

Body vs Numbers mismatch

When your body and your numbers disagree

A field guide to the gap between how you feel and what your wearable says — clear, practical, grounded in evidence, and checked against our own community's data.

Reviewed by our clinician before sharing. Information, not medical advice, and not a diagnosis. Figures use our community's own data, each person compared only to themselves — never one person against another.

The short version

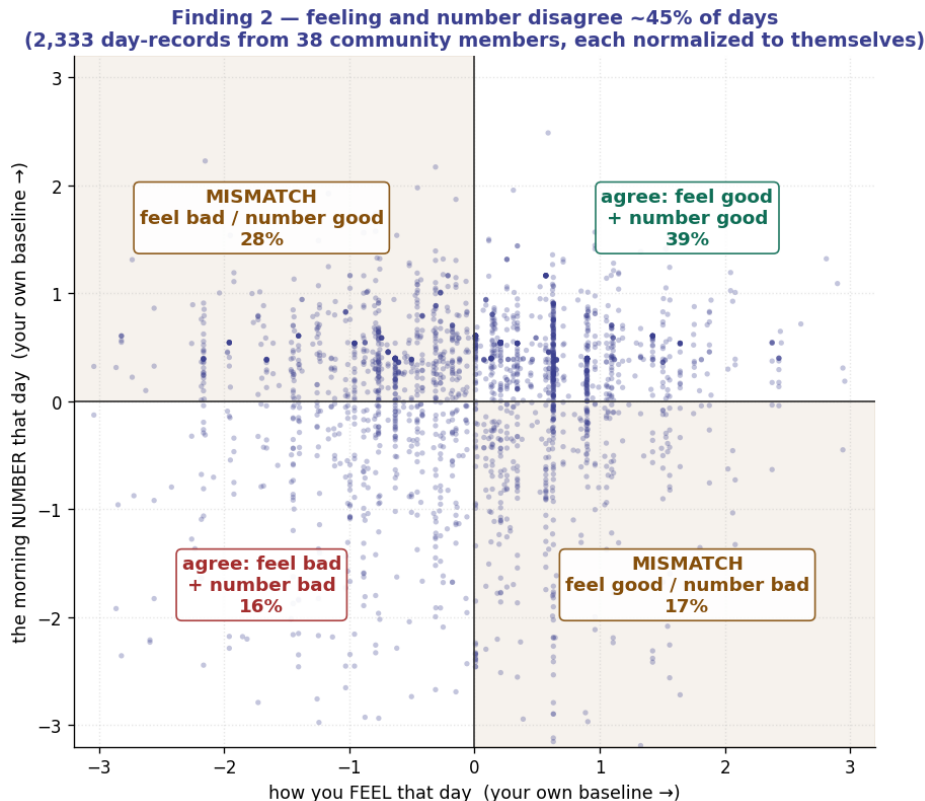
- **Your feeling and your number measure different things.** In our data they disagree about half the time — and that is normal. Neither one is lying.
- **A “good” feeling can be stress chemistry; a “bad” feeling with green data is still real.** Either way the disagreement isn't a reason to throw out the data — it's a reason to take the more cautious of the two.
- **The simple rule, which matches medical pacing guidance: act on the more cautious of the two.** A bad feeling is a real risk signal. So is a bad, unstable data trend. Take whichever says “ease off.”
- **No app reliably predicts crashes for everyone** — science genuinely tried, and could not find one rule that fits every body. **But for you specifically, your own data can be taught to match your reality.** That is what our Crash Tracking lab round is building.

You are not imagining it, and you are not doing it wrong

Two situations, both familiar. You wake clear and capable for the first time in days, open the app, and it is red. Or you feel wrecked, and the app shows green, “recovered.” Either way the tension is the same: the body says one thing, the number says another. The rest of this guide is the evidence behind the short version above — and it ends somewhere hopeful.

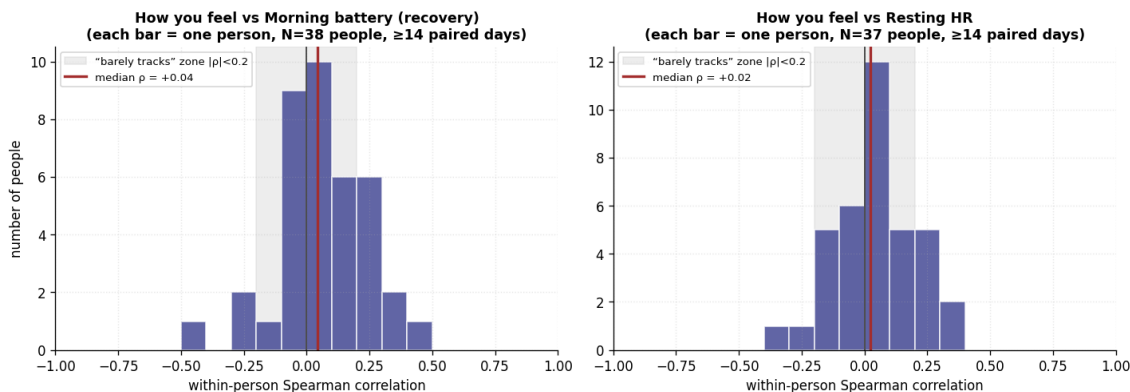
1. What this looks like in our own community's data

For each member who logged how they felt and wore their watch, we compared their daily “how I feel” rating to their morning number — **each person against their own baseline**.



Each dot is one day from one of 38 community members, normalised to that person. On about 45% of logged days the feeling and the morning number disagree — body says one thing, screen another.

Finding 1 — the morning number barely tracks how you feel (within each person)

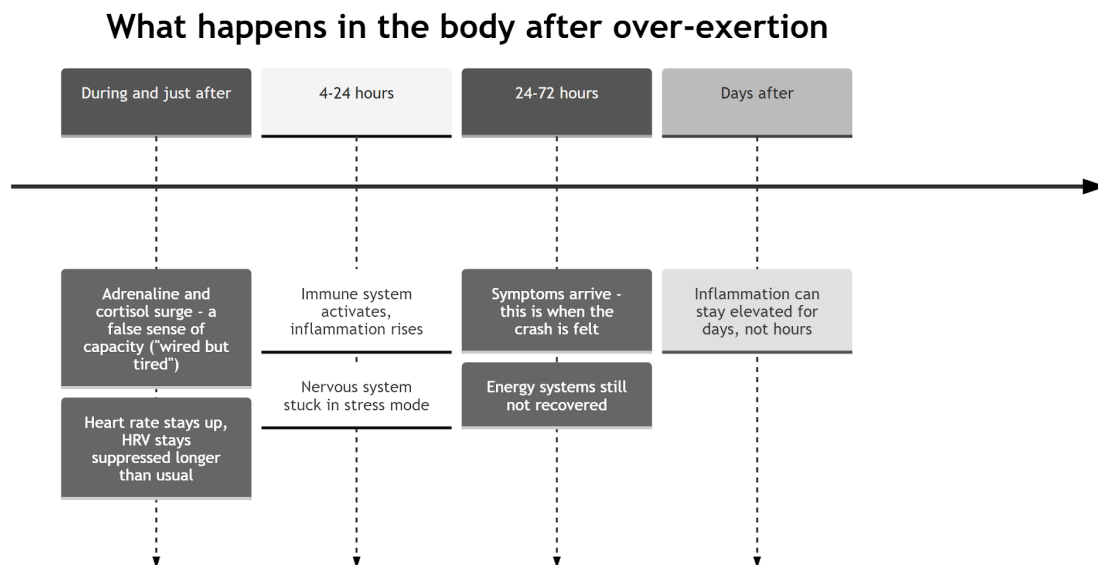


Within each person, how you feel and the morning number barely move together (median correlation near zero). A shuffle test confirms the two are genuinely close to independent — not a strong signal hidden in noise.

The takeaway: the feeling and the number are two different instruments pointed at different things. When they disagree, that disagreement is information — not a sign one of you is broken.

2. Why “I feel great” and “the data is red” are often the same signal

That surge of “I can do something” — especially a few days after a crash — is sometimes real recovery. But it can also be the body running on **stress chemistry**: adrenaline and cortisol, a revved-up nervous system. People describe it as “**wired but tired**”. A low HRV with a raised resting heart rate is the fingerprint of that same revved-up state. A 2024 meta-analysis (37 studies, 543 people with ME/CFS) found higher adrenaline at rest and an abnormal adrenergic response to exertion specifically in ME/CFS (Hendrix et al., 2024).



Two things that follow: the cost is delayed by 1–3 days, so the good feeling arrives before the bill — documented physiology, not a lack of willpower. So failing after a good day is biology, not weakness.

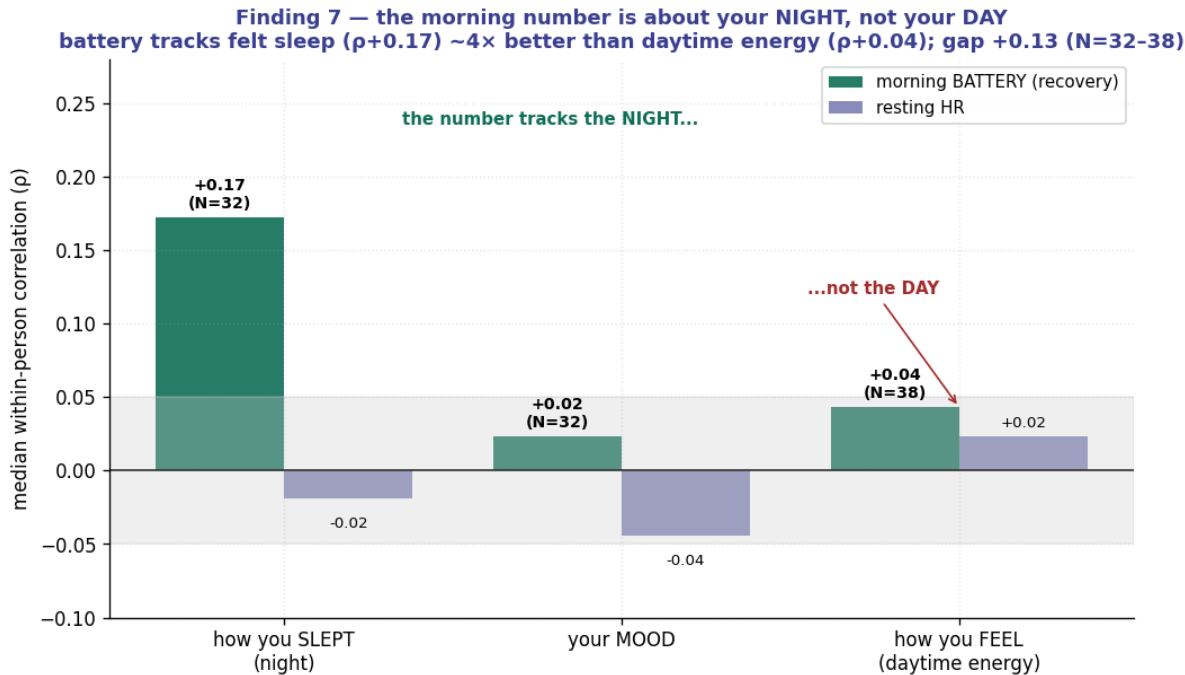
3. Why “I feel terrible” and “the data is fine” is also real

The reverse gap is just as real — and in our data it is the more common of the two directions. An analysis of ~2.5 million records concluded, almost word for word: your intuition is often more sensitive than your wearable; if the app says recovery is “optimal” but you feel exhausted, trust yourself (Terra Research, 2025). A wearable measures your heart's rhythm — a narrow slice. How you feel integrates sleep, mood, pain, brain fog, hormones, and the day you are having. Consumer devices also carry real error (heart rate 67–86% accurate during movement; energy estimates off by 25–28%).

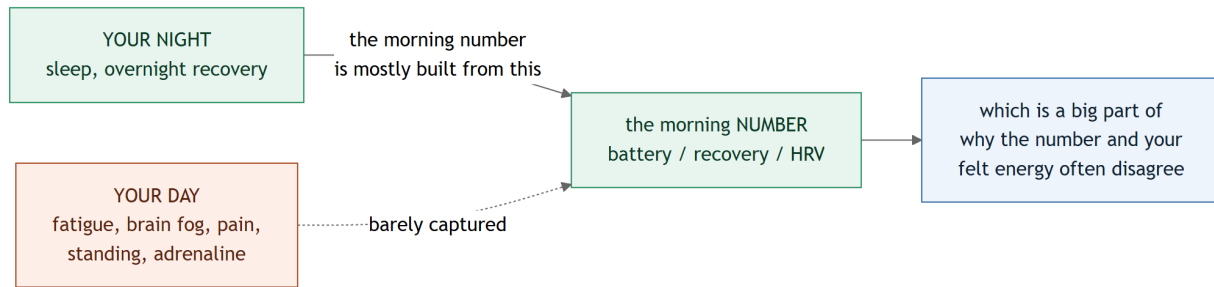
From our community: on days people explicitly tagged fatigue or a crash, their morning battery differed from their normal days by almost nothing (about -0.05 SD, 34 members). Same for pain (-0.03 , 30 members). The number does not “see” the very symptoms that define the condition.

4. Why they disagree — the mechanism in our data

The cleanest explanation we found, and it holds across the group: **the morning number is mostly about your night, not your day.**



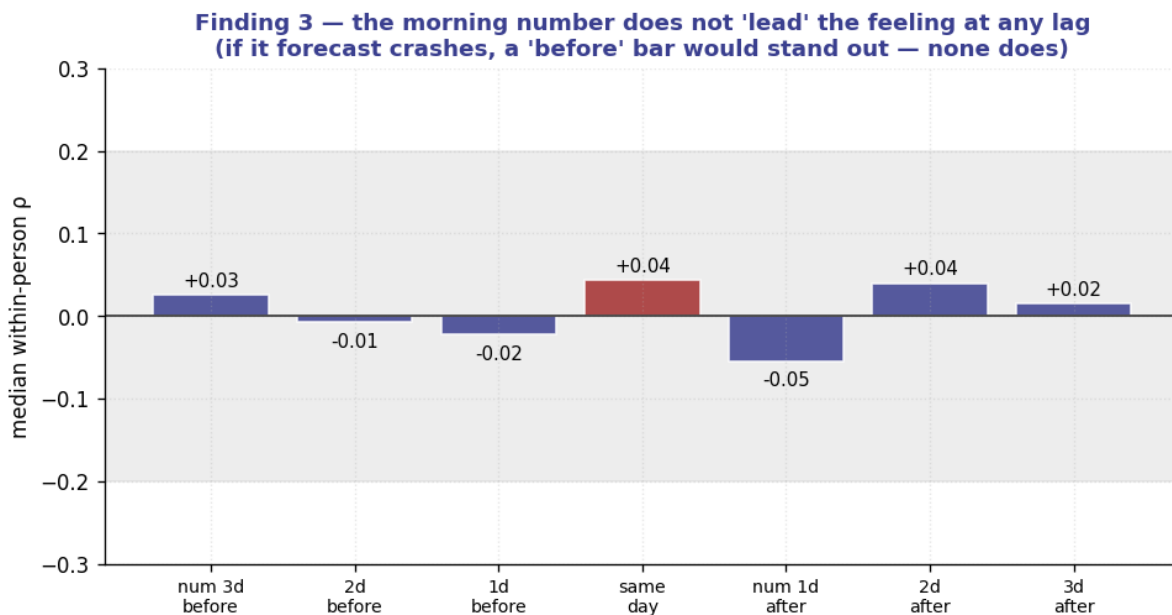
The morning battery tracks how you slept (correlation +0.17) roughly four times better than how you feel during the day (+0.04). The device is largely a sleep-and-overnight-recovery measure; your daytime fatigue lives somewhere it does not look. (The link to sleep is modest — a rough echo of your night, not a perfect one.)



The takeaway: The morning number and how you feel are measuring different moments: your night and your day. That is why they disagree.

5. What the number can — and cannot — do

For your next day, it confirms more than it forecasts



In our data, the morning number does not predict how you will feel 1–3 days later — at every lag the connection is near zero. It can confirm a rough day more than it sees one coming.

That said, the largest study to date (4,244 people; Aitken et al., 2026) found that a low, unstable morning HRV does carry a real **same-day crash-risk** signal — increases in HR and decreases in HRV in the morning was linked to a higher chance of a crash that day (specifically crashes, not general fatigue), and a within-person increase in 7-day variation for HRV, HR, and breath

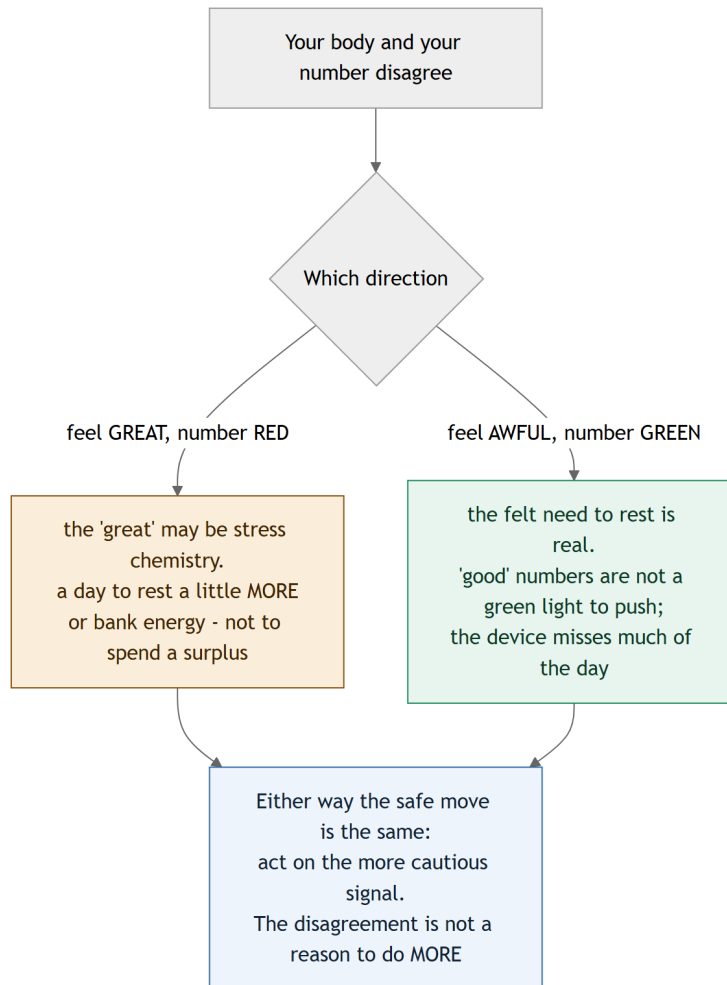
rate were significantly associated with an increased likelihood of a reported crash. So the number is not useless — for crashes, an unstable or dropping HRV trend combined with increased HR is worth noticing. It is just a gentle, same-day, personal signal, not a reliable next-day forecast.

High HRV can be the crash itself, not recovery

When you are crashing and lying still, your “rest-and-digest” system takes over and HRV can climb. In our data, HRV on crash days ran about **12% above** each person's baseline — up, not down. So a green, high-HRV morning is not proof you are safe. (This is the same physiology as the “low HRV = risk” finding above, seen at a different moment: a low or unstable HRV is the run-up; a high HRV can be the crash).

6. The practical rule: act on the more cautious of the two

This is where the evidence becomes simple and useful. You do not need the feeling and the number to agree before you act. The established, evidence-based approach for these conditions — symptom-contingent pacing, the standard recommended by the CDC, the Bateman Horne Center, and the Workwell Foundation — is to **stay inside your energy envelope and ease off whenever either signal says so**.



- **A bad feeling is a valid risk signal** — you act on it regardless of the data. (Yesterday's symptoms predict crashes on their own.)
- **A bad, unstable data trend is also a risk signal** — especially a dropping or erratic HRV.
- **When they disagree, take the more cautious one.** The cost is lopsided: easing off when you did not need to costs hours; pushing through when you should not have costs days or weeks.
- **The number is a gentle second opinion, not a boss** — and not a green light. Looking at it less is allowed, if a red score every morning becomes a source of dread.

7. It varies from person to person

For the average member, the number barely tracks their felt energy — but a minority is different. For some people a recovery or stress score genuinely flags a coming rough patch, and they rely on it. Both are valid. The honest guidance is not “ignore the app” and not “obey the app” — it is to learn your own pattern over time. The one self-check only you can run: whether “feel great → do more → crash” actually repeats for you.

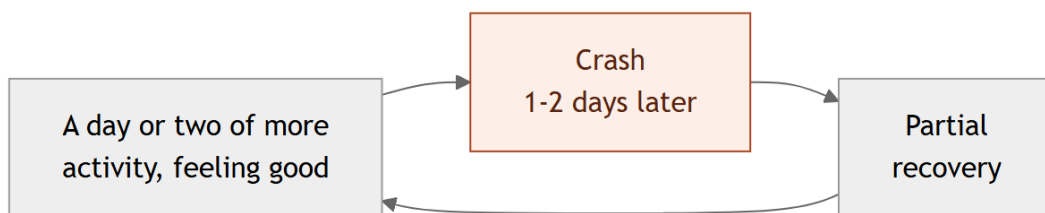
8. Your cycle moves the baseline

If you menstruate, part of the month-to-month noise is hormonal and predictable. A scoping review of 40 studies found resting heart rate rises about 2.7–3.9 bpm from the follicular into the luteal phase (the ~two weeks before a period), with HRV dipping (Johnson et al., 2026). A rougher week before a period is expected — not a sign of getting worse. A red app that week may simply be reading hormones.

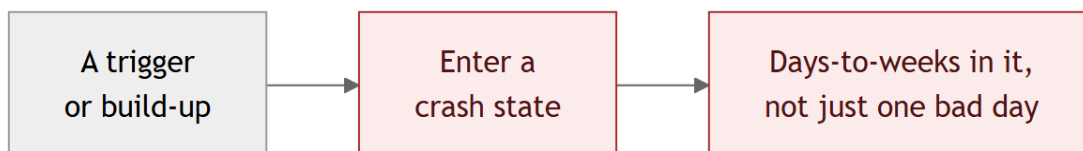
9. Crashes are personal, not random

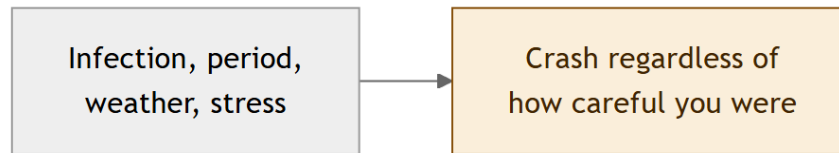
In our community data, only about **1 in 6** people showed the classic “did too much yesterday → crash today” pattern. About **half** of crash days came from prolonged states lasting one to two weeks. The rest were triggered by illness, hormones, or stress.

Pattern A — boom-and-bust (about 1 in 6 people)



Pattern B — a prolonged state (about half of all crash days)

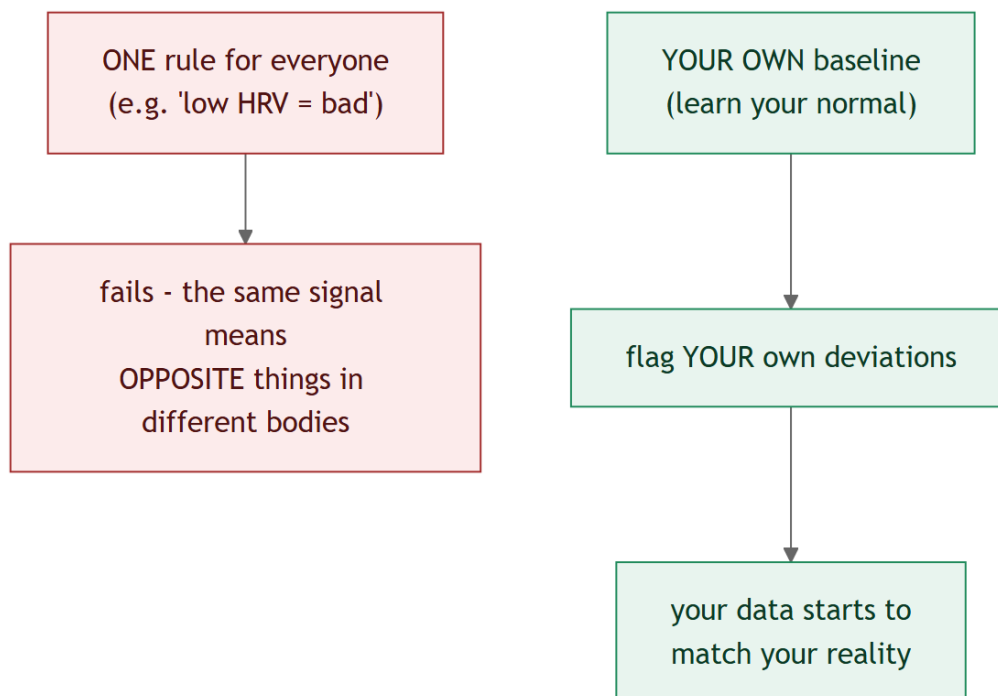


Pattern C — trigger-driven

If you do not fit the boom-and-bust story, you are not the exception who is “doing it wrong.” For most people a crash is not proof you overdid it yesterday. (These shares come from a small early sample and will shift as more of us log data.)

10. Why there is no single answer for everyone — and why your own data still can

It is fair to ask why no app just solves this. The honest reason: researchers have tried hard and repeatedly failed to find one crash-prediction rule that fits everyone. The deepest reason is striking — **the same signal means opposite things in different bodies**. A rising HRV is recovery for one person and the start of a crash for another; an elevated heart rate is over-exertion for one person and ordinary dysautonomia for another. Most failed crash-prediction projects tripped over exactly this kind of person-to-person difference.



But the same research points clearly to what does work: not one rule for all, but a model built on **your own baseline** — learn what your normal looks like, then flag your own deviations.

Within-person prediction works where between-person prediction fails (Aitken et al., 2026).

Roughly **21 days of your own data** is enough for personal patterns to start emerging. And some members here already read their own number well, because they have learned what it means for them.

So the goal is not “make the app right for everyone.” It is narrower and far more achievable: **make your data agree with your reality — for you.** The mismatch is not a dead end. It is a personal puzzle, and a solvable one.

This is what our Crash Tracking lab round is for

To teach a model your pattern, it needs two things: what your wearable already collects (heart rate, sleep, HRV) and **your labels** — which days were crashes, and just as importantly, which days were not. That is the whole ask: a ~30-second evening check-in (rate your day, tag a crash if it happened), for about 30 days. In return you get your own crash profile, your baseline, and early access to anything we build. No new apps, no extra sensors, nothing medically risky. *See the Crash Tracking lab round guide for how to join.*

What this guide does not claim

The science here is real and moving fast, and we have said plainly where it stops: no validated crash predictor exists for everyone; the “resting heart rate + 15 bpm” rule is unproven; the 2-day exercise test was challenged in 2026 (Mancini et al.); and our community figures come from a small, early sample that will change. The most trustworthy instrument you have is still your own pattern over time, alongside a number you read gently.

References

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- Pacing / energy-envelope guidance: U.S. CDC ME/CFS clinical care; Bateman Horne Center criteria-specific guidance; Workwell Foundation heart-rate pacing (symptom-contingent pacing as standard of care).
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- Terra Research (2025). Wearable signals vs. premenstrual symptoms (industry analysis, ~2.5M records).
- ELC Community internal analysis (June 2026) — figures 1–4. Each person compared only to themselves; aggregates only where 11+ members contribute. Early data, will update.