BBH MOTIVATION BARRIER CHECKLIST

A printable companion to "Why Do I Feel Unmotivated?"

Your motivation may be affected by more than willpower. Use these pages to identify possible barriers, choose one realistic action, and know when additional support may help.

1. What am I noticing?

[ ] I feel tired even before starting.

[ ] I want to act, but the task feels overwhelming.

[ ] I cannot decide where to begin.

[ ] Noise, messages, or my phone interrupt me.

[ ] I keep creating plans that are too difficult to maintain.

[ ] I have lost interest in activities I usually enjoy.

2. Which barrier might be involved?

Physical: Poor sleep, pain, low energy, or an illness

Emotional: Worry, sadness, pressure, guilt, or overwhelm

Cognitive: Brain fog, decision fatigue, unclear next step

Environmental: Frequent interruptions, noise, lack of structure

Behavioural: Avoidance, all-or-nothing planning, inconsistent cues

Clinical: Persistent or severe symptoms that deserve assessment

This is a reflection tool, not a test or a diagnosis. Several barriers may overlap.

CHOOSE ONE SUPPORTIVE NEXT STEP

3. Match the barrier to a response

Barrier	Thoughtful next step
Physical	Eat regularly, rest, review sleep, or arrange a healthcare check if symptoms persist.
Emotional	Name what you feel; reduce pressure; speak with a trusted person.
Cognitive	Write the first visible step. Try it for 5 minutes if manageable.
Environmental	Remove one distraction or create a short quiet work block.
Behavioural	Reduce the minimum goal and attach it to a realistic cue.
Clinical	Talk to a qualified healthcare or mental health professional.

My likely barrier(s):

_____

_____

One action I could begin today:

_____

_____

PAUSE - START - RETURN
Pause and notice the barrier. Start with one appropriate action. Return after interruptions without judging the entire week by one difficult day.

SEVEN DAYS, ONE SMALLER STEP

This is a gentle experiment, not a test of discipline. Adjust it for your health, energy, and responsibilities.

Day 1 [ ] Choose one small, doable action.

What made it easier or harder? _____

Day 2 [ ] Support basic needs: sleep, food, and fluids.

What did my body need? _____

Day 3 [ ] Try a comfortable, gentle movement break.

How did I feel afterward? _____

Day 4 [ ] Write one unclear task as a single next step.

What did I learn? _____

Day 5 [ ] Spend a few minutes on something meaningful.

What brought me a little ease? _____

Day 6 [ ] Ask for support or share one realistic goal.

What support could help? _____

Day 7 [ ] Review and choose one habit to carry forward.

What can I repeat next week? _____

Remember: Missing a day does not erase progress. Returning matters more than perfection.

REFLECTION & SUPPORT

4. What did I learn about my motivation?

The barrier I noticed most often:

_____
_____

An action that was realistic for me:

_____
_____

What I can change or ask for next week:

_____
_____

5. When should I seek extra help?

Consider professional advice if low motivation is persistent, worsening, significantly affects your daily life, or comes with ongoing fatigue, marked changes in sleep or mood, or loss of interest in previously enjoyable activities. A healthcare professional can explore possible physical and mental health causes.

If you feel unsafe or at risk of harming yourself, seek urgent local help immediately.

Continue learning at Bio and Brain Health

How to Increase Dopamine Naturally

BBH Support Resources

Educational self-reflection resource only. This worksheet does not measure dopamine, diagnose a condition, or replace individual medical or mental health care.