Daily Readiness Check-In

Multi-athlete recording sheet

Date _____ **Assessor** _____ **Location** _____ **Warm-up/version** _____

FIELD / UNIT	ATHLETE 1	ATHLETE 2	ATHLETE 3	ATHLETE 4	ATHLETE 5	ATHLETE 6	ATHLETE 7	ATHLETE 8
Sleep quality 1-5								
Fatigue 1-5								
Muscle soreness 1-5								
Stress 1-5								
Optional total								
Change from usual?								
Private flag?								
Athlete requests talk?								
Coach follow-up								
Referral/action								

RECORD THE EXACT PROTOCOL AND STOP REASON.

Compare like-for-like conditions. Do not convert this sheet into medical diagnosis, clearance or unsupported universal pass/fail standards.