1) How was your performance today?

very bad _____ very good

-5 0 +5

2) How was your agility today?

very bad _____ very good

-5 0 +5

3) How was your flexibility today?

very inflexible _____ very flexible

-5 0 +5

4) How was your motivation toward track and field today?

very low _____ very high

-5 0 +5

5) How was your mood today?

very bad _____ very good

-5 0 +5

6) How easy was it to get to sleep today?

very difficult _____ very easy

-5 0 +5

7) How was the quality of your sleep today?

very bad _____ very good

-5 0 +5

8) Were you able to wake up when you wanted today?

hard to get up _____ no problem getting up

-5 0 +5

9) How many hours did you sleep? ( ) hours

10) How many times did you wake up during your sleep? ( ) times

11) How hungry did you feel before meals today?

not at all _____ very hungry

-5 0 +5

12) Did you enjoy the food (was it good) today?

not at all _____ very much

-5 0 +5

13) How was your bowel movement today?

very constipated _____ very diarrhetic

-5 0 +5

14) How heavy was your stomach today?

very heavy _____ not at all

-5 0 +5

15) How tired were you today?

very much _____ not at all

-5 0 +5

16) Did you feel jet lagged today?

very much _____ not at all

-5 0 +5