what precipitated that behavior or feeling.
5. Looking at the Caregiver Checkup chart, do you see any patterns that developed over the week?
6. Refer back to question 1 and create an action plan for the upcoming week to add or maintain your two or three most important replenishments. *(Start small and be realistic about what you can add so that you are successful. The goal is to replenish your physical, social, intellectual and spiritual needs as best you can over time.)*
7. Refer back to questions 3, 4 and 5 and add to your action plan a step to address one stressor that you experienced. This could be to eliminate an unpleasant task that is causing frustration or to add an activity like going for a walk to relieve muscle tension. *(Start small and be realistic about what you can address so that you are successful. The goal is to reduce the stress exhibited in your body and behaviors as best you can over time.)*

Caregiver Checkup

* Check the replenishments and stressors you experience under each weekday column. Week 2

REPLENISHMENTS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
<i>Physical</i>	Sleep							
	Shower							
	Meals (3)							
	Medication							
	Exercise							
	Water (#glasses)							
	Deep breathing							
	Physical touch							
<i>Social</i>	Talking on phone							
	Visiting w/family							
	Visiting w/friends & others							
	Reading correspondence							
<i>Spiritual</i>	Meditating and Praying							
	Listening to music							
	Connecting w/nature							
<i>Intellectual</i>	Reading							
	Writing							
	Learning something new							
	Other							
STRESSORS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
	Muscle tension							
	Intestinal problems							
	Crying							
	Yelling							
	Withdrawing							
	Overeating							
	Increased use of Alcohol/drugs							
	Other							

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4. Describe the context around these stressful symptoms? Try to remember what precipitated that behavior or feeling.
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* Check the replenishments and stressors you experience under each weekday column. Week 3

REPLENISHMENTS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
<i>Physical</i>	Sleep							
	Shower							
	Meals (3)							
	Medication							
	Exercise							
	Water (#glasses)							
	Deep breathing							
	Physical touch							
<i>Social</i>	Talking on phone							
	Visiting w/family							
	Visiting w/friends & others							
	Reading correspondence							
<i>Spiritual</i>	Meditating and Praying							
	Listening to music							
	Connecting w/nature							
<i>Intellectual</i>	Reading							
	Writing							
	Learning something new							
	Other							
STRESSORS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
	Muscle tension							
	Intestinal problems							
	Crying							
	Yelling							
	Withdrawing							
	Overeating							
	Increased use of Alcohol/drugs							
	Other							

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Caregiver Checkup

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<i>Physical</i>	Sleep							
	Shower							
	Meals (3)							
	Medication							
	Exercise							
	Water (#glasses)							
	Deep breathing							
	Physical touch							
<i>Social</i>	Talking on phone							
	Visiting w/family							
	Visiting w/friends & others							
	Reading correspondence							
<i>Spiritual</i>	Meditating and Praying							
	Listening to music							
	Connecting w/nature							
<i>Intellectual</i>	Reading							
	Writing							
	Learning something new							
	Other							
STRESSORS		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
	Muscle tension							
	Intestinal problems							
	Crying							
	Yelling							
	Withdrawing							
	Overeating							
	Increased use of Alcohol/drugs							
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