ENERGY CRASH CHECKLIST

A quick check of everyday factors that may be affecting your energy.

Use this checklist when you notice an energy dip. The goal is not to diagnose the cause, but to identify everyday patterns that may be worth paying attention to.

HOW ARE YOU FEELING RIGHT NOW?

Date: _____ Time: _____ Energy level (1-10): _____

Energy drop began: _____ Duration so far: _____

[ ] Sleepy [ ] Physically tired [ ] Mentally drained [ ] Poor focus [ ] Hungry [ ] Irritable

1. SLEEP & RECOVERY

[ ] I had enough opportunity for sleep last night

[ ] My sleep felt reasonably restorative

[ ] I did not have frequent or prolonged awakenings

[ ] My sleep/wake schedule was reasonably consistent

[ ] I did not wake feeling unusually exhausted

Sleep: _____ hrs Quality: [ ] Poor [ ] Fair [ ] Good

Anything unusual about last night's sleep? _____

2. FOOD & MEAL TIMING

[ ] I have eaten within the last several hours

[ ] My last meal/snack was reasonably balanced

[ ] I included a source of protein

[ ] I included fiber-rich foods / whole-food carbs

[ ] I did not rely mainly on sugary foods or drinks

Last meal/snack: _____

3. HYDRATION

[ ] I have been drinking fluids throughout the day

[ ] I have had water recently

[ ] My fluid intake has not been unusually low today

Approx. fluids today: _____

Do I feel thirsty or unusually dry? [ ] Yes [ ] No [ ] Unsure

QUICK PAUSE

If appropriate for you, consider water, a balanced meal or snack, a brief movement break, or a short mental break before automatically reaching for more caffeine.

ENERGY CRASH CHECKLIST

Review movement, caffeine, stress, and the patterns surrounding the energy dip.

4. MOVEMENT & SITTING TIME

[ ] I have moved or walked recently

[ ] I included some physical activity today

[ ] I have not been sitting continuously for several hours

[ ] Today's activity was not unusually intense

Approx. sitting time since last movement break: _____

5. CAFFEINE CHECK

[ ] I am not repeatedly using caffeine to overcome tiredness

[ ] My caffeine intake is not unusually high today

[ ] I know roughly how much caffeine I have had today

[ ] I considered how late caffeine may affect sleep

Caffeine today: _____ Last caffeinated drink: _____ AM / PM

Do I feel like caffeine may be wearing off? [ ] Yes [ ] No [ ] Unsure

6. STRESS & MENTAL LOAD

[ ] My stress level today feels manageable

[ ] I have not been working intensely without recovery

[ ] I have taken at least one short break

[ ] Today's fatigue may follow high mental/emotional demand

Current stress level (1-10): _____

Mental workload: [ ] Light [ ] Moderate [ ] Heavy

Main stressor, if any: _____

WHAT MIGHT BE CONTRIBUTING TODAY?

[ ] Poor / insufficient sleep [ ] Long gap between meals [ ] Unbalanced meal/snack

[ ] Low protein intake [ ] Low fluid intake [ ] Prolonged sitting

[ ] Too little movement [ ] Unusually intense activity [ ] Heavy caffeine reliance

[ ] High stress [ ] Heavy mental workload [ ] Nothing obvious

[ ] Other: _____

ONE SMALL STEP I CAN TAKE NOW

[ ] Drink water [ ] Balanced meal/snack [ ] Short movement break [ ] Get daylight

[ ] Brief mental break [ ] Reduce unnecessary demands [ ] Protect tonight's sleep

PATTERN NOTES

What happened before the crash? _____

What seemed to help? _____

Anything to watch for next time? _____

Occasional energy dips are common. Persistent, severe, worsening, or unexplained fatigue should be discussed with a qualified healthcare professional.