

# Bluffton University Track and Field Athlete Feedback Survey

<b>1</b>	<b>On a scale of 1-5, with 5 being perfect, how does your body feel currently? (Please Circle)</b>						
	Feel Bad	1	2	3	4	5	Feel Great
<b>2</b>	<b>What areas of body parts are most sore or painful in your body right now? (Please Circle and Describe)</b>						
			<b>Sore Area Notes:</b>  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>				
<b>3</b>	<b>What is your current feeling of fatigue/tiredness? (Please Circle)</b>						
	Not Tired at all	A Little Tired	Somewhat Tired	Very Tired			
<b>4</b>	<b>How many hours of sleep do you average on a weekday night? (Please Circle)</b>						
	<5 hours	6 Hours	7 Hours	8 Hours	9+ Hours		
<b>5</b>	<b>How would you rate the quality of an average weekday nights sleep? (Please Circle)</b>						
	Very Bad	Bad	OK	Good	Very Good		
<b>6</b>	<b>What is your current level of stress? (Please Circle)</b>						
	No Stress	Kinda Stressed	Moderately Stressed		Stressed to the Max		
<b>7</b>	<b>How would you rate your overall well-being? (Please Circle)</b>						
	 0	 1	 2	 3	 4	 5	 <b>BLUFFTON</b> BEAVERS