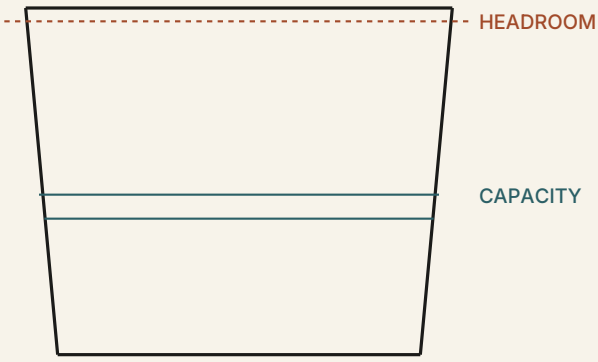
THE CASTORE METHOD

Worksheet · Edition 1

Adaptive Capacity Worksheet.

Map your stressors, your recovery inputs, and the leverage points where you actually get better.



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How to use this worksheet.

This isn't a quiz. There's nothing to score, no leaderboard, nobody grading you. The point is to take a clear, honest snapshot of the system you're actually running — and then notice what changes.

Think of it like checking the oil in a car. You're not trying to be the oil. You're trying to **see** the oil — what color it is, how much is in there, whether the engine is running hot. The reading is the whole point.

TWO PASSES, NOT ONE

Pass 1 — Today.
Fill it out as honestly as you can right now. Don't aspire. Don't sandbag. Just describe the system as it currently runs.

Pass 2 — 12 weeks later.
Same sheet, fresh ink. Compare what moved, what didn't, and which one dial actually carried the work.

Signal, not score. The goal isn't to look good on paper. The goal is to find the gap between what your body is being asked to handle and what it's being given to recover from. That gap is where adaptation lives.

A few practical notes:

- Use pencil. You will be wrong about yourself. That's fine.
- Skip nothing. If a row doesn't apply, write "n/a" — the absence itself is data.
- Don't change more than one variable at a time. Confounded experiments teach you nothing.
- Re-read the chapter pages before each pass. The framing matters more than the form.

The 80/20 of adaptive capacity.

THE ONE EQUATION

Capacity = recovery inputs − stressor load − signal noise.

Adaptation happens in the gap. No gap, no adaptation — only attrition dressed up as discipline.

- **Stress isn't the enemy.** Stress is the request. Adaptation is the reply. The body can only reply when it has spare bandwidth — which means the request has to end.
- **Recovery is not the opposite of training.** It's the second half of training. Cut it, and the first half stops counting.
- **Chronic small stressors beat acute big ones.** A single hard week is metabolizable. Twelve mediocre weeks of poor sleep, low light, and "manageable" deadlines is what corrodes the system.
- **Signal noise is its own stressor.** Constant alerts, constant decisions, and constant inputs tax the same allostatic budget as physical load.
- **Subtract before you add.** Removing a stressor usually creates more capacity than adding a new supplement, gadget, or protocol.
- **Measure something. Anything.** You don't need labs. Resting heart rate, sleep duration, and morning energy will tell you most of what you need to know.

CHAPTER 1

What adaptive capacity actually is.

Imagine a bucket sitting under a tap. Stress pours in from the top. Recovery drains out the bottom. The water level in the bucket is your current load. The space above the water is your **headroom** — and headroom is where adaptation happens.

If the bucket is nearly full, every new drop matters. A small extra stressor — a bad night's sleep, a skipped meal, a tense meeting — spills over the edge. You feel it as flu-like fatigue, mood crash, a workout that should have been easy but wasn't.

If the bucket has room, the same drop is invisible. The system absorbs it, processes it, and quietly builds the machinery to handle a little more next time. That's adaptation. That's the whole game.

So the question is never *"how much stress can I take?"* The question is **"how much headroom am I keeping?"**

> MNEMONIC
>
> **Headroom is the protocol.**

DIAGRAM

The capacity bucket.

Inflows fill it. Outflows drain it. The dotted line at the top is your ceiling — the point at which the system starts spilling instead of adapting.

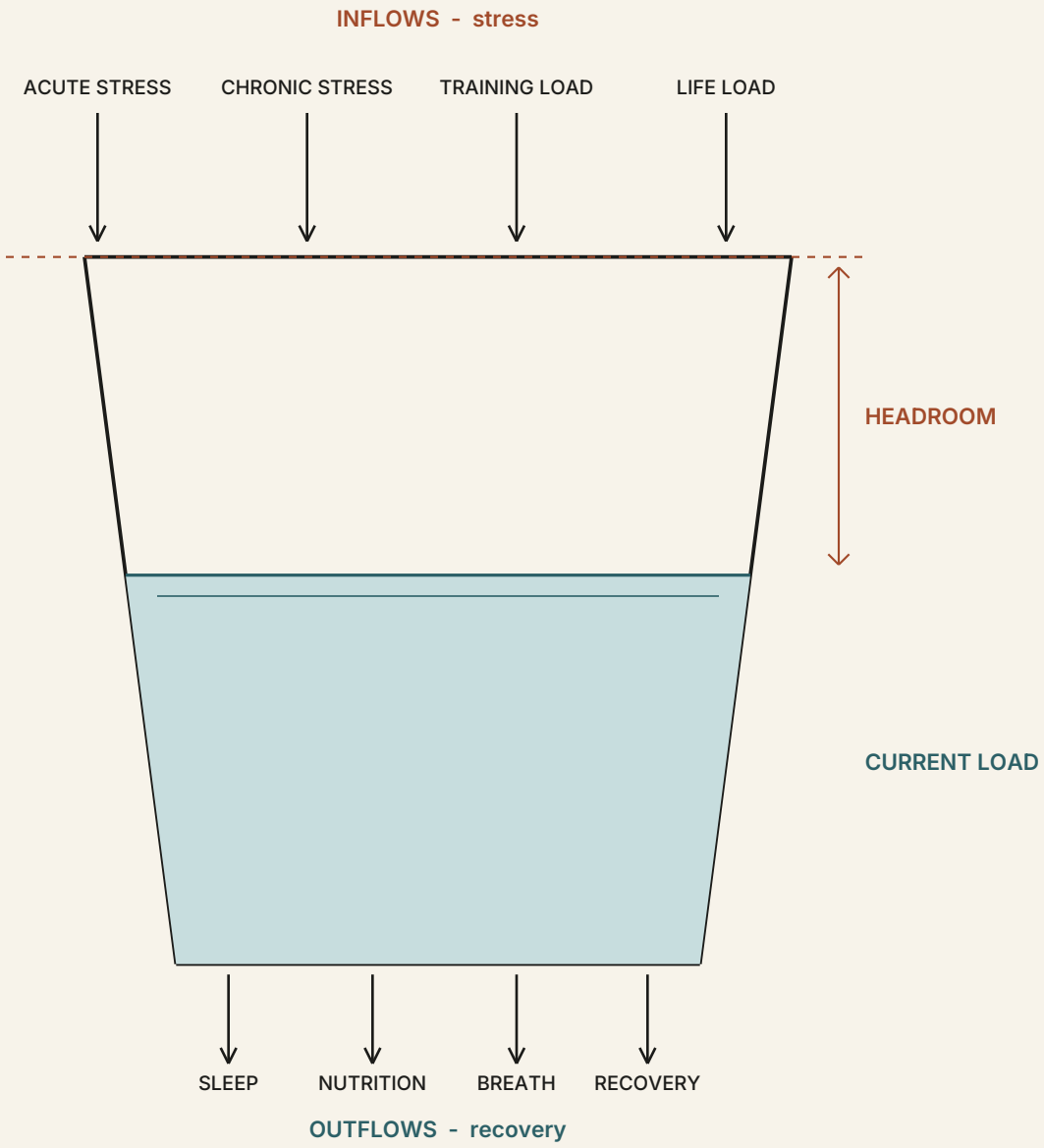


Figure 1. Inflows raise the line. Outflows lower it. Adaptation lives in the gap.

CHAPTER 2

The four domains.

Stress isn't one thing. It's at least four. Lump them together and you'll keep prescribing the wrong fix to the wrong system. Separate them and the leverage points start to show.

ACRONYM

M . E . N . S .

Metabolic · Emotional · Nervous system · Structural

M

Metabolic — fuel, blood sugar, mitochondrial health.

This is the physical chemistry of having energy. Stable glucose, enough protein and minerals to build with, and mitochondria that can actually turn food into ATP. When this domain wobbles, everything else inherits the wobble — mood goes sideways, sleep gets shallow, training stops compounding. You can have a perfect routine and still be running on a leaking tank.

Diagnostic question · *Do I have a 4 p.m. crash, and if so, what did I eat at lunch?*

E

Emotional / cognitive — perceived stress, decision fatigue, social load.

The body cannot tell the difference between a tiger and a hostile email — both spend the same currency. Decision-making, unresolved conflict, social isolation, and chronic vigilance all draw from the same allostatic budget as physical training. Most people under-rate this domain because there's no soreness to point at.

Diagnostic question · *What is the unfinished conversation I am currently carrying?*

The four domains (continued).

N

Nervous system — HRV, sleep, autonomic tone.

The nervous system is the conductor. It decides whether you're in build mode or break mode at any given moment. Heart rate variability is the cheapest single window into that decision: high HRV means the body has spare resources and is ready to adapt; low HRV means it's busy fighting fires. Sleep is where that conductor gets to rewrite the score.

Diagnostic question · *When I close my eyes at night, does my body actually let go — or just lie still?*

S

Structural — training load, soft tissue, joint health.

This is the scaffolding. Tendons, fascia, joints, and the muscles attached to them all live on a slower clock than the metabolic or nervous-system domains — they adapt over weeks and months, not days. Train them past what the rest of the body can support and you get inflammation, niggles, and stalled progress dressed up as 'plateaus.'

Diagnostic question · *Where in my body do I keep negotiating with the same warning sign?*

WHY THE LETTERS MATTER

When something is off, your first move isn't to grab a new supplement, a new app, or a new protocol. Your first move is to ask **which letter** is loudest. Treating an N-system problem (poor sleep) with an M-system answer (more electrolytes) is how good people stay stuck for years.

WORKSHEET A

Stressors inventory.

List every stressor you can name. Big or small. Modifiable or not. The act of writing them down is half the work — the unseen load is what costs you most.

STRESSOR	DOMAIN M/E/N/S	FREQUENCY	SEVERITY 1–5	MODIFIABLE Y/N

Table continues on next page (6 more rows)

Stressors inventory (cont.).

STRESSOR	DOMAIN M/E/N/S	FREQUENCY	SEVERITY 1–5	MODIFIABLE Y/N

REFLECTION PROMPTS

1. Of everything you wrote down, which stressor would your body most want you to remove first — not which one is logically most important, but which one feels heaviest?

2. Which stressor have you labelled 'unmodifiable' that might actually be 'inconvenient to modify'? Be honest.

3. If a stranger read your list, which domain (M / E / N / S) would they say is overloaded?

WORKSHEET B

Recovery inputs audit.

For each input, write the **current state** and one realistic **one-step improvement**. The one-step is the rule — anything bigger is fantasy.

INPUT	CURRENT STATE	ONE-STEP IMPROVEMENT
Sleep — avg hrs & quality		
Daylight exposure (morning + total)		
Meal timing (first & last meal)		
Training load (this week)		
Sauna / cold exposure		

Continues on next page.

Recovery inputs audit (cont.).

INPUT	CURRENT STATE	ONE-STEP IMPROVEMENT
Breathwork / down-regulation practice		
Social connection (felt, not scheduled)		
Time outside (non-training)		
Alcohol & caffeine — what & when		
Screens after dark		

ONE QUESTION TO SIT WITH

Across all ten inputs, which one would your future self most thank you for fixing — and why is it the one you keep skipping?

WORKSHEET C

Signal dashboard.

Six low-cost signals. None require labs. Most can be checked in under a minute. Mark today's reading on each scale; come back in two weeks and mark it again with a different colour pen.

Resting heart rate

bpm

Lower is usually better — but watch your own baseline.

Heart-rate variability

ms

Higher relative to your norm = more adaptive room.

Sleep score / quality

1–10

How rested do you feel after wake-up?

Morning energy

1–10

Hour-one energy, before caffeine.

Perceived stress

1–10

Right now, not the worst-case version of today.

Libido / mood baseline

1–10

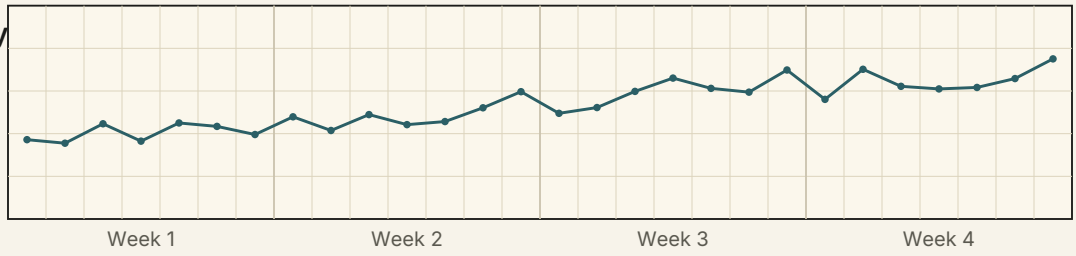
A surprisingly honest output of overall capacity.

Four-week tracker.

Pick the two signals from the dashboard that you trust most. Mark a dot in each box each day. After four weeks, look at the shape — direction matters more than any single point.

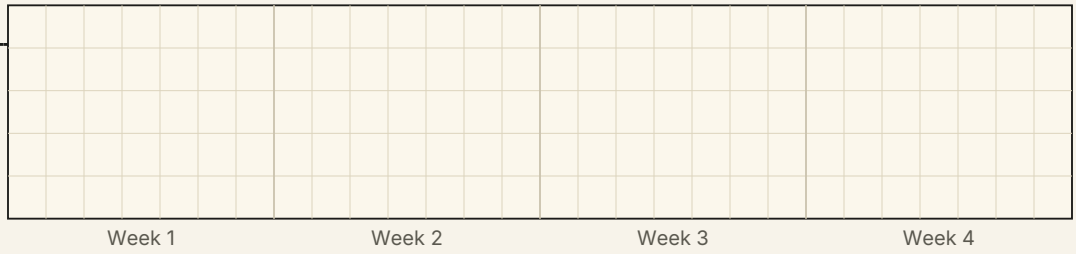
EXAMPLE — HRV TREND (filled in for reference)

Heart-rate variability
(scale 1–10 vertical)



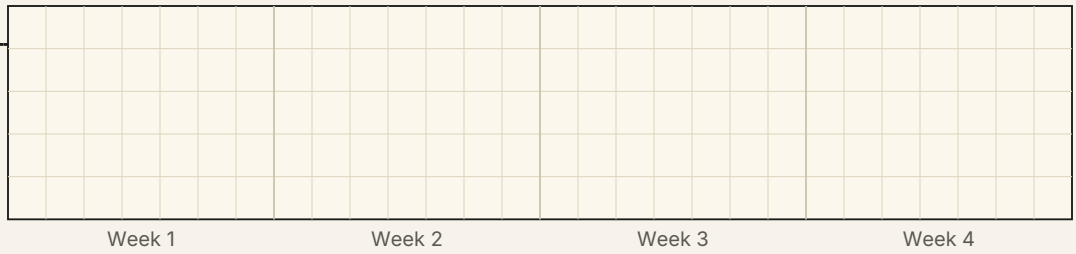
YOUR SIGNAL #1

_____
(scale 1–10 vertical)



YOUR SIGNAL #2

_____
(scale 1–10 vertical)



CHAPTER 3

Finding your leverage points.

Some changes are big, expensive, and barely move the needle. Others are tiny, almost embarrassingly simple, and quietly rearrange the whole system. The second kind is what we're hunting.

A leverage point is the smallest move with the largest downstream cascade. It's the lever where a 5% input causes a 50% output — not because it's magic, but because the system was already organised around it.

You won't find leverage points by adding. You find them by **looking at the order things happen in**. The morning sets the day. The first meal sets blood sugar. The last meal sets sleep. The room you sleep in sets recovery. Each of these is a hinge; if it's set wrong, everything that follows inherits the misalignment.

MNEMONIC

One dial. One week. Then reassess.

If you turn three dials at once and feel better, you don't know which dial did the work. You'll keep paying for all three forever, and you'll never learn what your system actually needed.

Five worked examples.

1. **Shift the last meal 90 minutes earlier.**

   Touches: N (sleep depth ↑), M (overnight glucose ↓), E (morning energy ↑). One change, three domains.

2. **Ten minutes of morning sunlight, eyes open, no glasses.**

   Anchors circadian timing → improves sleep onset that night → raises HRV the next morning. Cost: ten minutes. Drug equivalent: none exists.

3. **Replace one social-media scroll with one walk.**

   Drops cortisol-twitching inputs, raises mild parasympathetic tone, adds NEAT (non-exercise activity). Three returns from one substitution.

4. **Cap caffeine to before 11 a.m.**

   Caffeine's half-life is roughly six hours; the late cup is still in your bloodstream at bedtime. Capping it doesn't change how much you drink — only when.

5. **Two minutes of nasal-only down-regulation breathing before bed.**

   Long exhales lengthen vagal tone → faster sleep onset → deeper first sleep cycle, which is where most growth-hormone release happens.

THE PATTERN

Notice that none of these are **additions**. They are **reorderings**. Adaptive capacity usually rises faster when you change the timing or sequence of inputs you already have, not when you stack more on top.

WORKSHEET D

Your 30-day experiment.

Four fields. One month. No additional changes allowed during the trial. The point is to learn — not to overhaul your life in a weekend.

ONE STRESSOR I'M REDUCING

Pick a single thing from your Part A inventory. Be specific.

ONE RECOVERY INPUT I'M INCREASING

From Part B. The smallest, most repeatable upgrade — not the most aspirational.

THE SIGNAL I'LL WATCH

From Part C. Choose the cheapest one that you'll actually check daily.

REASSESSMENT DATE

today + 30 days

CHECK YOUR UNDERSTANDING

Teach it back.

If you can answer these out loud to someone who doesn't share your interests, you understand the worksheet. If you can't, the gap is the next page to re-read.

- [ ] **Q1.** In one sentence, what is adaptive capacity, and what equation does it follow?

- [ ] **Q2.** Why does removing a stressor often beat adding a recovery input?

- [ ] **Q3.** Name the four domains and one diagnostic question for each.

- [ ] **Q4.** What does 'headroom' mean in the bucket analogy — and why does it matter more than total bucket size?

- [ ] **Q5.** Why is it important to change only one variable at a time when running a 30-day experiment?

- [ ] **Q6.** Give one example of a leverage point that is a re-ordering of existing inputs, not an addition.

A NOTE FROM ANTHONY

Closing.

You can do everything on this worksheet correctly and still get the same returns as someone who does almost none of it — if they sleep, eat, breathe, and move within their headroom and you don't. The form isn't the practice. The practice is paying attention.

The body already knows how to adapt. It does it for a living. It built every callus, every fitter heart, every quieter morning you've ever had. Our job — yours, mine — is mostly to stop overdrawing the account and let the work get done.

> Adaptation isn't earned by adding more.
> *It's earned by giving the body room to do what it already knows how to do.*

— Anthony

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FURTHER READING & EVIDENCE BASE

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