

Weekly Energy Patterns Worksheet

Review your week, identify patterns, and discover habits that may influence your daily energy.

Week of: _____

to: _____

1. My Energy This Week

Day	Morning 1-10	Afternoon 1-10	Evening 1-10	Overall 1-10
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

My average energy this week: _____ / 10

2. My Highest & Lowest Energy

I usually felt most energetic:

■ Morning

■ Afternoon

■ Evening

My highest-energy day: _____

What was different that day?

My lowest-energy day: _____

What may have contributed?

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3. Sleep & Energy

Average sleep duration: _____ hours

Sleep quality: ☐ Poor ☐ Fair ☐ Good ☐ Very good

Did better-sleep nights usually lead to better energy the next day? ☐ Yes ☐ Sometimes ☐ No ☐ Unsure

What did you notice?

4. Food & Hydration

- ☐ Skipping meals affected my energy
- ☐ Balanced meals seemed to improve energy
- ☐ Large/heavy meals were followed by lower energy
- ☐ I felt better when adequately hydrated
- ☐ Long gaps between meals affected me
- ☐ I noticed no obvious pattern

Notes:

5. Caffeine Patterns

Typical caffeine intake: _____

Usual last caffeine time: _____

Did you rely on caffeine when energy dropped?

☐ Yes ☐ Sometimes ☐ No

Did later caffeine appear to affect sleep?

☐ Yes ☐ Maybe ☐ No

6. Movement & Sitting

- ☐ Movement seemed to improve my energy
- ☐ Long periods of sitting were associated with sluggishness
- ☐ Exercise sometimes left me unusually tired
- ☐ I didn't notice a clear relationship

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7. Stress & Recovery

Average stress this week: _____ / 10

I noticed lower energy when:

- | | |
|---|---|
| ☐ Stress was unusually high | ☐ Sleep was poor |
| ☐ My schedule was overloaded | ☐ I had little downtime |
| ☐ I exercised heavily | ☐ I was mentally drained |
| ☐ Other: _____ | |

8. My Most Common Energy Crash

Typical time: _____

What usually happened beforehand?

- | | |
|---|---|
| ☐ Poor sleep | ☐ Skipped/delayed meal |
| ☐ Heavy meal | ☐ Low hydration |
| ☐ Long sitting period | ☐ High stress |
| ☐ Caffeine wearing off | ☐ Hard workout |
| ☐ No obvious trigger | ☐ Other: _____ |

9. What I Learned This Week

Three patterns I noticed:

1. _____
2. _____
3. _____

10. My Focus for Next Week

One habit I want to continue:

One habit I want to change:

One small experiment I'll try:

What I'll pay attention to next week:

Important: Energy levels can be affected by many factors, including sleep, nutrition, stress, medications, and health conditions. This worksheet is intended for educational and self-reflection purposes and is not a diagnostic tool. Persistent or unexplained fatigue should be discussed with an appropriate healthcare professional.

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