

Mental Load Inventory

Everything you quietly track, area by area. Write who owns each line now, then mark the ones to hand off.

■ SCHOOL

Cross out what does not fit. Add your own on the blank line in each area.

forms, permission slips, due dates _____	hand off _____
early releases and days off _____	hand off _____
supplies, spirit days, class gifts _____	hand off _____
_____	hand off _____

■ HEALTH

checkups: doctor, dentist, eyes _____	hand off _____
prescriptions and refills _____	hand off _____
who's due for what, and when _____	hand off _____
_____	hand off _____

■ ACTIVITIES

practice and game schedules _____	hand off _____
carpools, rides, pickups _____	hand off _____
signups, fees, and gear _____	hand off _____
_____	hand off _____

■ MEALS

what's for dinner this week _____	hand off _____
the running grocery list _____	hand off _____
lunches, snacks, allergies _____	hand off _____
_____	hand off _____

■ HOUSEHOLD

laundry, cleaning, trash days _____	hand off _____
repairs and the call-someone list _____	hand off _____
supplies running low _____	hand off _____
_____	hand off _____

■ MONEY

bills and their due dates _____	hand off _____
subscriptions and renewals _____	hand off _____
kid costs: fees, clothes, gifts _____	hand off _____
_____	hand off _____

■ SOCIAL & GIFTS

birthdays, parties, RSVPs _____	hand off _____
gifts to buy, wrap, and send _____	hand off _____
thank-yous, cards, holidays _____	hand off _____
_____	hand off _____

■ PETS

food, meds, vet visits _____	hand off _____
walks, litter, grooming _____	hand off _____
who feeds them, and when _____	hand off _____
_____	hand off _____