

NAME: _____

DATE: _____

Are You Overtraining?

Please rate each question on this scale comparative to how you have been feeling on current exercise plan:

0 - Never

3 - Sometimes

5 - Frequently

Physical Assessment

1. Do you have chronic muscle soreness or joint pain? _____
2. Are you more exhausted and lethargic than usual? _____
3. Have you had a decrease in performance? _____
4. Have you had delays in recovery time? _____
5. Have you been more susceptible to colds and flu? _____
6. Do you have a resting heart rate ranging between 75-85 BPM? _____
What is your resting heart rate? _____

Psychological Assessment

1. Have you had a reduced ability concentrate? _____
2. Have you been apathetic and less motivated? _____
3. Have you been more irritable? _____
4. Have you felt more depressed? _____
5. Have you had more anxiety? _____
6. Have you had more frequent headaches? _____
7. Have you had trouble waking up during the night and being able to get back to sleep? _____
8. Have you been unable to relax? _____
9. Have you been abnormally shaky, twitchy, fidgety, or jittery? _____

Total Score: _____

Key:

0-15 Low risk of overtraining

16-35 Moderate risk of overtraining

36-75 High risk of overtraining

CORE ATHLETIC