

Pre-Competition Readiness Questionnaire (Track & Field)

Athlete Name

Date

Event

General Well-Being

How was your sleep last night?

☐ Excellent ☐ Good ☐ Average ☐ Poor

How do you feel physically right now?

☐ Great ☐ Good ☐ Okay ☐ Poor

Are you experiencing any pain or injury?

☐ No ☐ Yes

If yes, please explain:

Mental Readiness

How motivated do you feel today?

☐ High ☐ Medium ☐ Low

How focused are you?

☐ Very ☐ Somewhat ☐ Distracted

How confident do you feel about your competition today?

☐ Very ☐ Somewhat ☐ Not confident

Any concerns or things on your mind?

Preparation

Have you had your pre-competition meal/hydration?

☐ Yes ☐ No

Is all your equipment ready? (uniform, shoes, etc.)

☐ Yes ☐ No

What are your goals for today?

Coach/Staff Notes

Additional Comments