



191 W Waukegan Road Suite 200
Northfield, IL 60093
Phone: 847.998.3434
Email: ssi@wecare4lungs.com

SPORTS QUESTIONNAIRE

Athlete/Parent Information

Athlete Name: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____

Zip: _____ Cell Phone: _____

Email: _____

Sex (M or F): _____

Parent #1 Name: _____ Cell Phone: _____

Email: _____

Parent #2 Name: _____ Cell Phone: _____

Email: _____

Parental Status (Married or Divorced): _____

Allergies:

Current Medications:



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1. What prompted your interest in this program?

2. What do you hope this program could do for you

3. Are you having problems in any area of your sports performance? When does it occur? During practice or competition? When do you perform your worst?



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4. When do you perform your best? What are the circumstances?

5. Why do you feel that you are not performing at peak levels?

6. Do you feel that you have the confidence to succeed? Why or why not?



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7. Have you ever felt that you don't have enough when you need it? When does this normally happen? Does it happen in practice or in competition?

School Questions

8. What grade level are you in?

9. Which school do you attend (Name, City)?

10. sports do you play during the school year?



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Additional Sports Questions

11. What is the name of your team?
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12. What are the coaches' names?
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13. What position(s) do you play?
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14. Do you travel?
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15. How many times/week do you practice?
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16. How often are your competitions, meets or games?
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17. What are your sport goals? What would you like to accomplish?
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Training Questions

18. What type of training are you currently receiving? Yes or No?

- Short Intervals ____
- Long Intervals ____
- Weight Training ____
- Speed Training ____
- Explosive Training ____
- Flexibility ____
- High Intensity Interval Training (HIIT) ____
- Altitude Simulation ____
- Inspiratory Muscle Training ____
- Cross Fit ____
- Weight Lifting ____

19. Do you work with a Personal Trainer or Personal Coaches? What are their names? Are they affiliated with any group or company?



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1. What are your expectations of this program? What are 3 things would you like to learn or have this program do for you?

College Interests

2. What are you studying?

3. Where would you like to attend college?

4. Do you have aspirations to play sports at the collegiate level (D1-D3)?

5. How are you currently preparing yourself to compete at the collegiate level?



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PLEASE USE THIS ADDITIONAL SPACE TO ADD DETAILS

Please be sure to include question number as reference

A large rectangular area containing 20 horizontal lines, intended for providing additional details or answers to questions.