

CHARACTER

| | | | |
|-------|-------|-----|--|
| Name | Stock | Age | Lifepaths |
| Lowan | Man | 26 | Village Born, Conscript, Bandit, Bannerman, Taskmaster |

BELIEFS

Instincts

TRAITS

| | | |
|--------------------|--------------|--------------------|
| Character Traits | Die Traits | Call-On Traits |
| Aggressive | Hard-hearted | Booming Voice |
| Hide Before Battle | | Sense Of Direction |
| Honored | | |

RELATIONSHIPS

| | | | |
|------------------|---------|---------------|---------------|
| Relationships | Circles | Named Circles | Enemy Circles |
| Brother deceased | | | |

GEAR, POSSESSIONS AND PROPERTY

Armor, Light Mail, Run of the Mill, Quality Mill, Brothers Necklace

ARTHA AND EPIPHANIES

Fate
Open-end 6s



Persona
+1D per point



Deeds
Double dice or
reroll failed dice



Skill

Skill

Skill

Total Artha
Spent



Total Artha
Spent



Total Artha
Spent



Skill

Skill

Skill

Total Artha
Spent



Total Artha
Spent



Total Artha
Spent



NOTES, SPELLS AND OTHER MISCELLANEA

SKILLS BEING LEARNED

Aptitude equals 10 minus Stat:

Perception Aptitude 7 | Will Aptitude 6 | Agility Aptitude 6 | Speed Aptitude 7 | Power Aptitude 4 | Forte Aptitude 6

Skill Name

Aptitude

Tests towards Aptitude

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PRACTICE LOG

Stats

Will

tests for advancement:
 ___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Power

___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Perception

___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Forte

___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Agility

___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Speed

___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Attributes

Health

___ Routine: ○○○○ ___
 ___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Reflexes

Average of Per, Agl, Spd. Round down.
 Reflexes advances as the stats do.

Steel

___ Routine: ○○○○ ___
 ___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Mortal Wound

Average of Power and Forte (plus 6)
 round down. MW advances as the stats do.

Hesitation

(Hesitation = 10 - Will exp)

Circles

___ Routine: ○○○○ ___
 ___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Reputation

Charismatic Outlaw 1D
 Reputation
 Reputation

Resources

___ Routine: ○○○○ ___
 ___ Difficult: ○○○○ ___
 ___ Challenge: ○○○ ___

Affiliation

Guild Of The Broken Hand 1D
 Affiliation
 Affiliation

Tax

Cash
 Funds/Property
 Loans/Debt

Physical Tolerances Grayscale

| Tolerance | | | Su | | Li | | Mi | | Se | Tr | Mo | | | | |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Coordinate | B1 | B2 | B3 | B4 | B5 | B6 | B7 | B8 | B9 | B10 | B11 | B12 | B13 | B14 | B15 |
| Injury | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ | ○ ○ |

Wound

Penalty

Obstacle Penalties

Wounded Dice

Injury Recovery

Injury Recovery

Injury Recovery

Injury Recovery

SKILLS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Armor Training | <input type="checkbox"/> | n/a | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intimidation | [B] | 2 | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Caravan-wise | [B] | 2 | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conspicuous | [B] | 2 | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brawling | [B] | 3 | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mending | [B] | 1 | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | <div style="display: flex; justify-content: space-between;"> R ○○○○ D ○○○○ C ○○○○ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WEAPONS AND ARMOR

| MELEE | I | M | S | Add VA | WS | Length | |
|-------------|----------------------------|----------------------------|----------------------------|--------|----|--------|----------|
| Bare-Fisted | <input type="checkbox"/> _ | <input type="checkbox"/> _ | <input type="checkbox"/> _ | 2 | - | F | Shortest |
| | <input type="checkbox"/> _ | <input type="checkbox"/> _ | <input type="checkbox"/> _ | | | | |
| | <input type="checkbox"/> _ | <input type="checkbox"/> _ | <input type="checkbox"/> _ | | | | |
| | <input type="checkbox"/> _ | <input type="checkbox"/> _ | <input type="checkbox"/> _ | | | | |
| | <input type="checkbox"/> _ | <input type="checkbox"/> _ | <input type="checkbox"/> _ | | | | |

Missile Weapons

| | |
|---|---|
| I | M |
|---|---|

HEALTH QUESTIONS

Does the character live in squalor and filth? No.

Is the character frail or sickly? No.

Was the character severely wounded in the past? Yes.

Has the character been tortured and enslaved? Yes.

Is the character athletic and active? Yes.

Does the character live in a really clean and happy place, like the hills in the Sound of Music? No.

STEEL QUESTIONS

Has the character ever been severely wounded? Yes.

Has the character ever murdered or killed with his own hand more than once? Yes.

Has the character been tortured, enslaved or beaten terribly over time? Yes.

Has the character lead a sheltered life, free of violence and pain? No.

Has the character been raised in a competitive (but non-violent) culture - sports, debate, strategy games, courting? No.

Has the character given birth to a child? No.