



# Recovery Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

## REST

### *Sleep*

- How many hours of sleep did you get last night? \_\_\_\_\_
- Was your sleep disrupted more than usual?  
\_\_\_\_\_
- How rested do you currently feel?  
Very Tired / Tired / Rested / Well Rested
- Do you need to consume more than your usual dose of caffeine in order to stay awake and perform at your best?  
\_\_\_\_\_

### *Relaxation*

- How many cumulative minutes of psychological relaxation do you achieve per day?  
\_\_\_\_\_
- How do you achieve this relaxation (e.g., reading, meditation, breathing exercises)?  
\_\_\_\_\_

### *Stress*

- On a scale of 1 to 10, how stressed do you feel you today?  
(1= No Stress; 10= Extremely Stressed)  
1 2 3 4 5 6 7 8 9 10

## REFUEL

### *Nutrition*

- Do you consume nutritious pre-training meals/snacks? If yes, please describe.  
\_\_\_\_\_
- Do you consume nutritious post-training meals/snacks? If yes, please describe.  
\_\_\_\_\_

### *Hydration*

- How many ounces of water have you consumed today? \_\_\_\_\_

## REGENERATE

### *Pre-Activity*

- How many days per week do you use myofascial rolling, trigger point massage, stretching, yoga, hot-cold modalities, targeted strengthening, or other movement strategies to prepare for a workout or competition?  
\_\_\_\_\_

### *Post-Activity*

- How many days per week do you use myofascial rolling, trigger point massage, stretching, yoga, hot-cold modalities, or other recovery strategies post-workout?  
\_\_\_\_\_