DAY
# 1

WEEK 1

Date _____

M T W T F S S

## 1 BEFORE YOU LOOK: RATE YOURSELF (1 LOW · 5 HIGH)

| OVERALL | ENERGY | SLEEP, AS I FELT IT |
|---|---|---|
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

## 2 THEN LOOK

| RESTING HR | HRV | BED – WAKE | SKIN TEMP ± | STEPS (YESTERDAY) | MY SCORE: _____ |
|---|---|---|---|---|---|
| | | | | | |
| ↑ = ↓ | ↑ = ↓ | ↑ = ↓ | ↑ = ↓ | ↑ = ↓ | ↑ = ↓ |

Second row, from week 5: higher, about the same, or lower than my usual range (page 58).

The score agreed with how I felt: ✓ yes ≈ partly ✗ no App checks: _____

A number changed what I did today: ☐ no ☐ yes: _____

### WHAT WAS GOING ON (CIRCLE)

alcohol · late meal · late caffeine · unwell · travel · stress · period · hard training · loose fit or low battery

### TODAY'S QUESTION

*What did you feel this morning, before you looked?*

### TOMORROW, IF … THEN …

*e.g. If I reach for the app before I'm out of bed, then I'll rate myself first and look after.*

### NOTES

Today: ✓ full ½ minimum (feel + resting heart rate) ✗ skipped

| DAY | MARK | FEEL | RESTING HR | HRV | BED – WAKE | SCORE | AGREED? | CHECKS |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

✓ ___ ½ ___ ✗ ___ Resting HR: low ____ high ____ Score agreed: ✓ ___ ≈ ___ ✗ ___

**WHAT MY NUMBERS DID THIS WEEK, AND WHAT WAS GOING ON**

**THIS WEEK'S EXPERIMENT: WHAT I NOTICED**

**ONE NUMBER I TRUST A LITTLE MORE, OR A LITTLE LESS, AND WHY**

**NEXT WEEK ☐ SAME ☐ HIDE A SCORE ☐ ASK A DOCTOR ABOUT _____**

**Plot this week's average resting heart rate and the number of ✓ mornings on page 11; copy your marks to page 12.**