Athlete Name:
Month/Year:

Daily Readiness Monitor

MUSCULOSKELETAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Muscle Soreness	# Of Locations & Intensity Of Each Location (Rate 0 -10):																														
1 **Neck**																															
2 **Back**																															
3 **Shoulders**																															
4 **Arms**																															
5 **Hands**																															
6 **Hips**																															
7 **Legs**																															
8 **Feet**																															
9																															
10																															
TOTAL SCORE:																															
Joint Soreness	# Of Locations & Intensity Of Each Location (Rate 0 -10):																														
1 **Neck**																															
2 **Back**																															
3 **Shoulders**																															
4 **Elbows**																															
5 **Wrists / Hands**																															
6 **Hips**																															
7 **Knees**																															
8 **Ankles / Feet**																															
9																															
10																															
TOTAL SCORE:																															
	Rate: Seldom 0 - 1 - 2 - 3 - 4 - 5 Often																														
Physical Activity Hampered																															
	Rate: Fast 0 - 1 - 2 - 3 - 4 - 5 Little																														
Physical Improvement																															
TOTAL SCORE:																															

DIGESTIVE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Rate: Normal = 0 Increased = 1 Unusual = 2																														
Gas																															
Constipation																															
Loose Stool / Diarrhea																															
Indigestion / Heartburn																															
Abdominal Pain / Cramps																															
Headache 2 Hrs. After Eating																															
TOTAL SCORE:																															

HORMONAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Rate: Very High 0 - 1 - 2 - 3 - 4 - 5 Low																														
Energy Level																															
	Rate: Normal = 0 Low = 1 Moderate = 2 High = 3																														
Water Retention / Bloating																															
	Rate: .5 - 1 oz. of Water per lb. of bodyweight = 0 Less than .5 oz. of Water per lb. of bodyweight = 24																														
Hydration																															
	Rate: Low 0 - 1 - 2 - 3 - 4 - 5 Very High																														
Headache																															
Eye Fatigue																															
Neck Tension																															
	Rate: Normal = 0 Increased = 1 Unusual = 2																														
Cravings																															
	Rate: Normal = 0 Increased = 1 Decreased = 1																														
Sweating																															
Body Temperature																															
	Rate: Very Good 0 - 1 - 2 - 3 - 4 - 5 Low																														
Concentration Ability																															
Sex Drive																															
Sleep Quality																															
	Rate: By 10:00 P.M. = 0 11:00 P.M. or Later = 1																														
Time Went To Sleep																															
	Rate: 6:00 A.M. or Later = 0 5:00 A.M. or Earlier = 1																														
Time Woke Up																															
	Rate: 8 Hrs. or More = 0 7 Hrs. or Less = 1																														
Hours Of Sleep																															
	Rate: 3 Beats + = Reduce Training By 50 % 4 Beats + = Active Recovery 5 Beats + = Total Rest (3 Beats + Incl. In Daily Totals):																														
Morning Heart Rate Average																															
TOTAL SCORE:																															

LIMBIC / EMOTIONAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Rate: Low 0 - 1 - 2 - 3 - 4 - 5 Very High																														
Overall Stress Level																															
	Rate: Normal = 0 Increased = 1 Decreased = 1																														
Social / Anti-Social																															
	Rate: Very High 0 - 1 - 2 - 3 - 4 - 5 Low																														
Motivation Level																															
	Rate: Normal = 0 Increased = 1 Decreased = 1																														
Appetite																															
TOTAL SCORE:																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAILY TOTAL:																															