

Parent Energy Audit Worksheet

Identify what's draining you and build a concrete plan to reclaim your energy

You can't pour from an empty cup, but that phrase has become so worn out it lost its teeth. Here's the reality: your nervous system sets the baseline for your child's nervous system. If you're running on fumes, your kids are absorbing that cortisol, that irritability, that checked-out fog. This isn't guilt — it's biology. Fixing your energy isn't selfish. It's foundational.

Part 1: Energy Drain Inventory

Rate each area from 1 (barely affects me) to 5 (major daily drain). Be honest — nobody sees this but you.

Sleep & Recovery

Score: ___ / 5

- | | |
|--|--|
| I get fewer than 7 hours of sleep most nights | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I wake up feeling unrefreshed even after adequate hours | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I rely on caffeine to function before noon | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I have trouble falling asleep due to racing thoughts | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Night wakings (child, anxiety, bathroom) fragment my sleep | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Nutrition & Hydration

Score: ___ / 5

- | | |
|---|--|
| I skip meals or eat my kids' leftovers instead of real food | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I rely on sugar or processed snacks for quick energy | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I drink fewer than 6 glasses of water most days | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I eat most meals standing up, in the car, or while multitasking | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I haven't had bloodwork done in over a year (iron, thyroid, D, B12) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Mental Load & Stress

Score: ___ / 5

- | | |
|--|--|
| I carry the majority of household planning and logistics | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I feel resentful about the division of labor at home | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I say 'yes' to obligations I don't have capacity for | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| I have no time in the day that's truly mine | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

I feel guilty when I'm not doing something productive

Physical Activity & Movement

Score: ___ / 5

I go most days without intentional movement or exercise

I sit for long stretches without breaks

I have chronic pain, tension, or stiffness I'm ignoring

I feel physically depleted by the end of the day

I used to exercise regularly but stopped after kids

Social & Emotional

Score: ___ / 5

I feel isolated or lonely in my parenting role

I haven't had a real conversation with a friend in weeks

I absorb my partner's or children's emotions without processing my own

I have unresolved stress or trauma I haven't addressed

I feel like I've lost my identity outside of being a parent

Part 2: Identify Your Top 3 Energy Drains

Look at your highest-scoring sections. Which three specific items drain you the most on a daily basis? Write them below.

Energy Drain #1 (the biggest one)

Energy Drain #2

Energy Drain #3

Part 3: Build Your Fix Plan

For each drain, write one concrete action you can take this week. Not a goal. Not a wish. One specific thing you'll do, when you'll do it, and what has to change to make it happen.

Fix for Drain #1 — What I'll do, when, and what needs to change

Fix for Drain #2 — What I'll do, when, and what needs to change

Fix for Drain #3 — What I'll do, when, and what needs to change

START WITH ONE

The most common trap is trying to fix everything at once. Pick the one drain that, if resolved, would have the biggest ripple effect on everything else. Start there. Often that's sleep.

My single highest-leverage fix this week is:

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