

FREE GUIDE 01 / NOTICE

# Human Performance Check-In

Notice what supports you. Choose one useful step.

Take about 10 minutes to reflect, then choose one action for the week ahead. Your answers are a snapshot of your experience, not a grade.

**Week of**

Choose one rating per area. Higher = more support.

**RATE THE PAST SEVEN DAYS**

1 Significant attention · 2 Some support · 3 Steady enough  
4 Supporting me well · 5 A clear strength

## 01 Energy

How consistently did I have usable energy for what mattered?

|      |                       |                       |                       |                       |                       |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     |
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 02 Sleep

How well did my sleep support feeling rested?

|      |                       |                       |                       |                       |                       |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     |
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 03 Recovery

How well did I make space to recover after effort or overload?

|      |                       |                       |                       |                       |                       |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     |
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 04 Stress management

How well could I settle and respond when pressure increased?

|      |                       |                       |                       |                       |                       |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     |
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 05 Movement

How well did my movement support my everyday needs?

|      |                       |                       |                       |                       |                       |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     |
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Type or select in the fields, then save a copy.

REFLECT / THE REST OF YOUR PICTURE

# What supports you?

Keep the same scale: 1 = significant attention; 5 = a clear strength.

## 06 Food & hydration

How well did my eating and drinking support me through the day?

|      | 1                     | 2                     | 3                     | 4                     | 5                     |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 07 Focus

How well could I give an important task my attention?

|      | 1                     | 2                     | 3                     | 4                     | 5                     |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 08 Emotional awareness

How well could I notice my feelings and choose my response?

|      | 1                     | 2                     | 3                     | 4                     | 5                     |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 09 Connection

How connected, supported, and able to be myself did I feel?

|      | 1                     | 2                     | 3                     | 4                     | 5                     |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 10 Purpose

How connected were my choices to what mattered to me?

|      | 1                     | 2                     | 3                     | 4                     | 5                     |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**One strength I want to protect**

**One area I want to support this week**

Choose an area that matters and that you can influence. It does not have to be your lowest score.

CHOOSE / YOUR NEXT STEP

# Make it workable.

One priority. One action. A realistic place in your week.

**A COMPLETED EXAMPLE**

Priority: Movement. Action: Walk for five minutes after lunch on Monday, Wednesday, and Friday.

Smaller version: Walk for one minute. Review: Sunday evening; notice what made starting easier.

**My priority matters because...**

**The specific action I will take**

**When, where, and how often I will do it**

**My smaller version for a difficult day**

**One thing I will keep doing to protect my strength**

**My review date**

At review: What happened? What helped?  
What will I keep or adjust?

**To practice your action for seven days, use the Small Wins System.**

REUSE / WEEKLY OR MONTHLY

# Your one-page check-in

Return to this page to notice patterns and choose your next step.

**Week of**

1 Attention · 2 Support · 3 Steady · 4 Well · 5 Strength

|                     | 1                     | 2                     | 3                     | 4                     | 5                     |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Energy              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recovery            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress management   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Movement            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food & hydration    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Focus               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional awareness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Connection          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Purpose             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Strength to protect**

**Priority to support**

**My action + when I will do it**

**Review date**

Personal reflection only; not a clinical assessment.  
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