



## Menopausal Athlete Questionnaire

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Please fill in the following questionnaire to the best of your ability.

### What are your goals –

Change body composition

Lose Weight

Feel better

Improve performance

Build fitness

### What was the age of onset of perimenopause / menopause?

\_\_\_\_\_

### What is your stage of menopause (peri/post)?

\_\_\_\_\_

### What are your symptoms and their severity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Do you regularly feel fatigued during the day?

Do you regularly deal with brain fog?

Stress level?

**Average daily activity level - (sedentary, lightly active, moderately active, very active, extremely active)**

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**What is your current training/exercise schedule - time and type of exercise**

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

**What type of strength training do you do?**

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**Do you incorporate plyometrics or HIIT into your training?**

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**Are you prone to injuries - if so, when and how?**

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**Nutrition – Typical day**

	Time	Description
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

**Training day**

	Time	Description
Pre Workout		
Post Workout		

**What do you do for recovery?**

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**What is your sleep pattern like? How is the quality of your sleep? Do you have a sleep routine? When you wake up do you feel fatigued or rested most days? What is your wake time and bedtime?**

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