赛后问卷 | Post-Race Questionnaire

您的姓名【单行文本】*	Your Name [Single-line Text] *
您今日是否出现身体不适【单选题】*	Are you experiencing any physical discomfort today? [Single Choice] *
○ 是	○ Yes
○ 否	○ No
您身体不适的部位【多选题】*	Location(s) of your physical discomfort [Multiple Choice] *
□ 肩	□ Shoulder
□ 肘	□ Elbow
□ 腕	□ Wrist
□ 髋	□ Hip
□ 膝	□ Knee
□ 踝	□ Ankle
□ 大腿	□ Thigh
□ 小腿	□ Calf/Lower leg
□ 上臂	□ Upper arm
□ 前臂	□ Forearm
□ 腰背部	□ Lower back
□ 头颈部	□ Head and neck
□ 其他_____	□ Other _____
请简要描述您目前存在哪些不适症状？（后续将由临床专业人员为您进行诊断评估）【填空题】*	Please briefly describe your current symptoms of discomfort. (A clinical professional will subsequently conduct a diagnostic assessment.) [Fill in the Blank] *
_____	_____
您今日是否感觉到身体部位疼痛，如果有，请打分，疼痛等级（请填数字 0-10 打分）【填空题】*	Do you feel pain in any body part today? If yes, please rate your pain level (enter a number from 0-10) [Fill in the Blank] *
0 分表示无疼痛，10 分表示极疼痛难以忍受，分值越高表示疼痛程度越高。	0 = no pain, 10 = unbearable extreme pain; higher scores indicate greater pain intensity.
您的评分是_____	Your rating is _____
您昨天的睡眠情况？【填空题】*	How was your sleep last night? [Fill in the Blank] *
上床睡觉____点____分	Bedtime ____:____
起床时间____点____分	Wake-up time ____:____
上床____分钟后入睡	Fell asleep ____ minutes after going to bed
您昨晚半夜是否醒来？【单选题】*	Did you wake up during the night last night? [Single Choice] *
○ 是	○ Yes
○ 否	○ No
您今天的疲劳程度？【单选题】*	How is your fatigue level today? [Single Choice] *

评分（分）	自觉疲劳程度
6	安静，不费力
7	极其轻松
8	
9	很轻松
10	轻松
11	
12	有点困难
13	
14	
15	困难
16	非常困难
17	
18	
19	极其困难
20	精疲力竭

Score	Rating of Perceived Exertion
6	Extremely easy
7	Very, very easy
8	
9	Easy
10	Moderate
11	
12	Somewhat hard
13	
14	
15	Hard
16	Very hard
17	
18	
19	Extremely hard
20	Maximal