

Your body is allowed *to have limits*.

A KIT BUILT AROUND CAPACITY-SAFE DESIGN PRINCIPLES FOR CHRONIC ILLNESS, DISABILITY, FLARE DAYS, MEDICAL ADMIN, ACCOMMODATIONS, PACING, GRIEF, AND PLANNING INSIDE REAL LIMITS.

Not a cure plan. Not a wellness performance. Not a demand to return to who you were.

One quiet page at a time. Skip, stop, or return later.

ILLNESS & DISABILITY OS

For real limits in an abled-output world

Limits-first infrastructure — capacity alignment, not recovery to an old baseline.

HOW TO USE

1. Start with Safety
2. Put down only what you can
3. Do not force a full plan
4. Stop when the load feels slightly more held
5. Return later without catching up — rest is a valid outcome

How to use this kit

You do not need to finish it.

Safety first — then one route if useful

Do not force a full plan

Stop when the load feels slightly more held

Return later without catching up

Rest is a valid outcome

Stop when enough — or turn the page

Choosing feels like too much?

Do one thing: go to Safety.

Nothing right now?

No writing. No sorting. No planning. No state label.

Close the kit. Nothing else is required.

What this is not

NOT THERAPY, MEDICAL ADVICE, LEGAL ADVICE, BENEFITS ADVICE, OR CRISIS SUPPORT.

WHAT THIS IS NOT

- Not a symptom cure plan or replacement for doctors, advocates, or emergency services
- Not a productivity planner or wellness challenge
- Not a place that treats limits like mindset problems
- This kit does not decide what is safe for your body
- Need a person instead? This kit can wait. Depending on the situation, use the appropriate: trusted support person · healthcare professional · disability/accommodation support · benefits advocate or official benefits resource · legal/professional support · emergency or crisis pathway for immediate danger

Your limits are real.

Even if they change. Even if they are invisible. Even if yesterday was better.

A fluctuating limit is still a limit.

An invisible limit is still a limit.

This kit does not ask you to prove your body.



Nothing on this page requires action.

This is not a cure plan

The goal is capacity alignment.

This kit will not ask you to become more inspirational, disciplined, positive, or consistent.

This kit helps you build around the body and capacity you actually have.

The goal is not to perform wellness.

What you may have been told

"You don't look sick." "Just push through." "Stay positive." "Have you tried yoga?"

The problem may not be your body.

The system may be asking for output that does not match your capacity.

What you need may be infrastructure, not more effort.

When illness or disability load is high

Not only tired — living in a world designed for stable abled output.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Unpredictable energy
- Pain or sensory overload
- Brain fog or medical admin burden
- Grief for old capacity
- Accommodation needs
- Guilt for resting
- Explaining limits repeatedly

Stop when enough — or turn the page

Capacity router

What kind of limit is active today? Open one route. Stop when enough.

Choosing feels like too much?

Don't choose. Go to Body Reality Check. If even that feels like too much — stop here or return to Safety.

WHAT FEELS HEAVIEST RIGHT NOW?

- | | |
|---|---|
| <div><i>I'm in a flare</i></div> <div>→ FLARE DAY MODE · P. 17</div> | <div><i>I have very limited energy</i></div> <div>→ ENERGY BUDGET ROUTE · P. 16</div> |
| <div><i>Medical/admin is overwhelming</i></div> <div>→ MEDICAL ADMIN VAULT · P. 22</div> | <div><i>I need an accommodation or access adjustment</i></div> <div>→ ACCOMMODATION REQUEST DRAFT · P. 24</div> |
| <div><i>I'm grieving a change in capacity</i></div> <div>→ CAPACITY CHANGE / GRIEF ROOM · P. 27</div> | <div><i>I don't know what I can do today</i></div> <div>→ TODAY'S AVAILABLE CAPACITY · P. 11</div> |
| <div><i>I need help asking for support</i></div> <div>→ HELP REQUEST SCRIPTS · P. 25</div> | <div><i>I keep overdoing it</i></div> <div>→ PACING / OVEREXTENSION CHECK · P. 18</div> |
| <div><i>People don't understand my limits</i></div> <div>→ EXPLANATION BOUNDARY SCRIPTS · P. 26</div> | <div><i>I'm done for now</i></div> <div>→ REST · P. 29</div> |

No wrong door. Stopping here counts.

Body Reality Check

What is true in my body today?

Energy · Pain · Brain fog · Sensory load · Mobility · Emotional load

Sleep · Food/hydration · Medical/admin pressure · Support · Environment



Fragments only

Fragments count. You do not need to rate or explain every item. No sorting required.

Stop when slightly more held

Today's available capacity

The plan needs to fit today's available capacity. Today does not need to match yesterday.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Bed / couch day
- Very low energy
- One tiny thing possible
- Some care tasks possible
- Light admin possible
- Good day, still needs pacing
- I don't know

Stop when enough — or turn the page

Limits inventory

What limits are active?

Physical · Cognitive · Sensory · Emotional · Social · Time · Money

Transportation · Medical · Work/school · Caregiving · Environmental

Optional, only if useful: stable · fluctuating · flare-related · temporary · unknown



Fragments only

No sorting required yet.

Stop when slightly more held

Medical / admin load dump

No fixing yet. No phone calls yet.

Appointments · Portals · Messages · Referrals · Insurance · Benefits

Forms · Medication/supplies · Transportation · Waiting on someone

Use non-identifying shorthand when possible. This page is not the official medical record — medication, treatment, and clinical decisions stay with the official source.



Fragments only

No sorting required yet.

Emotional load dump

Emotional load is not automatically a task.

Grief · Anger · Fear · Shame · Loneliness · Body betrayal · Guilt · Hope · Uncertainty

Some of it only needs to be witnessed.



Fragments only

No sorting required yet.

Stop when slightly more held

Must / Maybe / Not Today / Needs Help

Sort only load you already understand — known nonclinical tasks and admin. Rest is a valid category.

This page does not decide whether a symptom, medication, treatment, or medical instruction can wait. Anything uncertain goes to Official / medical review.

Must	Maybe	Not today
Needs help	Rest	Official / medical review

Energy Budget Route

What might cost more capacity later? What may help preserve capacity?

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Almost none · Tiny · Limited · Moderate · More than usual · Unknown
- Energy already spent
- Energy needed for body care / responsibilities / medical / recovery

Flare Day Mode

Today is not for proving consistency. Today is for reducing demand.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Minimum necessary day
- What can wait
- What needs help
- One message I may need
- What may help preserve capacity
- Stop point

Stop when enough — or turn the page

Pacing / overextension check

Stop before you have used everything available today.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Am I doing this because I truly have capacity?
- Am I doing this because I feel guilty?
- What might this cost later?
- Can I cut this in half?
- What is the good-enough version?

Stop when enough — or turn the page

Brain fog support

Brain fog can reduce cognitive capacity. It is not a character flaw.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- One sentence
- One document / tab
- One decision
- One thing to save for later
- One tiny next touch

Sensory load map

What inputs are costing capacity?

Light · Sound · Smell · Temperature · Clothing · Crowds · Screens

Notifications · Movement · Textures · People · Unpredictability

One input I can reduce · One I cannot control · One support that may help



Fragments only

No sorting required yet.

One capacity-aligned step

Not the most impressive step — the step that fits actual capacity.

Flare day → send reschedule message

Brain fog → write the form name only

Medical admin → open portal, no reply yet — when the item is not time-sensitive

Grief → name what changed

Good day → choose a stop point before starting

Stop when enough — or turn the page

Medical Admin Vault

This is a vault, not a demand.

This is personal organization, not the official medical record.

Only record dates confirmed by the official source. Do not use this page to decide whether something medically can wait.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Item · Why it matters · Confirmed date (from official source) · Who is involved
- What is needed · What is missing · What can wait
- One tiny next touch · Stop point

Stop when enough — or turn the page



APPOINTMENT PREP WITHOUT OVERLOAD

Organize your notes — not medical advice.

- Purpose · Top concern · One question
- One daily-life example · Access need · After-appointment support
- Low-capacity version: The one thing I need them to know



ACCOMMODATION REQUEST DRAFT

An accommodation is not special treatment. It is access. Not legal advice — this page does not determine eligibility or what an employer, school, agency, insurer, or institution must approve.

- Barrier or access need I am experiencing
- Change or adjustment that may reduce the barrier
- What I can participate in if adjusted
- What I do not need to disclose here
- Who / where the official request belongs

Request draft notes — optional, non-identifying shorthand

Help request scripts

One specific thing. Low explanation cost.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- I need help with ___ by ___
- The easiest way to help is ___
- You do not need to solve ___
- I'm having a limited-capacity day and need help with one specific thing
- I don't know exactly what help would work — can we figure out one thing together?

Explanation boundary scripts

Protect energy from overexplaining.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- My capacity changes day to day
- I know I looked okay earlier — that does not mean same capacity now
- I'm not discussing whether my limit is real
- I can participate if we adjust the demand
- I can explain what adjustment I need without discussing private medical details

Stop when enough — or turn the page

Capacity change / grief room

If grief is part of this today, it can have somewhere to go.

What I miss · What changed · What I am angry/sad about

What I do not want minimized · What I need time to grieve



Fragments only

No sorting required yet.

Stop when slightly more held

Identity beyond output

I am not only what my body can produce.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- What still feels like me
- What I want to protect
- What I no longer want to perform
- What I am allowed to be on low-capacity days

Rest is not failure.

Rest may reduce additional strain, lower some inputs, or help preserve capacity.

What rest protects · What guilt says · What capacity says

What can wait · What support exists if something becomes urgent

If you are unsure whether a symptom, medication, treatment, or medical need can wait, do not use this page to decide — use the official source or appropriate person.

Nothing else is required on this page.



Rest is a valid outcome.

Good day protection

A good day is not proof that limits disappeared.

BODY FIRST

If it feels useful: notice one point of support — chair, bed, floor, hands, or another surface. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- What do I want to do?
- What do I need to save energy for?
- What tends to cost me later?
- What can I do halfway?
- What should I not add just because I feel better?
- What is my stop point?



Welcome back

Start with today's body. Choose one page, choose none, or rest.

Pick one: Body Reality Check · Flare Day · Medical Admin · Rest · Help Script

Body Reality Check · p. 10

Flare Day Mode · p. 17

Medical Admin Vault · p. 22

Help Request Scripts · p. 25

Rest · p. 29

Close loop

What is held · What can wait · Where I return

What my body needs next

What I do not need to explain

One sentence for future me

"I don't know" is a complete answer. Nothing here is required.



Fragments only

No sorting required yet.

Stop when slightly more held

End of the core kit.

You did enough for this round.

The next section is optional higher-capacity AI material.

Closing the kit here, without opening AI, is a complete session.

Optional — higher-capacity zone

Everything after this page needs more from you. Everything before it was designed for low capacity.

If you have almost no capacity right now, skip this entire section.

Closing the kit without opening AI is a complete session.

AI prompts here are one cycle each — copy, paste, take the answer, leave.

AI rules for Illness & Disability OS

AI is optional. Use it to reduce load — never to override your body or replace professional judgment.

Use general, non-identifying medical context where possible — the AI provider's privacy and data settings apply.

AI must not: diagnose · interpret symptoms as medical conclusions · recommend medication changes · prescribe · interpret labs or imaging · determine urgency · decide accommodation, benefits, or legal eligibility · override limits you report · tell you to push through pain or fatigue.

Anything involving symptom, medication, treatment, safety, or eligibility uncertainty goes to the official source or appropriate person — AI only helps you carry or format what you already know.

If you describe immediate danger or a medical emergency, the prompt stops the exercise and directs you toward appropriate human or emergency support.

One prompt. One cycle. Then close the chat.

Use a prompt when ready — or skip this section entirely



AI — LIMITS-FIRST PLANNING

Copy into your AI tool. General, non-identifying context only.

I am planning with chronic illness, disability, or real body limits.

Do not give me a productivity plan. Do not tell me to push through. Do not tell me to be more disciplined. Do not give medical, legal, benefits, workplace, school. Do not create a full routine. Do not add new responsibilities.

Your job is only:

1. Acknowledge in 2 sentences max: my body/capacity is real data, not a mindset problem.

2. Sort what I paste into:

— Must · — Maybe · — Not today · — Needs help · — Rest / protect capacity · — Medical / official review · — Unknown / unclear

Do not put uncertain symptoms, medication, treatment, medical-safety questions, or clinical instructions into Must / Maybe / Not Today / Rest. Those go to Medical / official review, and you tell me to use the official instructions or appropriate person.

3. If movement is useful and my capacity allows it, offer one bounded nonclinical step. Otherwise say: "Stop here for now."

4. End with permission to stop.

Rules: Short bullets. No "you should." No productivity shame. No cure language. No giant plan. No pushing through.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

****Stop when:**** The day matches my body better — not perfectly.



AI — FLARE DAY

Copy into your AI tool. General, non-identifying context only.

I am in a flare or very limited-capacity day.

Do not give me a routine. Do not give me a full plan. Do not tell me to be positive. Do not tell me to push through. Do not give medical, legal, benefits, workplace, school. Do not ask me to explain my symptoms in detail.

Your job is only:

1. Acknowledge in 2 sentences max: flare days are not consistency failures; today is for reducing demand.

2. Help me sort:

— Minimum necessary day · — Known nonclinical things that can wait · — What needs help · — What needs an appropriate support pathway · — Medical / official review · — One message I can send, if needed · — Rest / protect capacity

Anything involving symptom, medication, treatment, or medical-safety uncertainty goes to Medical / official review — never "can wait."

3. Give me one short message draft if I need to cancel, delay, or ask for help.

4. End with: "Today is for reducing demand."

Rules: Short bullets. No diagnosis. No treatment advice. No full plan. No guilt. No "keep going."

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

****Stop when:**** Stop whenever enough. The flare does not have to feel better for this to count.



AI — ACCOMMODATION REQUEST DRAFT

Copy into your AI tool. General, non-identifying context only.

I need help drafting a simple accommodation or access request.

Do not give legal advice. Do not determine what I am legally entitled to. Do not determine eligibility. Do not tell me what official process applies. Do not diagnose me. Do not overexplain my medical history. Do not give workplace, school, benefits, medical.

Your job is only to help me draft clear language I can edit.

Create one concise draft with:

1. The barrier or access need · 2. The task or environment affected · 3. The adjustment requested · 4. How it may support access, participation, or completion · 5. What I choose not to disclose · 6. A neutral closing line

Tone: neutral, clear, not apologetic, not oversharing, not aggressive.

One draft only — do not give me versions to compare unless I explicitly ask for alternatives.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP — general, non-identifying only]

****Stop when:**** I have a draft I can edit or take to the right support pathway.



AI — CAPACITY CHANGE / GRIEF

Copy into your AI tool. General, non-identifying context only.

Something about my body, health, disability, or capacity has changed and it needs somewhere to go.

Do not fix it. Do not reframe it too quickly. Do not tell me to be grateful. Do not tell me everything happens for a reason. Do not make meaning from it unless I ask. Do not turn my illness/disability into inspiration. Do not assume I am grieving — if grief or loss is part of this, it can be real and worth naming. Do not give medical, legal, benefits, workplace, school.

Your job is only:

1. Acknowledge in 3 short sentences max: a change in capacity can be real and worth naming.

2. Help me name — only what I offer:

— What I miss · — What changed · — What I am angry or sad about · — What I do not want minimized · — What still feels like me, if anything · — One grounded sentence reflecting what I said without minimizing it

3. End with permission to stop — no next steps unless I ask.

Rules: No fixing. No silver lining. No productivity. No "at least." No forced acceptance. No forced hope.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

****Stop when:**** This feels witnessed, not solved — or whenever I stop.



AI ILLNESS & DISABILITY SITUATION CLARITY

Copy into your AI tool. General, non-identifying context only.

I am a person with illness/disability-related load describing a tangled situation. Low capacity.

Your job:

1. Reflect the situation back in 3 bullets max — my words, simplified.
2. Name one operational tension in one sentence.
3. Offer at most 2 low-load options — or rest.
4. If the issue needs professional, medical, legal, benefits, or workplace judgment, say so and stop.

Do not diagnose, determine urgency, decide accommodation or benefits eligibility, or override limits I state.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

[DESCRIBE SITUATION — GENERAL, NON-IDENTIFYING]



AI GENTLE RETURN TO THIS KIT

Copy into your AI tool. General, non-identifying context only.

I am returning to my Illness & Disability OS after time away. Low capacity.

Do not create a catch-up plan. Do not assume I was avoiding anything. Do not tell me to rebuild momentum. Do not treat medical instructions, medication, or clinical duties as optional.

Help me choose one door — or none:

- Safety / nothing required
- Body Reality Check
- one known nonclinical admin item
- rest

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Optional context:

[PASTE OR SKIP]

This round can end here.

You did enough for this round.

Your body's limits count as information. The plan can adapt.

Return whenever you want.

Illness & Disability OS · for real limits in an abled-output world