



Initial Recovery Assessment

Name: _____

Date: _____

BASELINE STRESS/RECOVERY ASSESSMENT

Rate the following mood qualities on a scale of 0 to 5 as follows:

MOOD QUALITY

RATING (0-5)

Appetite

0 = No appetite; 5 = Very hungry

Sleep quality

0 = Poor sleep; 5 = Very good sleep

Tiredness

0 = No tiredness; 5 = Very tired

Willingness to train

0 = No willingness; 5 = Very excited to train

Record your resting heart rate (taken first thing in the morning while seated, not standing) below. Place your index and middle finger on either your carotid artery (neck) or your radial artery (inside of your wrist) and count the number of beats you feel in 60 seconds.

Resting morning heart rate (beats/minute):