NEUROVIAX ACADEMY

FREE PRINTABLE WORKBOOK · SIX-WEEK PATH

# Caregiver Burnout Strain Check and Plan

Notice what is weighing on you and make a practical plan for support, respite, and your own care.

| 21 | 6 | 13 | 40 |
|---|---|---|---|
| practice sheets | repeatable logs | MCSI items | print pages |

Free download · This workbook is for education and self-reflection. It is not a diagnosis, a treatment, or a substitute for professional care.

START HERE 1 · CAREGIVER SUPPORT

# Begin with one pressure point

You can start with one page today; you do not have to finish in order.

1. Complete the Modified Caregiver Strain Index on pages 4–6 if a structured snapshot would help.
2. Choose one strain that matters most today. A total is not a grade or category.
3. Pick a matching page: ask for help, plan respite, adjust a task, or protect a small recovery break.
4. Use repeat logs only when they help you notice a pattern. Skip any page that does not fit.

**The caregiving situation I want to make more workable**

**One small change I can try in the next seven days**

**Keep it realistic.** You may name a need before you know exactly how to meet it.

START HERE 2 · CAREGIVER SUPPORT

# A six-week path you can adapt

Move at your own pace; repeat a week or use only the pages that fit.

| Week | Focus | Choose a page | Done / note |
|---|---|---|---|
| 1 | Notice strain | MCSI and pressure point | |
| 2 | Map support | Support network map | |
| 3 | Ask clearly | Help request and task sharing | |
| 4 | Protect a break | Respite plan | |
| 5 | Set workable limits | Limits and warning signs | |
| 6 | Review and adjust | Weekly check-in | |

**What would make this path manageable?**

Progress can mean asking one question or accepting one small form of help.

MEASURE 1 · CAREGIVER SUPPORT

# Modified Caregiver Strain Index · items 1–7

Think about your caregiving experience. Mark one response for each item.

**Response options:** Yes, on a regular basis = 2; Yes, sometimes = 1; No = 0. Mark the matching value.

| # | Modified Caregiver Strain Index item | Yes, regularly 2 | Yes, some-times 1 | No 0 |
|---|---|---|---|---|
| 1 | My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night) | ☐ | ☐ | ☐ |
| 2 | Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help) | ☐ | ☐ | ☐ |
| 3 | Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required) | ☐ | ☐ | ☐ |
| 4 | Caregiving is confining (For example: helping restricts free time or I cannot go visiting) | ☐ | ☐ | ☐ |
| 5 | There have been family adjustments (For example: helping has disrupted my routine; there is no privacy) | ☐ | ☐ | ☐ |
| 6 | There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation) | ☐ | ☐ | ☐ |
| 7 | There have been other demands on my time (For example: other family members need me) | ☐ | ☐ | ☐ |

Yes, on a regular basis = 2; Yes, sometimes = 1; No = 0. Continue with items 8–13.

MEASURE 2 · CAREGIVER SUPPORT

# Modified Caregiver Strain Index · items 8–13

Use the same response choices for each item.

**Response options:** Yes, on a regular basis = 2; Yes, sometimes = 1; No = 0. Mark the matching value.

| # | Modified Caregiver Strain Index item | Yes, regularly 2 | Yes, some-times 1 | No 0 |
|---|---|---|---|---|
| 8 | There have been emotional adjustments (For example: severe arguments about caregiving) | ☐ | ☐ | ☐ |
| 9 | Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things) | ☐ | ☐ | ☐ |
| 10 | It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be) | ☐ | ☐ | ☐ |
| 11 | There have been work adjustments (For example: I have to take time off for caregiving duties) | ☐ | ☐ | ☐ |
| 12 | Caregiving is a financial strain | ☐ | ☐ | ☐ |
| 13 | I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage) | ☐ | ☐ | ☐ |

Yes, on a regular basis = 2; Yes, sometimes = 1; No = 0.

MEASURE 3 · CAREGIVER SUPPORT

# Score and notice the details

Add all 13 item values. The total ranges from 0 to 26; no low, moderate, or high bands are used.

1. Write 2, 1, or 0 for each response and add the values.
2. List items marked “Yes, on a regular basis.” They may identify topics to discuss.
3. Choose one practical next step. The total alone cannot tell you what support is right.

**Total range:** 0 to 26. No score bands.

**My total / 26**

**Items I marked regularly and what I want understood**

**One person or service I could talk with**

**Interpret with care.** This is a reflection prompt, not a diagnosis, complete assessment, or score category. A specific concern matters even with a lower total.

WORKSHEET 1 · CAREGIVER SUPPORT

# Find the pressure point

Sort what feels hardest from what might be changeable.

Mark areas that fit today, then choose one to explore.

- [ ] Sleep or overnight interruptions
- [ ] Physical effort
- [ ] Time or travel
- [ ] Feeling confined
- [ ] Family changes or conflict
- [ ] Work or personal plans
- [ ] Money or supplies
- [ ] Upsetting behavior or memory changes
- [ ] Worry about managing

**The pressure point I want to focus on**

**What makes it important today?**

**What is within my influence this week?**

WORKSHEET 2 · CAREGIVER SUPPORT

# Caregiving day timeline

See where care tasks and recovery time land across a typical day.

Sketch a usual day. Include care, work, travel, waiting, and rest. Mark the tightest transition.

| Time block | Care / other demand | Who is involved | Breathing room |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

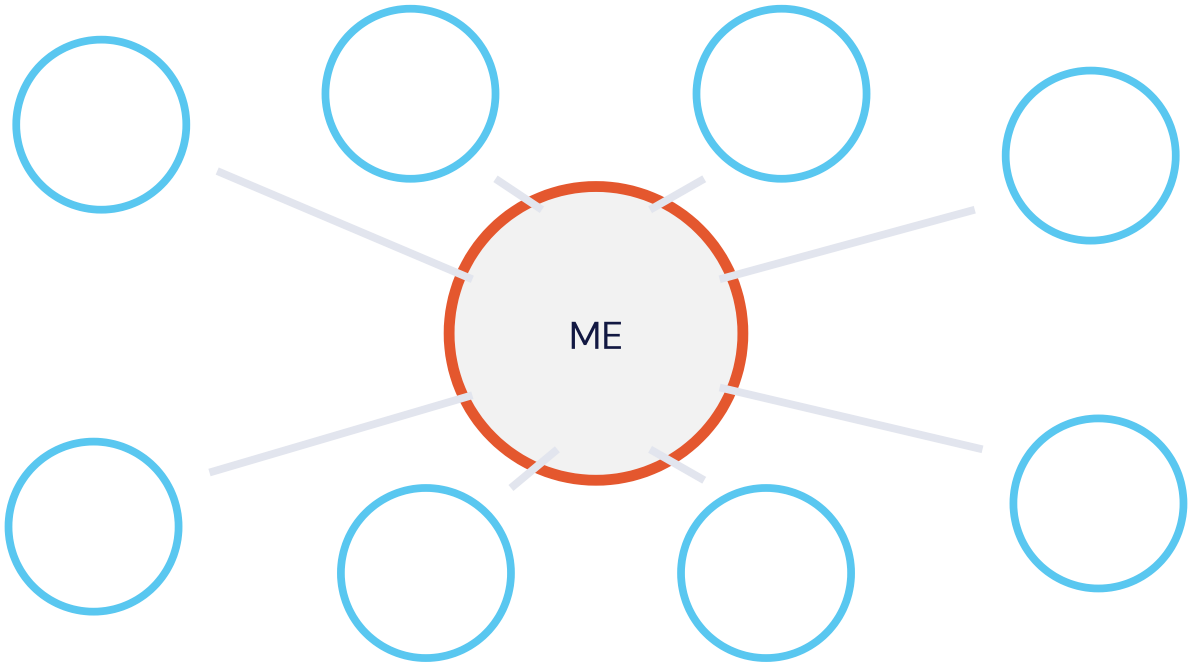
**One transition I could simplify or share**

WORKSHEET 3 · CAREGIVER SUPPORT

# Support network map

Put people and services around you so one person is not the whole plan.

Write “me” in the center. Add people, services, places, and groups. Arrows can show who might help with what.




**Who could help with one specific task?**

**A connection I want to strengthen or add**

WORKSHEET 4 · CAREGIVER SUPPORT

# My support inventory

Name the kind of help each person or service can realistically offer.

| Person / service | Possible task | Best way to ask | Check-back date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**A gap I notice and a possible next contact**

WORKSHEET 5 · CAREGIVER SUPPORT

# Build an ask for help

Turn a broad need into a clear, time-limited request.

1. Name one task.
2. Say when and how long help is needed.
3. Offer a simple way to say yes, no, or suggest another time.

> **Example:** “Could you stay with Dad from 2 to 3 on Saturday while I shop? If not, could you suggest another hour?”

**The task I need help with**

**My request in my own words**

**If the answer is no, another option**

**Who I will ask and when**

WORKSHEET 6 · CAREGIVER SUPPORT

# Choose a useful help menu

List small tasks others can take on without a long explanation.

Think of errands, visits, meals, calls, transportation, or paperwork.

| Task someone else could do | What they need to know | Who might do it | Check-in date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**The easiest first request**

WORKSHEET 7 · CAREGIVER SUPPORT

# Plan a respite break

Plan coverage, key information, and how you want to use the break.

1. Choose a realistic length.
2. Identify coverage and a backup contact.
3. Share only the information needed for safe coverage.

**Day, time, and length of break**

**Who will cover, and how I will ask**

**Essential routine / coverage information**

**Backup if the plan changes**

**How I would like to use the time**

WORKSHEET 8 · CAREGIVER SUPPORT

# Share the care tasks

Make hidden work visible so responsibilities can be discussed clearly.

| Task | How often / time | Current person | Possible share or next step |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**One task to discuss together**

**What would make the arrangement workable?**

WORKSHEET 9 · CAREGIVER SUPPORT

# Daily care schedule

Make a day plan with care tasks, transitions, and protected pauses.

Plan only what is known. Leave open space for changes and breaks.

| Time | Care task / appointment | Travel or setup | Break / backup |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**One task I can move, combine, or share**

WORKSHEET 10 · CAREGIVER SUPPORT

# My limits and warning signs

Notice early signals that your current pace may not be sustainable.

Use your own signs; this is not a diagnostic checklist.

- [ ] I am sleeping less or waking often
- [ ] My body feels tense, sore, or depleted
- [ ] I miss my appointments or meals
- [ ] I feel more irritable or numb than usual
- [ ] I avoid calls or asking for help
- [ ] I have no dependable break

**My early signs, in my words**

**A limit I need to communicate**

**What I will do if this continues or worsens**

WORKSHEET 11 · CAREGIVER SUPPORT

# Set a workable boundary

Choose what you can do, what you cannot, and what you will communicate.

I can reliably do

I cannot reliably do

A respectful sentence explaining my limit

A task, service, or person I can involve instead

A limit is information for planning. It does not measure how much you care.

WORKSHEET 12 · CAREGIVER SUPPORT

# Protect work and personal plans

Identify a change that matters to you and the practical conversation it needs.

Consider paid work, study, friendships, appointments, rest, or a personal plan.

**A plan or role that caregiving has changed**

**What I miss or want to protect**

**One adjustment I could explore**

**Who needs to be part of this conversation?**

WORKSHEET 13 · CAREGIVER SUPPORT

# Map time and money strain

Separate costs and time pressures into questions you can ask.

Time costs: travel, waiting, missed hours

Money costs: supplies, bills, paid help

| Pressure | What is known | Question / resource |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

One next question to take to a service or person

WORKSHEET 14 · CAREGIVER SUPPORT

# Family adjustment conversation

Prepare to discuss a change in routine, privacy, or shared responsibility.

Choose a calm time if possible. Focus on one concrete change and one request.

**The change affecting routine or privacy**

**What I want others to understand**

**A specific request or short experiment**

**How we will check whether it helped**

WORKSHEET 15 · CAREGIVER SUPPORT

# Solve one caregiving problem

Define one solvable problem, consider options, and choose a small test.

1. Describe the problem as something observable.
2. List more than one possible response.
3. Choose a safe next step and review date.

**The specific problem, not the whole situation**

**Options I can think of**

**Next step and who can help**

**When I will review what happened**

WORKSHEET 16 · CAREGIVER SUPPORT

# What can wait?

Sort tasks by urgency and decide what can be delayed, delegated, or dropped.

Needs attention soon

Can wait, be shared, or be dropped

One task I will postpone or delegate

What must be in place for that to feel safe?

WORKSHEET 17 · CAREGIVER SUPPORT

# Create a self-care plan that fits

Choose small actions that fit your life rather than an ideal schedule.

Self-care can be practical: food, medication, sleep, movement, connection, or a pause.

| Area | Small action | When / cue | Backup version |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**The smallest version I can do on a hard day**

WORKSHEET 18 · CAREGIVER SUPPORT

# Make a hard-day plan

Write a short plan for a day when energy, time, or patience is limited.

1. Choose what is essential for safety today.
2. Identify one call or task to simplify.
3. Use support and emergency options when needed.

**Essential care tasks today**

**What can be delayed or delegated?**

**Person or service I can contact**

**One kind thing I can do for myself**

**If there is immediate danger or a medical emergency,** use local emergency services.

WORKSHEET 19 · CAREGIVER SUPPORT

# Weekly check-in and next step

Review what changed, what stayed difficult, and what you want to try next.

**What took the most energy?**

**What gave even a little support?**

**A request, boundary, or break I tried**

**What I learned**

**One next step for the coming week**

WORKSHEET 20 · CAREGIVER SUPPORT

# Fictional example 1 · A break in the week

Turn a general need into a specific request and a backup plan.

**Fictional example.** Lena supports her uncle after work. She has skipped groceries twice because no one can cover Tuesday evenings. She asks, “Could you stay with Omar from 5:30 to 6:30 next Tuesday while I shop?” Her cousin cannot do Tuesday but offers Thursday. Lena accepts and asks a neighbor to be a backup another week. She uses the hour for groceries and a quiet meal.

## Notice the steps

- [ ] The need is specific
- [ ] The request names a time
- [ ] A second option is considered
- [ ] The break has a chosen purpose

**A task I could ask someone to cover**

**My first request and backup possibility**

**What would make the request easier?**

WORKSHEET 21 · CAREGIVER SUPPORT

# Fictional example 2 · Adjusting a task

Respond to physical strain by asking about safer and shared options.

**Fictional example.** Marcus helps his mother with laundry in a basement. His back aches after carrying baskets. He asks his sister to take laundry on Sundays and asks the home-care coordinator whether a different setup could reduce lifting. He does not assume pain is something he must tolerate.

## Notice the steps

- [ ] The strain is named without blame
- [ ] A task is identified
- [ ] A person or service joins the plan
- [ ] A follow-up is set

**A physical or time demand I want to change**

**Who could help explore a safer option?**

**What question will I ask, and when?**

REPEAT · TRACKER 1 · CAREGIVER SUPPORT

# Weekly strain check

Repeat this brief check weekly if it helps you notice changes.

Make copies

| Week | Sleep | Time | Physical | Emotional | Work / money | Total / 26 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**One item I want to discuss or act on**

REPEAT · TRACKER 2 · CAREGIVER SUPPORT

# Care tasks and handoffs

Record tasks that are shared so responsibilities and follow-up stay clear.

Make copies

| Date | Task | Who is responsible | Handoff detail | Follow-up |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**A handoff detail to clarify**

REPEAT · TRACKER 3 · CAREGIVER SUPPORT

# Medication and appointment log

Use this reminder record to support communication with the authorized care team.

Make copies

**Use safely.** Follow clinician and pharmacy instructions. This page does not replace medication labels or an official care record.

| Date / time | Medication or appointment | Instruction / location | Question / follow-up |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Who should receive a follow-up question?**

REPEAT · TRACKER 4 · CAREGIVER SUPPORT

# Sleep and energy check

Notice whether rest and energy shift alongside caregiving demands.

Make copies

| Date | Sleep / interruptions | Energy 0–10 | Main demand | Support used |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**A pattern I notice without judging myself**

REPEAT · TRACKER 5 · CAREGIVER SUPPORT

# Support contacts and follow-through

Track a request, referral, or call and the next step.

Make copies

| Date | Person / service | What I asked | Response / next step | Check-back |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**One follow-up to remember**

REPEAT · TRACKER 6 · CAREGIVER SUPPORT

# Respite and recovery log

Record breaks planned, what made them possible, and what to adjust.

Make copies

| Date / length | Coverage plan | What helped | How I used the break | Next adjustment |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**A realistic break to plan next**

QUICK REFERENCE 1 · CAREGIVER SUPPORT

# Words for asking and responding

Use a starting phrase and adapt it to your relationship and request.

## Ask for one task

- “Could you take one grocery trip this week? I can send the list.”
- “Would you stay with her for an hour on Thursday?”
- “Could we divide the calls so I am not the only contact?”
- “Can you sit with me while I ask about respite?”

## When the answer is uncertain

- “Would another day or a smaller task work better?”
- “If you cannot, do you know who else I could ask?”
- “Could you let me know by Friday so I can make another plan?”

## Name a limit

- “I can cover mornings, but I cannot safely lift alone.”
- “I need to keep my appointment. Let’s find coverage for that hour.”
- “I cannot take on another task this week. Let’s find another option.”

**A phrase that sounds natural in my voice**

QUICK REFERENCE 2 · CAREGIVER SUPPORT

# Support and urgent-help card

Keep contacts that fit your location and situation where you can find them.

## United States caregiver support

**Eldercare Locator**
1-800-677-1116
Ask about local aging services, caregiver support, and respite options.

## Emotional crisis

**If you are thinking about harming yourself, contact your local emergency number or a crisis line now.**
In the United States, call or text 988 for the 988 Suicide & Crisis Lifeline. Call 911 for an immediate emergency.

## My local contacts

**Primary care or care-team contact**

**Trusted person who can respond**

**Local emergency or after-hours number**

Outside the United States, use crisis and emergency services where you live.

GUIDE 1 · CAREGIVER SUPPORT

# What the strain check can and cannot say

The MCSI helps organize a conversation about strain; it cannot explain the whole situation.

The Modified Caregiver Strain Index (MCSI) asks about practical, physical, emotional, time, work, and financial experiences. Each response is scored 0, 1, or 2. Add 13 items for a total from 0 to 26.

The source does not assign low, moderate, or high categories. A total is one snapshot. Specific answers and circumstances matter. A single concern can deserve support regardless of the total.

Use these pages to identify a practical next step: a conversation, task adjustment, respite question, local service, or fuller assessment with a qualified professional.

## Reflect

**What does my total leave out about my situation?**

**Which item do I want someone to understand?**

**Not a diagnosis.** The MCSI is not a complete assessment or care recommendation.

GUIDE 2 · CAREGIVER SUPPORT

# Use the pages in an order that fits

Choose a small cycle of notice, plan, try, and review instead of aiming for a perfect routine.

1. **Notice:** complete or revisit the MCSI and choose one strain area.
2. **Map:** use the support map and inventory to name what is available.
3. **Plan:** draft one request, respite option, schedule adjustment, or boundary.
4. **Try:** make one small change that seems safe and realistic.
5. **Review:** use a weekly check-in and revise without blaming yourself.

## If a plan does not work

Look for a barrier: timing, cost, access, another person's needs, or unclear information. Ask a service provider or trusted person what alternatives exist. You do not have to solve the whole system alone.

**The first page I will use and why**

**A barrier I may need help navigating**

**Who could help me ask the next question?**

GUIDE 3 · CAREGIVER SUPPORT

# Caregiving conversations and practical supports

Ask questions that fit your location, eligibility, and care situation.

## Questions for a care team or local service

- What tasks can I safely do, and what should I not do without training?
- Is there a respite, adult day, transportation, or caregiver support option nearby?
- What eligibility or cost details should I know before applying?
- Who can help plan if the usual caregiver is unavailable?
- How should changes or new symptoms be reported?

## Prepare for a call

- [ ] Write the main question first
- [ ] Keep relevant contact information nearby
- [ ] Ask for the next step and who owns it
- [ ] Note a callback date

**My question for the next call**

**The answer or next step I need to record**

Services and eligibility vary. Confirm current details directly with the local provider.

CLINICIAN GUIDE 1 · CAREGIVER SUPPORT

# Using these pages in a support conversation

These educational pages can organize reflection; they do not replace individualized assessment or care planning.

1. Ask permission before introducing the MCSI or a reflection page.
2. Offer the person a choice to skip an item, pause, or discuss one concern rather than the total.
3. Review item-level responses and context; do not impose score bands or infer a diagnosis.
4. Ask what practical or emotional support the caregiver wants to explore.
5. Follow your role, training, local safeguarding duties, and organization procedures.

> **Respect agency.** Priorities, culture, family structure, resources, and constraints shape what is feasible. Do not assume respite or family help is available.

**Local referral, consent, or follow-up steps to confirm**

**A question that invites the caregiver's priorities**

MCSI reproduction is limited to not-for-profit educational use. See credits.

CREDITS AND REFERENCES 1 · CAREGIVER SUPPORT

# Credits, scope, and use

A free educational resource from Neuroviax Academy.

**Modified Caregiver Strain Index (MCSI).** Item wording and scoring are reproduced in their entirety for not-for-profit educational purposes only.

**Permission:** Permission is granted to reproduce, post, download, and/or distribute this material in its entirety for not-for-profit educational purposes only. Cite the Hartford Institute for Geriatric Nursing (HIGN), NYU Rory Meyers College of Nursing, as the source and notify nursing.hign@nyu.edu.

**Required instrument credit:** Thornton, M., & Travis, S. S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. *The Journals of Gerontology Series B, 58*(2), S127–S132. Copyright © The Gerontological Society of America. Reproduced by permission of the publisher. Distributed by the Hartford Institute for Geriatric Nursing, NYU Rory Meyers College of Nursing (HIGN), Try This: General Assessment Series.

**Scope.** This workbook is for education and self-reflection. It is not a diagnosis, a treatment, or a substitute for professional care. The MCSI total is 0–26 and is not assigned score bands here.

**Reuse.** This free workbook is for the buyer's personal use. The MCSI is reproduced only for not-for-profit educational use under the stated permission. Do not sell or redistribute the scale.

Fictional examples are invented for learning. Local service availability and eligibility vary; verify details directly.

Published by Neuroviax Academy. HIGN use notification is for the owner to send.