



Athlete Questionnaire

NAME:	CELL PHONE:				
EMAIL:	AGE:			BIRTHDAY:	
SPORT(S):					
YEARS OF COMPETITION:					
WHAT MONTHS ARE YOU "IN-SEASON"?					
HOW MANY HOURS DO YOU PRACTICE EACH WEEK?					
IN SEASON (on average):			OFF SEASON (on a verage):		
RATE YOUR PHYSICAL SKILLS (NA = not applicable):		Poor		Excellent	
Your overall athletic ability	1	2	3	4	5 NA
Coordination	1	2	3	4	5 NA
Technical skill	1	2	3	4	5 NA
Strength	1	2	3	4	5 NA
Understanding of strategy/tactics	1	2	3	4	5 NA
Your speed (from 1-slow to 5-very fast)	1	2	3	4	5 NA
Your agility or changing directions	1	2	3	4	5 NA
RATE YOUR MENTAL SKILLS (NA = not applicable):		Never		Often	
Use of mental imagery	1	2	3	4	5 NA
Use of practicing relaxation	1	2	3	4	5 NA
Amount of video analysis	1	2	3	4	5 NA
Frequency of updating written goals	1	2	3	4	5 NA
Frequency of adversity practice regimens	1	2	3	4	5 NA
Use of positive self-talk (affirmations)	1	2	3	4	5 NA
Books read about your sport (1=none to 5=many)	1	2	3	4	5 NA
Books read on sport psychology (1=none to 5=many)	1	2	3	4	5 NA
Recognize leadership opportunities	1	2	3	4	5 NA

LIST YOUR TOP 3 ATHLETIC GOALS:

- 1)
- 2)
- 3)