

THE BODY MAP OF SUCCESS

THE CULTURAL PROBE

Participant Name:

TRANSFORMATION DESIGN B

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Designed by Jamie Fu

INTRO

MAP YOUR EFFORT, REWRITE SUCCESS

This booklet is
your workout diary
with stickers,
stories, and a twist.

Each day you'll train as usual, but with a small experiment: mark the muscles you trained with colored stickers, jot down how the session felt, and note the invisible efforts that often go unseen. At the end of the week, you'll step back and see your body map fill with color, revealing patterns of effort, mood, and meaning.

Though out the process, **NO NEED PERFECT ANSWERS.**

The goal isn't to track numbers or performance, but to explore how success in the gym can mean many things—health, persistence, joy, learning, or simply showing up.

INSTRUCTIONS

STICKERS

Each day has its own color. After your workout, place the stickers on the muscle groups you trained. All stickers from the week will build up on the same spread, showing the overall pattern of your effort. (Follow your usual training routine—**NO NEED TO COME ALL 5 DAYS**.)

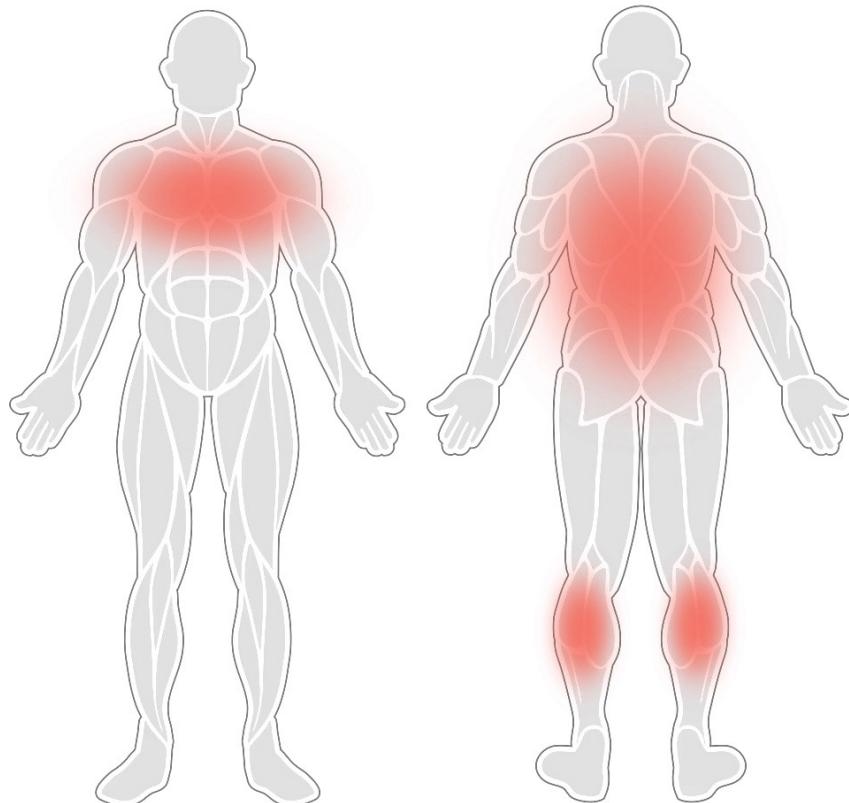
TRAINING NOTES

Along with the stickers, rate your each session: how hard it felt, how you felt overall, and how much achievement and satisfaction you got. Jot down any “invisible effort” that mattered to you.

WEEKLY WRAPUP

At the end of the week, flip back through your map. Which days felt best, which were hardest, and what does “success” mean to you after all this?

Example:



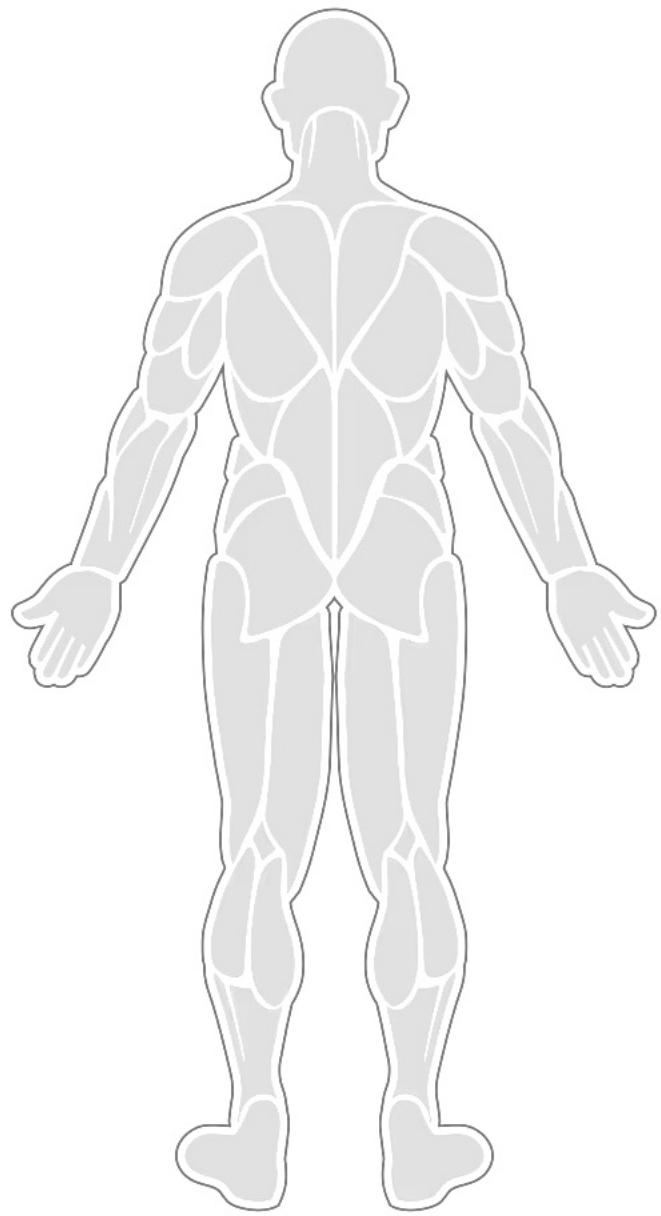
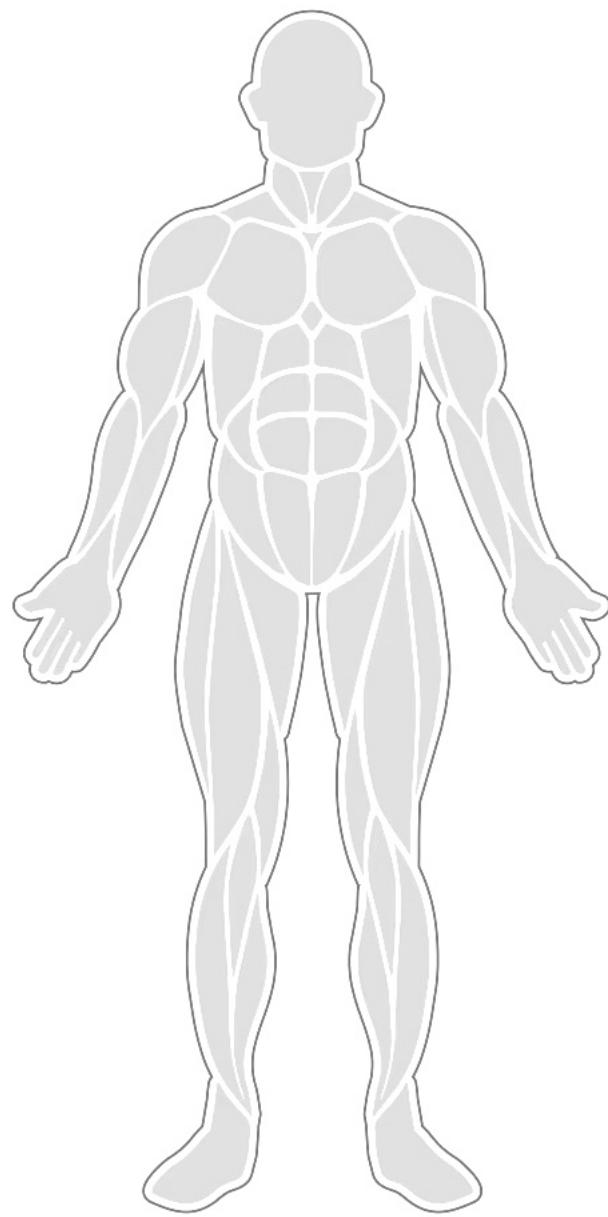
DAY 1

DAY 2

DAY 3

DAY 4

DAY 5



Place & stack all your daily stickers on to this spread

DAY 1

BASIC INFO

Time (arrival – leaving)

What do you plan to work on today?

Today's motivation or small goal (e.g. relax, health, build muscle etc.)

EVALUATION DIMENSIONS

Training Intensity

How hard did this session feel on your body?

How did your body and mind feel throughout today's workout?

Did you feel you
accomplished or
reached something
today?

A horizontal scale consisting of five circles connected by lines. Each circle contains a red number: 1, 2, 3, 4, and 5. Below the scale, the text 'very light' is aligned with circle 1, 'moderate' is in the center, and 'maximum effort' is aligned with circle 5.

Overall State

1 2 3 4 5

very poor average excellent

A horizontal scale consisting of five circles numbered 1 through 5. Each circle has a dotted border and a red number inside. Below the scale, the words "very poor", "average", and "excellent" are positioned under the first, third, and fifth circles respectively.

If your are not doing so well, what influenced you most today? (Optional)

○ Sleep ○ Crowding ○ Nutrition ○ Hydration

Mood Music Lighting Pain

Other: _____

ENVIRONMENT & SPACE

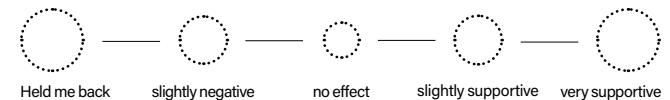
Was the gym crowded today?

Empty Few people Crowded

Equipment availability

Smooth Some Waiting Long Wait

Enviroment's affect on me



Space for anything you want to add or draw. (Optional)

DAY 2

BASIC INFO

Time (arrival – leaving)

What do you plan to work on today?

Today's motivation or small goal (e.g. relax, health, build muscle etc.)

EVALUATION DIMENSIONS

Training Intensity

How hard did this session feel on your body?

Overall State

How did your body and mind feel throughout today's workout?

Did you feel you
accomplished or
reached something
today?

Sense of Achievement

A horizontal scale consisting of five numbered circles (1, 2, 3, 4, 5) connected by lines. Below the scale are three text labels: 'none' under circle 1, 'some achievement' under circle 3, and 'Very Strong' under circle 5.

If your are not doing so well, what influenced you most today? (Optional)

☐ Sleep ☐ Crowding ☐ Nutrition ☐ Hydration

Mood Music Lighting Pain

Other: _____

ENVIRONMENT & SPACE

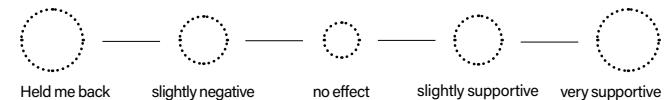
Was the gym crowded today?

Empty Few people Crowded

Equipment availability

Smooth Some Waiting Long Wait

Enviroment's affect on me



Space for anything you want to add or draw. (Optional)

DAY 3

BASIC INFO

Time (arrival – leaving)

What do you plan to work on today?

Today's motivation or small goal (e.g. relax, health, build muscle etc.)

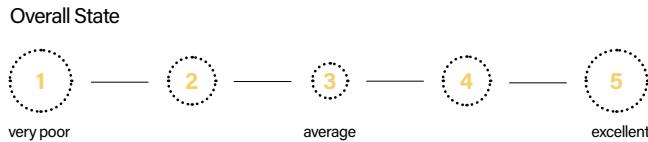
EVALUATION DIMENSIONS

Training Intensity

How hard did this session feel on your body?



How did your body and mind feel throughout today's workout?



Did you feel you
accomplished or
reached something
today?



If your are not doing so well, what influenced you most today? (Optional)

○ Sleep ○ Crowding ○ Nutrition ○ Hydration

Mood Music Lighting Pain

Other:

ENVIRONMENT & SPACE

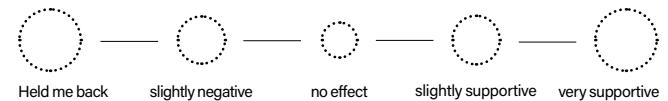
Was the gym crowded today?

Empty Few people Crowded

Equipment availability

Smooth Some Waiting Long Wait

Enviroment's affect on me



Space for anything you want to add or draw. (Optional)

DAY 4

BASIC INFO

Time (arrival – leaving)

What do you plan to work on today?

Today's motivation or small goal (e.g. relax, health, build muscle etc.)

EVALUATION DIMENSIONS

Training Intensity

How hard did this session feel on your body?

How did your body and mind feel throughout today's workout?

Did you feel you
accomplished or
reached something
today?

Overall State

A horizontal scale consisting of five circles numbered 1 through 5. The circles are connected by a dashed line. Below the scale, the labels 'very poor', 'average', and 'excellent' are positioned under the first, third, and fifth circles respectively.

1 2 3 4 5

very poor average excellent

If your are not doing so well, what influenced you most today? (Optional)

Factors Influencing Health and Well-being

Mood Music Lighting Pain

Other: _____

ENVIRONMENT & SPACE

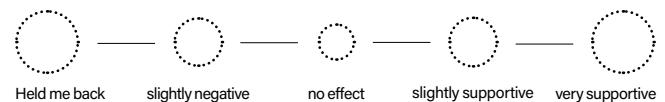
Was the gym crowded today?

○ Empty ○ Few people ○ Crowded

Equipment availability

Smooth Some Waiting Long Wait

Enviroment's affect on me



Space for anything you want to add or draw. (Optional)

DAY 5

BASIC INFO

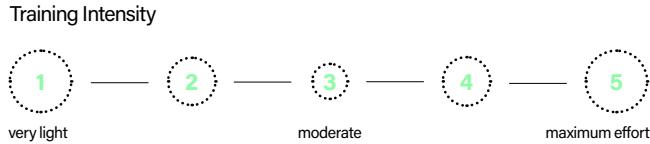
Time (arrival - leaving)

What do you plan to work on today?

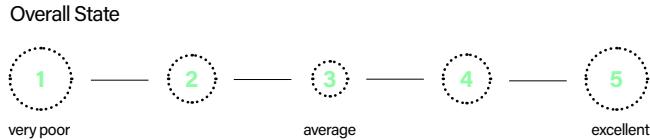
Today's motivation or small goal (e.g. relax, health, build muscle etc.)

EVALUATION DIMENSIONS

How hard did this session feel on your body?



How did your body and mind feel throughout today's workout?



Did you feel you accomplished or reached something today?



If you are not doing so well, what influenced you most today? (Optional)

Sleep Crowding Nutrition Hydration

Mood Music Lighting Pain

Other: _____

ENVIRONMENT & SPACE

Was the gym crowded today?

Empty

Few people

Crowded

Equipment availability

Smooth

Some Waiting

Long Wait

Environment's affect on me

Held me back

slightly negative

no effect

slightly supportive

very supportive

Space for anything you want to add or draw. (Optional)

WEEKLY WRAPUP

70 YOUR DICTIONARY OF SUCCESS

During this cycle, what felt like success for you?
(Choose as many as you like)

65 Health Happiness Showing up

60 Energy boost Pain management Better sleep

55 Stress relief Recovery Self-discipline

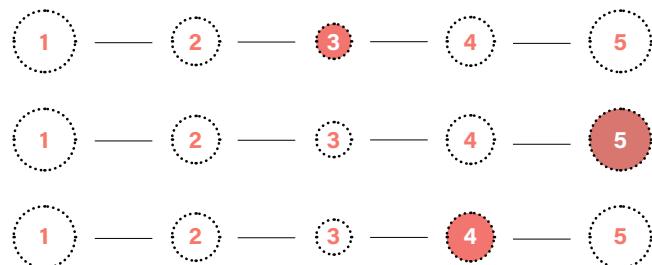
50 Building Muscle Relax Supporting others

45 Other: _____

45 SCORE OVERVIEW

Add up your 3 evaluation dimensions' number
(Training Intensity, Overall State, Sense of Achievement)
for all the days you trained, and draw a line on the left side of the page.

For example:



3+5+4=12 (for this day)

ADD UP ALL THE DAYS you documented to get the final number.

10 REFLECTION

Looking at the line you drew, what do you think of this score?

5
0

Example

THE BODY MAP OF SUCCESS