

7. What injuries do you or have you had that limit the ability to do things you enjoy?

Please rate your sleep 0-5 (0 = very difficult, 5 = never an issue, wake up feeling rested)

| | | | | | |
|----------|----------|----------|----------|----------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 |
|----------|----------|----------|----------|----------|----------|

Please rate the following items in order of how you currently integrate them in your daily life (1 = I make sure I do this regularly, 6 = I almost never do this)

| ITEM | RATING (1-6) |
|--|---------------------|
| Physical Strength | |
| Cardiovascular Exercise | |
| Sleep | |
| Diet | |
| Mental Rest (reading, meditation, etc) | |
| Physical Recovery | |