

DO YOU EQUAL(LY) CARE @HOME?!

The Mental Load Self-Test for homework and domestic work



How to use it:

Look at all the tasks in the table below and put a check behind those you do at your house. It is best to make two copies of the test - one for you and one for your partner. This way you can fill out the table independently and compare them afterwards.

The tasks are sorted by areas such as household and hobbies (among others). In the columns from left to right, you will find tasks that occur approx. daily, weekly, monthly, and annually.

- If certain tasks do not take place in your house, leave the box blank.
- If you share a task, check the box. When comparing with your partner, you can see if he/she sees it the same way.
- If you have more tasks that are not listed, you can add them in the empty lines under „OTHERS“.

By the way:

Equal Care does not necessarily mean that the ratio of care work must be exactly 50:50. Other models can also lead to an equal distribution of mental and physical load.

Remember:

Equal Care also means that care work is valued just as much as being on a payroll. Caring for a child who does not go to daycare or school is a full-time job. But while parent X, who is on a payroll, comes home after a 40-hour work week and is „done“ with work, the job of parent Y goes from (for example) 6 a.m. to 8 p.m. every day (and possibly even further at night), which corresponds to at least a 98-hour work week. The division of <job> and <child(ren)> is therefore not 50:50 per se. On top of that, household chores are not even factored in this example!

Evaluation:

Count your checks per column and multiply them by the score of the respective column. Then add all points to your total score. You can enter them here:

Result:

Name:

Points daily:

Points weekly:

Points monthly:

Points annually:

Total.....

The maximum score is 216, which means all of the tasks mentioned above occur in your home and you are responsible for them all. However, this is unlikely. It is much more interesting to compare your results with your partner or the person(s) with whom you share the care work.

So - who carries the mental load at your house?

Do you care equally? Let's get started!



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The Mental Load Self-Test



EQUAL CARE DAY

HOUSEHOLD

- | | | | |
|--|---|---|--|
| Washing + hanging laundry..... <input type="checkbox"/> | Vacuuming..... <input type="checkbox"/> | Changing bed covers + sheets..... <input type="checkbox"/> | Cleaning windows..... <input type="checkbox"/> |
| Folding + putting away laundry..... <input type="checkbox"/> | Wiping floors..... <input type="checkbox"/> | Buying cleaning supplies..... <input type="checkbox"/> | Wiping down kitchen cabinets..... <input type="checkbox"/> |
| Making beds..... <input type="checkbox"/> | Cleaning bathroom..... <input type="checkbox"/> | Cleaning drains..... <input type="checkbox"/> | Taxes..... <input type="checkbox"/> |
| Cooking..... <input type="checkbox"/> | Watering flowers..... <input type="checkbox"/> | Small repairs..... <input type="checkbox"/> | Descaling machines..... <input type="checkbox"/> |
| Kitchen + Dishes..... <input type="checkbox"/> | Dusting + wiping..... <input type="checkbox"/> | Paying bills for rent, electricity etc. <input type="checkbox"/> | Cleaning the oven, fridge, |
| Maintaining shopping list..... <input type="checkbox"/> | Ironing..... <input type="checkbox"/> | Recycling/returning glass bottles..... <input type="checkbox"/> | freezer..... <input type="checkbox"/> |
| Taking out trash..... <input type="checkbox"/> | Grocery shopping..... <input type="checkbox"/> | Decoration the home..... <input type="checkbox"/> | Disposing of bulky waste..... <input type="checkbox"/> |
| Cleaning up..... <input type="checkbox"/> | Planning meals..... <input type="checkbox"/> | Garden + balcony..... <input type="checkbox"/> | Research for electricity, |
| | Buying fresh fruit/vegetables..... <input type="checkbox"/> | Handywork like drilling..... <input type="checkbox"/> | internet, insurance..... <input type="checkbox"/> |

DAYCARE/SCHOOL/NURSING HOME

- | | | | |
|---|---|---|--|
| Preparing snack boxes..... <input type="checkbox"/> | Preparing spare clothes..... <input type="checkbox"/> | Get school/daycare supplies..... <input type="checkbox"/> | Participation in parent/family |
| Commuting..... <input type="checkbox"/> | Buy and pack gym and | Services at special events..... <input type="checkbox"/> | evenings..... <input type="checkbox"/> |
| Supervising homework..... <input type="checkbox"/> | sportswear..... <input type="checkbox"/> | Being a contact person..... <input type="checkbox"/> | |

CLOTHES

- | | | |
|---|--|--|
| Kleider auswählen..... <input type="checkbox"/> | Checking sizes + sorting clothes..... <input type="checkbox"/> | Giving away/selling |
| Kind(er) anziehen..... <input type="checkbox"/> | Shoe size testing + shopping..... <input type="checkbox"/> | used clothes and shoes..... <input type="checkbox"/> |
| | Buying new clothes..... <input type="checkbox"/> | |
| | Mending clothes..... <input type="checkbox"/> | |

SLEEP+RELATIONSHIP

- | | | | |
|--|--|--|--|
| Bringing kids to bed..... <input type="checkbox"/> | Conversations with teenagers | Night shifts during illness..... <input type="checkbox"/> | Saving memories / photos..... <input type="checkbox"/> |
| Wake up support..... <input type="checkbox"/> | (heartache, future)..... <input type="checkbox"/> | Rule agreements with older children .. <input type="checkbox"/> | |
| | Organizing couple appointments..... <input type="checkbox"/> | Maintaining contact with relatives..... <input type="checkbox"/> | |

BODY

- | | | | |
|---|---|--|--|
| Combing hair..... <input type="checkbox"/> | Nappy-changing supplies | Making doctor appointments..... <input type="checkbox"/> | Sort and update |
| Brushing teeth..... <input type="checkbox"/> | drugstore purchases..... <input type="checkbox"/> | Doctors visits..... <input type="checkbox"/> | medicine cabinet..... <input type="checkbox"/> |
| Caring for pets..... <input type="checkbox"/> | Cutting nails..... <input type="checkbox"/> | | |
| | Bath + hair washing..... <input type="checkbox"/> | | |

BIRTHDAYS + HOLIDAYS

- | | | |
|---|--|---|
| Send birthday greetings | Getting birthday presents | Planning + executing |
| to friends/family..... <input type="checkbox"/> | for friends/family..... <input type="checkbox"/> | kids birthday parties..... <input type="checkbox"/> |
| | Informing friends/family | |
| | about child's gift wishes..... <input type="checkbox"/> | |
| | Getting gifts for children..... <input type="checkbox"/> | |

TRANSPORTATION

- | | | |
|--|---|---|
| Refuelling car..... <input type="checkbox"/> | Servicing bicycles..... <input type="checkbox"/> | Car checkups..... <input type="checkbox"/> |
| | Checking bicycle helmet size | Car repairs..... <input type="checkbox"/> |
| | + buying helmets..... <input type="checkbox"/> | Buying child seats for car + bike..... <input type="checkbox"/> |
| | Car wash..... <input type="checkbox"/> | |
| | Washing baby carriages/carriers..... <input type="checkbox"/> | |

HOBBIES

- | | | | |
|--|---|---|--|
| Making play dates..... <input type="checkbox"/> | Entertainment/Family excursions | Research for sports/clubs/ | Vacation planning..... <input type="checkbox"/> |
| Afternoon activities..... <input type="checkbox"/> | during weekends..... <input type="checkbox"/> | leisure activities..... <input type="checkbox"/> | Packing suitcases for vacation..... <input type="checkbox"/> |
| | Organize and arrange babysitter..... <input type="checkbox"/> | Spend and manage pocket money..... <input type="checkbox"/> | |

OTHER

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESULTS

- | | | | |
|---------------------------|----------------------------|-----------------------------|------------------------------|
| Checks in this column | Checks in this column | Checks in this column | Checks in this column |
| x 4 points for daily..... | x 3 points for weekly..... | x 2 points for monthly..... | x 1 points for annually..... |