

Name: Date:

| MOVE | Never | Sometimes | Always |
|--|-------|-----------|--------|
| How often do you track your daily activity levels? | 0 | 1 | 2 |
| How often does your step count fall between 8,000 and 12,000 steps per day? | 0 | 1 | 2 |
| How often do you incorporate mobility drills into your training to improve movement quality? | 0 | 1 | 2 |
| How often can you move and train freely without injury or limitations? | 0 | 1 | 2 |
| How often do you incorporate soft-tissue treatments into your weekly schedule? | 0 | 1 | 2 |
| | | SCORE: | |

| TRAIN | Never | Sometimes | Always |
|--|-------|-----------|--------|
| How often do you monitor your heart rate during workouts? | 0 | 1 | 2 |
| How often do you incorporate recovery workouts into your weekly schedule? | 0 | 1 | 2 |
| Does your training program incorporate aerobic conditioning into your workouts? | 0 | 1 | 2 |
| How often do you perform a cooldown period at the end of your workouts? | 0 | 1 | 2 |
| How frequently do you make adjustments to your program based on lifestyle (sleep, stress, diet, etc.)? | 0 | 1 | 2 |
| | | SCORE: | |

| EAT | Never | Sometimes | Always |
|---|-------|-----------|--------|
| Does your total caloric intake fall within your target range at least 6 days per week? | 0 | 1 | 2 |
| Do you follow a specific dietary plan? | 0 | 1 | 2 |
| Do you eat at at least 1.8 - 2.2 g of protein per kg of bodyweight per day? | 0 | 1 | 2 |
| On average, do you drink less than 3 caffeinated beverages per day? | 0 | 1 | 2 |
| How often do you incorporate a specific nutrition plan before and/or after your workouts to support training? | 0 | 1 | 2 |
| | | SCORE: | |

| SLEEP | Never | Sometimes | Always |
|---|-------|-----------|--------|
| How often do you get 7-9 hours of sleep per night? | 0 | 1 | 2 |
| How often do you wake up feeling alert and well-rested? | 0 | 1 | 2 |
| Do you avoid drinking caffeinated beverages within 4 hours of when you go to bed? | 0 | 1 | 2 |
| Do you generally find it easy to fall asleep at night? | 0 | 1 | 2 |
| How often do you go to sleep around the same time each night throughout the week? | 0 | 1 | 2 |
| | | SCORE: | |

| REGENERATE | Never | Sometimes | Always |
|---|-------|-----------|--------|
| Do you incorporate a regeneration method (massage, meditation, breathing, etc.) at least once per week? | 0 | 1 | 2 |
| Do you feel like you achieve a good balance between work and personal life? | 0 | 1 | 2 |
| Do you find it easy to let go of stress and relax? | 0 | 1 | 2 |
| Do you measure HRV or any other metric to track stress? | 0 | 1 | 2 |
| Do you incorporate hobbies or activities that you enjoy into your schedule on a weekly basis? | 0 | 1 | 2 |

| NOTES | | |
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