Planning a week you have the energy for

A weekly plan with time to recover and a daily limit on the activities that cost you the most energy.

Week of: _____ **My daily limit: _____ draining activities**

Day	Activities and how draining each one is (low, medium or high)	Recovery time	Daily energy check (1 to 5)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Your daily energy check

Each evening, check your energy from 1 to 5 and do what the number says for tomorrow.

1: Completely worn out. Do only what you must tomorrow.
2: Very tired. Move or shorten one of tomorrow's draining activities.
3: Tired, but able to do small tasks. Keep tomorrow's plan as it is.
4: A little tired. You can add one small task tomorrow.
5: Plenty of energy left. You can add one activity tomorrow, within your daily limit.

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Making your overload plan: what to do at each stage, from the first signs to recovery

Fill it in on a calm day. The overload scale (page 76): calm 0 to 3, rising 4 to 6, high 7 to 8, very high 9 to 10.

	Rising (4 to 6)	High (7 to 8)	Very high (9 to 10)	Recovery afterward
My signs				
What I will do				
What I will say				
Where I will go				
What to avoid				
Who to contact				

If you are in crisis or not safe, call or text 988 (US). If you are in danger now, call 911. Outside the US, findahelpline.com lists crisis lines.

What other people can do to help me

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What I need: a sheet for my family, friends and coworkers

My name: **Date:**

Overload means more is coming in than I can handle at once, such as noise, people or demands.

1. How I communicate best

2. My sensory needs

3. Signs that I am overloaded

4. What helps me when I am overloaded

5. What I would like people to know

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Your week's routine on one page

Each day's fixed points and choices for the week, in one table.

Week of: _____

Day	Fixed points (with times)	Choices (with two or three options each)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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A 10-minute weekly check: what worked and what to change

Five questions show which plans work and what to change.

	Week 1	Week 2	Week 3	Week 4
1. What worked well this week?				
2. What did not work, or what did I skip?				
3. How many days did I go over my daily limit on draining activities (pages 26–27)?				
4. Did I start my bedtime routine and eat my meals at the times I set?				
5. How many early signs of burnout (pages 92–93) did I notice?				
One change for next week				

Changes that worked, to keep

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