# Training Model
# Basic Questionnaire

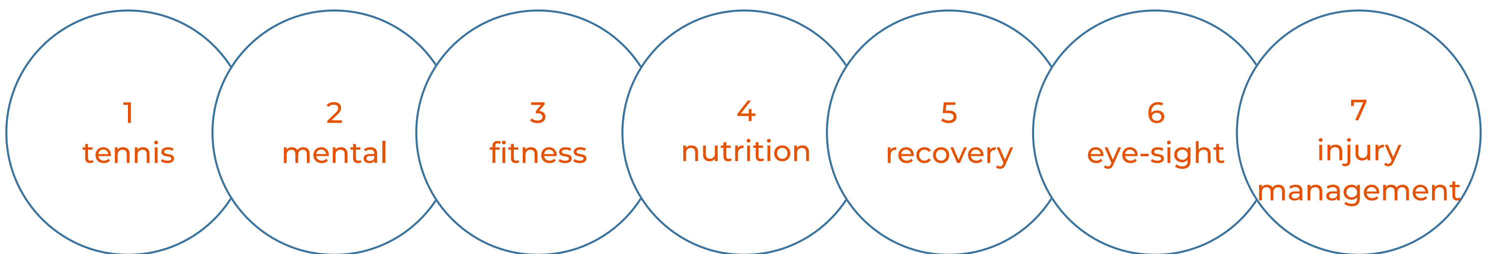
Date: ______________________ Height: ______________________

Name: ______________________ Weight: ______________________

Age: ______________________ Handedness: ______________________

Do you currently work with a coach: ______________________

## QUESTIONNAIRE SECTIONS




# 1 - TENNIS

## questionnaire and self-estimation

Playing since: ______________________

Double-handed strokes: ______________________

Motivation for playing: Competition ☐ Fun ☐ Health ☐

Volume of playing per week: ______________________

Parts of the game that work particularly well for me: ______________________

______________________

______________________

Parts of the game that I would like to improve: ______________________

______________________

______________________

# Training Model Basic Questionnaire

On a scale of 1 to 10, rate yourself in terms of performing the following techniques.
Use the "1 - 10" column to do that.
Use a ✓ on the "want to improve" column for the areas you intend to improve.

| | TECHNIQUES | 1 - 10 | Want to improve |
|---|---|---|---|
| Forehand | Topspin | | |
| | Slice | | |
| | Drop-shot | | |
| Backhand | Topspin | | |
| | Slice | | |
| | Drop-shot | | |
| Serve | Flat | | |
| | Kick | | |
| | Underarm | | |
| | Falltoss | | |
| | Finding the right position for serving | | |
| Return | Block | | |
| | Spin | | |
| | Slice | | |
| | Finding the right position for returning | | |
| Volley | Forehand | | |
| | Forehand Drive-Volley | | |
| | Backhand | | |
| | Backhand Drive-Volley | | |
| Smash | | | |

# Training Model Basic Questionnaire

| TECHNIQUES | 1 - 10 | Want to improve |
|---|---|---|
| Contact Point on strokes | | |
| Timing of strokes | | |
| Trajectories of strokes | | |

| TACTICS | 1 - 10 | Want to improve |
|---|---|---|
| Net Approach | | |
| Aggressive game | | |
| Neutral game | | |
| Defensive game | | |
| Shot Selection | | |
| Playing from the back of the court | | |
| Staying close to the baseline | | |
| Taking time away/ moving into the court | | |
| Serve and Volley | | |
| Chip and Charge (Return) | | |
| Finding out my risk factor/ aggressive margin | | |

| FOOTWORK | 1 - 10 | Want to improve |
|---|---|---|
| Adaptation to the Ball | | |
| Split Step/ Shuffle Step | | |
| Moving sideways | | |
| Moving forward/backward | | |

## Training Model Basic Questionnaire

| FOOTWORK | 1 - 10 | Want to improve |
|---|---|---|
| Change of direction | | |
| Positioning on the court | | |
| Footwork technique for different strokes | | |

| SINGLES GAME | 1 - 10 | Want to improve |
|---|---|---|
| Reading the opponent | | |
| Understanding the technique | | |
| Understanding the geometry of the court | | |

| DOUBLES GAME | 1 - 10 | Want to improve |
|---|---|---|
| Understanding the court and the positioning of myself | | |
| Reading the opponent | | |
| Communicating with my partner: 1. Motivation | | |
| 2. Tactics | | |

How do I threaten my opponent(s)/ How do I put my opponent(s) under pressure:____

______________________________________________

How do I get put under pressure:______________________________

______________________________________________

How do I win most of the points:______________________________

______________________________________________

How do I lose most of the points:______________________________

______________________________________________

# Training Model Basic Questionnaire

Strengths in my game:

Weaknesses in my game:

Comments:

# 2 - MENTAL

## questionnaire and self-estimation

In a match, I play

- ☐ worse than in practice
- ☐ like in practice
- ☐ better than in practice

Before a match

- ☐ I experience a feeling of negative restlessness
- ☐ nothing changes
- ☐ I feel active and energized

At the start of a match

- ☐ I am not there yet
- ☐ I am getting better into the game
- ☐ I am playing at a high level from the beginning

Leading in a match

- ☐ my performance drops massively
- ☐ my performance stays the same
- ☐ I am playing attentive and focused until the end

Being behind in a match

- ☐ I am resigning, my performance drops massively
- ☐ I am mobilizing all my resources to get back
- ☐ I am sometimes playing on the edge of my possibilities

Playing against weaker opponents

- ☐ I play worse than average
- ☐ I play normally
- ☐ I play better than average

Playing against better opponents

- ☐ I am resigning, staying behind my possibilities
- ☐ I am looking for a good performance throughout the match
- ☐ I am growing beyond myself

During an extremely important competition (semi-final, final, relegation in club matches)

- ☐ I stay behind my possibilities
- ☐ I play on a good level
- ☐ I play on the limit of my possibilities

# Training Model Basic Questionnaire

My mental strengths: ______________________________

______________________________

______________________________

______________________________

My mental weaknesses: ______________________________

______________________________

______________________________

______________________________

Things I would like to work on: ______________________________

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______________________________

Comments: ______________________________

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# 3 - FITNESS

## questionnaire and self-estimation

Motivation for playing: ☐ Competition ☐ Fun ☐ Health

Volume per week in hours (of fitness training or other sports): ______________________

What kind of other sports do you do, except from tennis? ______________________

Do you have any fitness routine? If yes, please specify. ______________________

______________________________________________

______________________________________________

Do you have a warm-up routine before any training session or match? If yes, please specify. ______________________

______________________________________________

______________________________________________

Do you do strength training or weight lifting? If yes, please specify. ______________________

______________________________________________

______________________________________________

Do you do bodyweight exercises? If yes, please specify. ______________________

______________________________________________

______________________________________________

Do you have a mobility routine? If yes, please specify. ______________________

______________________________________________

______________________________________________

Do you do interval training? If yes, please specify. ______________________

______________________________________________

______________________________________________

# Training Model Basic Questionnaire

Do you do tennis specific footwork or agility drills? If yes, please specify. ______________

___

___

Do you do coordination or balance exercises? If yes, please specify. ______________

___

___

Do you do sprint training? If yes, please specify. ______________

___

___

Do you do specific endurance training? If yes, please specify. ______________

___

___

# Training Model Basic Questionnaire

Strengths in my athleticism: ____________________

Weaknesses in my athleticism: ____________________

Things I would like to work on: ____________________

Comments: ____________________

# 4 - NUTRITION

## questionnaire and self-estimation

Estimate your intake including sources of these foods:

| Food | Rarely (2-3 x month) | Regularly (2-3 x week) | Daily |
|---|---|---|---|
| Coffee | | | |
| Alcohol | | | |
| Sugar | | | |
| Artificial Sweeteners | | | |
| Seeds and Nuts | | | |
| Peanuts | | | |
| Vegetables | | | |
| Legumes (Beans, Peas) | | | |
| Fruits | | | |
| Meat | | | |
| Fish | | | |
| Eggs | | | |
| Fat | | | |
| - Oils | | | |
| - Animal Fats | | | |
| - Avocado | | | |
| Carbohydrates | | | |
| - Rice | | | |

# Training Model Basic Questionnaire

| Food | Rarely (2-3 x month) | Regularly (2-3 x week) | Daily |
|---|---|---|---|
| - Pasta | | | |
| - Bread | | | |
| - Potatoes | | | |
| Dairy | | | |
| - Milk | | | |
| - Yoghurt | | | |
| - Cheese | | | |
| Dairy Alternatives (e.g. Oatmilk, Ricemilk) | | | |

What times do you usually eat your meals (time of day or x-hours before/after a session or match): ____________________

- During training days: ____________________

- During competition days: ____________________

Do you do any fasting, if yes, what does it look like and how do you feel about it? ______

____________________

How do you feel about your digestion? ____________________

____________________

Do you easily get irritated or experience any stomach or intestinal discomfort? ________

____________________

Intolerances: ____________________

____________________

____________________

____________________

# Training Model Basic Questionnaire

Allergies: ____________________

Supplements: ____________________

Medications: ____________________

Comments: ____________________

# 5 - RECOVERY

## questionnaire and self-estimation

Your recovery routine consists of:

- Self-Massage: ______
- With massage roller e.g.: ______
- Lymphatic Massage: ______
- Stretching: ______
- Techniques for joint-health: ______

Are you receiving physiotherapy or other therapeutic procedures: ______

______

How do you rate your sleep:

- Hours: ______
- Quality: ______

Do you work with any breathing techniques:

- Do you work with any meditation techniques?______
- What do other things do you do for relaxation (e.g. walking, swimming, sleeping)?

______

Relaxation Techniques that work for me: ______

______

______

______

______

______

# Training Model Basic Questionnaire

Strengths in my recovery:________________________________________

Weaknesses in my recovery:________________________________________

Things I would like to work on:________________________________________

Comments:________________________________________

# 6 - EYE-SIGHT

## questionnaire and self-estimation

Vision History:

Tell me about your eyes – how do you feel about your eyes and eyesight? ____________

______________________________________________________________________

Have you had any vision trouble in the past?

- If you use glasses or contacts, when did you first get them? ____________________

______________________________________________________________________

- Have you needed any further visits to the Optometrist/Ophthalmologist? __________

______________________________________________________________________

Have you had any eye surgery?___________________________________________

______________________________________________________________________

Have you had any eye disease / infection / injury (or have your parents or

grandparents)____________________________________________________________

______________________________________________________________________

Have you had any head injury? _____________________________________________

______________________________________________________________________

Do you experience headaches or migraines? _________________________________

______________________________________________________________________

Do you have any current issues with your spine or mobility? ____________________

______________________________________________________________________

Do you experience any issues with your balance, or are prone to dizziness or fainting?

______________________________________________________________________

# Training Model Basic Questionnaire

Any other comments on your general health or medications? ______________________

______________________________________________________________________

Family – How is the eyesight of your parents, siblings, or children?________________

______________________________________________________________________

Work – what is your main occupation?________________________________________

______________________________________________________________________

Recreations – what kind of things do you like to do in your leisure time? ____________

______________________________________________________________________

Experience/Basis of interest – what has raised your interest in working with your eyes?

______________________________________________________________________

Comments:____________________________________________________________

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# 7 - INJURY MANAGEMENT

## questionnaire and self-estimation

Do you currently experience any:

- Muscular-skeletal pain: ____________________

- Limitations of movement: ____________________

- Headaches: ____________________

- Comments on general health: ____________________

Injury History: ____________________

Any surgeries: ____________________

Comments: ____________________