Title: "Effects of work-interval duration and sport specificity on blood lactate concentration, heart rate and perceptual responses during high intensity interval training".


QUESTIONNAIRE OF SPORT EXPERIENCE AND CURRENT TRAINING

SURNAMEs AND NAME: __________________________________________________________

Id NUMBER: _______________ Contact phone: _______________

Birth Date: ___ / ___ / ___ SEX: F – M

Sport Discipline: _______________ Speciality: _______________ Division/Category: _______________

Current training period: pre-season / competitive / inter-season transition

Actual training frequency (sessions / week): ___________

1. How long have you been practising your discipline in a competitively? _______________

2. During the last three months, have you suffered any injured that force you stop your normal training for more than 10 days? If affirmative, please comment.

   YES☐ ☐ NO __________________________

3. Do you maintain a diet accord to sport practice and/or nutritional supervision? Comment.

   YES☐ ☐ NO __________________________

4. Do you use any recovery facilitation system between training sessions? Comment

   YES☐ ☐ NO __________________________

5. Do you take any dietary supplementation? Comment.

   YES☐ ☐ NO __________________________

6. Do you take any medicine regularly? Comment.

   YES☐ ☐ NO __________________________