

THE SUMMER STRESS RESET

Your 7-Day Energy Tracker

A simple daily guide for noticing what shifts in your body, your energy, and your patterns across the week.

HOW TO USE THIS TRACKER

1. Fill in one page each evening, ideally right after that day's session.
2. There are no right answers. Small observations are exactly what to look for.
3. By Day 7, look back across all seven pages. The pattern is usually easier to see in hindsight than in the moment.

DAY 1

Arriving

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 2

Where stress lives in the body

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 3

Running on empty

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 4

The nervous system

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 5

Rest vs. recovery

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 6

What's already shifting

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

DAY 7

Bringing it together

Date: _____

ENERGY LEVEL TODAY



SLEEP

Hours slept: _____

Quality: Poor Okay Good

WHAT I NOTICED IN MY BODY

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Gut discomfort |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other |

WHAT I NOTICED TODAY

ONE SMALL WIN TODAY

TOMORROW, I WILL

WEEKLY REFLECTION

Looking back across all seven days

ENERGY ACROSS THE WEEK

Circle or mark your energy level (1–10) for each day below.

	D1	D2	D3	D4	D5	D6	D7
10	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○

WHAT SHIFTED FOR ME THIS WEEK?

WHAT SURPRISED ME ABOUT MY OWN BODY?

ONE THING I WANT TO CARRY FORWARD FROM THIS WEEK:

Your body has been telling you the whole time.

This week was about learning to listen. Bring what you noticed to your Body Insight Session.