

## Athlete Stressors/Cost Worksheet

Sport: Team Sport						
Cost Category	Units	Intensity	Cost			Total Cost
<b>Sport-specific Technical Training</b>	Freq (#) ↓	Session Length →	<0.5 Hours	0.5 – 1.5 Hours	>1.5 Hours	
		High	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	
		Med	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	
		Low	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>Physical Training</b>	Freq (#) ↓	Session Length →	<0.5 Hours	0.5 – 1.5 Hours	>1.5 Hours	
		High	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	
		Med	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	
		Low	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>Team Meetings/ Workshops</b>	Freq (#) ↓	Session Length →	<0.5 Hours	0.5 – 3 Hours	>3 Hours	
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>Competitions</b>	Freq (#) ↓	Comp Length →	Single Game	2 Games over 2 Days	Tournam ents	
		H imp	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	
		M imp	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	
		L imp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>School/Work Days</b>	Freq (#) ↓	Duration / Day →	<3 Hours	3 – 6 Hours	6 – 10 Hours	
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	
<b>Travel Days</b>	Freq (#) ↓	Duration →	<1 hour	1 – 4 Hours	>4 Hours	
			<input type="checkbox"/> 1			
				<input type="checkbox"/> 3		
						<input type="checkbox"/> 9
<b>Effect of Environment (Training and Comp Days)</b>	Freq (#) ↓	Degree →	Variable		Extreme	
			<input type="checkbox"/> 1			
					<input type="checkbox"/> 3	
<b>Other Stressors:</b> _____ _____	Freq (#) ↓	Degree →	Low	Moderate	Extreme	
			<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
			<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
<b>LTAD Stage</b>	Stage →		T2T	T2C	T2W	
			<input type="checkbox"/> 30	<input type="checkbox"/> 20	<input type="checkbox"/> 10	
<b>TOTAL COST</b>						

## Athlete Recovery/Income Worksheet

Recovery Category	Units		Income			Total Income
<b>Sleep</b>	<b>Days ↓</b>	<b>Hours of Sleep →</b>	<b>&lt;6 Hours</b>	<b>6 – 8 Hours</b>	<b>&gt;8 Hours</b>	
			<input type="checkbox"/> 3			
				<input type="checkbox"/> 5		
					<input type="checkbox"/> 8	
<b>Level of Aerobic Fitness</b>	<b>Level of Fitness →</b>		<b>Low</b>	<b>Medium</b>	<b>High</b>	
			<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 20	
<b>Nutrition – Diet</b>	<b>Days ↓</b>	<b>Quality of diet →</b>	<b>Poor</b>	<b>Good</b>	<b>Optimal</b>	
			<input type="checkbox"/> 1			
	<small>Indicate # of days in the week.</small>			<input type="checkbox"/> 3		
					<input type="checkbox"/> 5	
<b>Nutrition – Timing</b>	<b>Quality →</b>		<b>Poor</b>	<b>Good</b>	<b>Optimal</b>	
	Pre-activity Diet		<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Post-activity Diet		<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Pre-activity Hydration		<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Post-activity Hydration		<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
<b>Other Factors</b>	<b>Occurrence →</b>		<b>Never</b>	<b>Some- times</b>	<b>Always</b>	
	Massage/Foam Rollers		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Hot/Cold Therapy		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Cool-down		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Injury/Health Management		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Mental Strategies		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Basketball Vacations		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
	Other		<input type="checkbox"/> 0	<input type="checkbox"/> 3	<input type="checkbox"/> 5	
<b>TOTAL INCOME</b>						