# Name

## Please provide the following information.

**First Name**

**Date**

Sleep

1. Do you feel like you slept enough this week?

Yes No

## \* 3. How many hours of sleep did you get?

Less

More

than 5

1. to 6
2. to 7
3. to 8
4. to 9
5. to 10

10 to 11 11 to 12

than 12

Average for past 7 nights

hours

hours

hours

hours

hours

hours

hours

hours

hours



## \* 4. How many naps did you have this week?

1-2

3-4

5-7

## If so, how long was your average nap? (in minutes)

1. Sleep Quality

Difficulty falling asleep

Waking up in middle of the night Racing or thudding heart Sweating at night

# Symptoms

In the past 7 days have you experienced any of the following symptoms? Place a checkmark next to every symptom you have felt in the past week.

## General symptoms

Cold

Flu (Flu-like symptoms) Fever

Upset stomach

Not feeling good overall

## Nose / Sinuses

Runny nose Stuffy nose Head cold

Sinus congestion / Sinus pressure Plugged ears

Sneezing

Plugged nose in morning

## Throat

Dry throat

Sore throat (raw) Phlegmy throat (mucus) Tight throat

Swollen glands in neck Sore throat in the morning

## Chest

Cough (congested) Dry cough (bark) Congested (tight chest)

Wheezing (trouble breathing at rest) Wheezing (trouble breathing during workout)

## Aches and soreness

Headache

General body ache (not specific) Joint ache or pain

Sore muscles (upper back or neck) Sore muscles (shoulders or arms) Sore muscles (lower back)

Sore muscles (quads or hamstrings) Sore muscles (hips or buttocks) Sore muscles (calves or shins)

Sore muscles (feet or ankles)

## Do you have any additional comments about your health and wellness this week that you want us to know? (e.g. "I missed a lot of training this week due to illness.")

Nagging Pain or Niggles

**It is understood that part of the training process also can lead to pains that are nagging pains or what can be described as a ‘niggle’. They are different than an injury, because an injury is a diagnosed insult which removes you from doing an activity or training. A good example of a niggle might a be a chronically sore arch that makes you modify how much running you do but does not remove you from running (removal from running would be an "injury"). With this information in mind please tell us what body part(s) have a niggle and then rate the severity of the niggle.**

1. Please put in each body part with a niggle or nagging pain and then rate the severity.

Body part 1

Body part 2

Body part 3

Body part 4

Body part 5

## Have you had any difficulties participating in normal training due to the niggles you have listed above (please rate each niggle separately).

Body part 1

Body part 2

Body part 3

Body part 4

Body part 5

Other (please specify)

Full participation (it just annoys me)

Full participation (it bothers me enough that I think about changing my training)

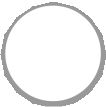
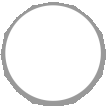
Modified participation (it bothers me enough that I modified my training)

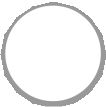
Modified participation (it bothers me enough that I worry about doing long term damage)

Modified participation (I started a workout and stopped due to excessive pain/dysfunction)

## Overall to what extent have you modified your training in the past week?

 No reduction

 To a minor extent  To a moderate extent  To a major extent

 Cannot participate at all

## If you modified your training program which niggle made you modify your training?

Injuries



**On the previous page we asked about niggles and nagging pain - which affect your training but don't remove you from training. We are also interested in knowing if you do have injuries - which are more serious than niggles and remove you from doing an activity/sport/training mode. Please answer these questions as it relates to injury.**

1. Have you had an injury as part of your training program occur this week?

Yes No

## If so, in which mode of exercise did the injury occurred? Was it during training or competition?

Running training Running competition Cycling training Cycling competition Swim training

Swim competition Other (please specify)

## This injury is:

A new injury

Recurrence of injury from previous season / year Recurrence of non-sport injury (e.g. falling from a ladder)

Recurrence of other sport injury (e.g. an old knee injury received while playing soccer)

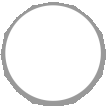
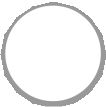
## This injury...

was caused by contact with another competitor is due to overuse / strain

is an acute injury

## Principal body part injured:

|  |  |  |
| --- | --- | --- |
| Neck | Fingers / thumb | Thigh |
| Shoulder | Upper back | Knee |
| Upper Arm | Lower back Abdomen | Lower leg |
| Elbow | Pelvis | Ankle |
| Forearm | Hip | Heel / achilles tendon |
| Wrist | Groin | Foot |
| Hand | Buttock | Toes |

1. Primary type of injury (if known):

Bruise Bursitis Tendinitis

Ligament sprain (incomplete tear) Ligament sprain (complete tear) Muscle tendon strain (incomplete tear) Muscle tendon strain (complete tear) Torn cartillage

Dislocation (partial) Dislocation (total) Fracture

Stress fracture Nerve injury Herniation

Other (please specify)

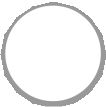
## To what extent has this injury affected your ability to train/perform?

To a minor extent

To a moderate extent To a major extent

I am extremely limited

## Do you have a second injury? If so please answer yes and complete the injury questions below.

 Yes No