

ID:

TOTAL RPE: 






How did you sleep last night?

Very bad	Bad	Slightly bad	Slightly good	Good	Very good
1	2	3	4	5	6

How do you feel BEFORE THE TRAINING?

Very bad		Bad		Slightly bad	Neutral	Slightly good		Good		Very good
-5	-4	-3	-2	-1	0	1	2	3	4	5

How intense was the exercise?

0	Rest		1	2	3	4	5	6	7	8
1	Very, very easy									
2	Easy									
3	Moderate									
4	Somewhat difficult									
5	Difficult									
6										
7	Very difficult									
8										
9										
10	Maximal									

How do you feel AFTER THE TRAINING?

Very bad		Bad		Slightly bad	Neutral	Slightly good		Good		Very good
-5	-4	-3	-2	-1	0	1	2	3	4	5