

1 Original paper

2 **Validation of the Acute Recovery and Stress Scale (ARSS) and the Short Recovery and**
3 **Stress Scale (SRSS) in three English-speaking regions**

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28 **Abstract**

29 The Acute Recovery and Stress Scale (ARSS) and the Short Recovery and Stress Scale (SRSS)
30 are well-established monitoring tools in German-speaking countries. This study aimed at
31 validating them for English-speaking populations. Overall, 996 athletes (536 males, 24.9 ± 9.1
32 years) of Australia/New Zealand ($n = 380$), the United Kingdom ($n = 316$), and North America
33 ($n = 300$) participated. The 32-item ARSS consists of eight scales. These scales constitute the
34 eight items of the SRSS with the corresponding ARSS items as descriptors. Confirmatory factor
35 analysis (CFA), internal consistency (α), and discriminatory power of the items (r_{it}) were
36 calculated for the total and subsamples separately. Satisfactory discriminatory power ($r_{it} > .30$)
37 for all ARSS and SRSS items and acceptable internal consistency ($\alpha > .70$) was achieved. CFA
38 indicated good fit indices for the total sample and subsamples, and strong measurement
39 invariance was found across subsamples and gender. Correlations between corresponding
40 scales and items ($r_s = .68 - .78$) support theoretical congruency as well as independent usage of
41 both questionnaires. Construct validity of both tools is shown through hypothesis-conforming
42 correlations with the Recovery-Stress Questionnaire for Athletes. Future studies may apply the
43 ARSS and SRSS as monitoring tools in English-speaking regions worldwide.

44

45 **Keywords:** *Monitoring, training, psychology, assessment, measurement invariance*

46 **Introduction**

47 Training monitoring can be considered an established routine in high-performance settings, as
48 the necessity to balance training load and recovery has been recognised to ensure optimal
49 preparation and athletes' health in the long-term (Bourdon et al., 2017; Kellmann et al., 2018).
50 The ideal monitoring process is characterised by a multi-methodological approach and involves
51 the assessment of various markers including performance tests, blood-borne parameters and
52 self-report measures. As subjective questionnaires are cost effective and practical, they are
53 commonly used (Saw, Main, & Gatin, 2015b). Moreover, it has been shown that questionnaires
54 provide useful data which seem to be superior to objective parameters (Meeusen et al., 2013;
55 Saw, Main, & Gatin, 2016). In the field of overtraining research, changes in mood are
56 associated with the overtraining syndrome, and, due to its long-term genesis and gradual
57 development, mood disturbances seem to predict non-functional processes more reliably than
58 physiologic parameters (Meeusen & De Pauw, 2018; Meeusen et al., 2013). In their systematic
59 review, Saw et al. (2016) highlight that self-report measures reflect acute and chronic training
60 loads with greater sensitivity and consistency than objective measures.

61 Among self-report measures, a variety of tools is available assessing training response via
62 internal training load, mood, and the recovery-stress state (Saw, Kellmann, Main, & Gatin,
63 2017). The available tools can be classified in terms of the underlying constructs, such as one-
64 or multidimensional, and whether stressors, in terms of influencing factors such as training load,
65 or resulting symptoms, in terms of outcome variables such as well-being or mood, are assessed
66 (Saw et al., 2016). Using the *Organizational Stressor Indicator for Sport Performers* (OSI-SP;
67 Arnold, Fletcher, & Daniels, 2013), frequency, intensity and duration of sport-specific stressors
68 can be identified. As it covers the experience of athletes over the past month, this scale may be
69 applicable for specific occasions within a season. The *Perceived Stress Scale* (PSS; Cohen,
70 Kamarck, & Mermelstein, 1983) measures the degree (i.e., frequency) to which situations
71 during the last month are appraised as stressful (i.e., unpredictable, uncontrollable,

72 overloading). Yet, the time frame is not suitable for daily monitoring and it is a global scale that
73 does not cover sport-specific situations. Therefore, the target group or application area of the
74 questionnaire needs to be considered before selecting and interpreting data. Another example
75 is the *Profile of Mood States* (POMS; McNair, Lorr, & Droppleman, 1992). The mood
76 dimensions *Tension, Depression, Anger, Vigour, Fatigue, and Confusion* have been shown to
77 predict short-term performance and to reflect increases/decreases of training workload in sports
78 (Andreato et al., 2014; Beedie, Terry, & Lane, 2000). However, it has been criticised that
79 clinical issues are overemphasized while recovery aspects are disregarded and sport-specific
80 inferences cannot be drawn explicitly (Mäetsu, Jürimäe, & Jürimäe, 2005; Nässi, Ferrauti,
81 Meyer, Pfeiffer, & Kellmann, 2017b). On the other hand, the *Session-Rating of Perceived*
82 *Exertion* (sRPE) is a common one-dimensional scale to determine the internal training load
83 which is established in research and practices from the perspective of exercise and training
84 science (Foster et al., 2001; Foster, Rodriguez-Marroyo, & de Koning, 2017). For instance,
85 training responses of an entire team can be compared and individual adaptations to the training
86 programme may be derived. One problem, as pointed out by Meeusen et al. (2013) in terms of
87 the development of the overtraining syndrome, is that psychological signs of maladaptation
88 (over time) remain unnoticed. Another well-known instrument is the *Recovery-Stress*
89 *Questionnaire for Athletes* (RESTQ-Sport; Kellmann & Kallus, 2016) that assesses sport-
90 specific and general components of recovery and stress multidimensionally. With 76 items,
91 however, it is rather time-consuming and these aspects are rated retrospectively (in the past
92 three days/nights). It is not applicable to reflect the acute recovery-stress state and short-term
93 fluctuations thereof in settings of high-frequency measurements. For further discussion of
94 advantages and disadvantages of current tools available for the training monitoring refer to
95 Nässi et al. (2017a) and Saw et al. (2017).

96 Overall, choosing an appropriate tool depends on several aspects, such as the purpose of the
97 measurement (e.g., long-term monitoring), the feasibility in the training context (e.g., daily use,

98 every 1 to 4 weeks, key time points), and the dimensions that align with the measurement
99 intention (e.g., stressors, symptoms, emotions, mood, recovery, stress) based on theoretical
100 foundations (Saw et al., 2017). One major requirement is the economical implementation to
101 reduce training interruptions and the burden that is put on the athlete, as this may affect the
102 stakeholders' compliance. At the same time, questionnaires should be developed following
103 scientific standards and empirical evidence. The shortening of existing questionnaires is a
104 practical approach, but only as long as psychometric properties (i.e., validity and reliability) are
105 still fulfilled (Horvath & Röthlin, 2018). As there was a paucity in sport science and practice
106 concerning the latter aspect, two instruments were designed which are practical and at the same
107 time approach the multidimensional facets of recovery and stress.

108 While several definitions and research areas exist around the term stress (e.g., external stressors
109 vs. stress responses, interaction between environment and individual), the tools presented in the
110 current paper were developed based on the assumption of the 'scissors' model' (Kellmann,
111 2002). One main pillar is the subjective perception of an external demand (i.e., objective load)
112 resulting in individual responses which may differ between individuals (Lazarus, 1991). In the
113 context of sports, this implies that a specific training session will be perceived differently from
114 a team of athletes depending on their current condition (e.g., health status). In relation to the
115 transactional stress theory (Lazarus & Folkman, 1984), the scissors' model describes the stress
116 level of an individual in the aftermath of appraisal and coping processes to deal with the
117 demand. Primary (i.e., situation as stressor) and secondary (i.e., capacity to deal with the
118 stressor) appraisals are important components of the recovery-stress balance, yet other un-
119 specific external and/or internal aspects (e.g., muscle fatigue) play an important role as well.
120 Thus, within this framework, the conceptualisation of stress is also related to the terms 'fatigue'
121 and 'strain' (in analogy to material sciences and physics), because cognitive evaluations
122 following primary appraisal (e.g., threat) do not necessarily need to take place to cause an
123 increased stress level (Kallus, 2016). The second pillar postulates that recovery and stress

124 processes are interrelated, but recovery is not merely defined by the absence of stress (Kenttä
125 & Hassmén, 1998). An important implication is, therefore, that a high stress state is manageable
126 within the individual's stress capacity as long as the recovery demands are met appropriately
127 (Kellmann, 2002). For instance, an athlete can be highly stressed (e.g., due to high training
128 load) and highly recovered (e.g., due to personal accomplishments in his/her sport) at the same
129 time. This further implies that a state of acute high stress and/or acute need for recovery can be
130 usually tolerated, whereas chronic stress and underrecovery become maladaptive in the long-
131 term. Consequently, the process over time is of paramount importance, as the accumulation of
132 demands and/or the exhaustion of resources outside of the individual's limits of capacity are
133 postulated to be the critical factors in this framework (Kellmann, 2002). Moreover, recovery is
134 considered to be a restorative process (i.e., relative to time) comprising several facets such as
135 physiological and psychological mechanisms, and social activities (Kellmann et al., 2018). The
136 differentiation of recovery facets is important, as non-sport stressors influence the athlete's
137 biopsychosocial state that may not be captured through the assessment of the 'bare' training
138 load (Kellmann et al., 2018).

139 The German *Acute Recovery and Stress Scale* (ARSS; Hitzschke et al., 2016; Kellmann,
140 Kölling, & Hitzschke, 2016) consists of a list of 32 adjectives which are summarised into four
141 recovery and four stress scales representing physical, mental, emotional and overall
142 dimensions. These were developed through an extensive exploratory development process in
143 several phases including exploratory and confirmatory factor analyses among different athletic
144 populations. Based on these scales, the *Short Recovery and Stress Scale* (SRSS; Hitzschke et
145 al., 2015; Kellmann et al., 2016) was derived to allow for frequent measurements. One of the
146 SRSS's special features is that its eight items are further explained by the single adjectives of
147 the ARSS, but those adjectives are not answered separately. The usefulness and validity of both
148 tools has been demonstrated in different settings (Hitzschke et al., 2017; Kölling et al., 2015;
149 Pelka et al., 2017).

150 To provide these promising tools for a broader target group, and as there was no established
151 scale comparable to the concept of the SRSS in areas of international sport science, they have
152 been translated into English. Initial indications of their validity have been reported by Nässi,
153 Ferrauti, Meyer, Pfeiffer, and Kellmann (2017a). However, those results were retrieved from
154 only 267 participants, who were mainly located in Australia (65%). The applicability of the
155 ARSS and the SRSS in the English-speaking areas of North America has been disregarded so
156 far. As the issue of different language styles needs to be addressed (Kachru, Kachru, & Nelson,
157 2006; Trudgill & Hannah, 2017), the present study aimed at replicating the construct validity
158 and presenting further evidence of the validity and reliability of the English ARSS and SRSS
159 among a larger sample size as well as separately among three English-speaking areas covering
160 Australia/New Zealand, the United Kingdom, and North America. Moreover, measurement
161 invariance of the ARSS will be tested via multigroup confirmatory factor analysis to assess
162 differences in the latent constructs between those regions as well as between gender.

163

164 **Method**

165 *Participants*

166 The overall sample consisted of 996 English-speaking athletes ($n = 536$ males, $n = 460$ females)
167 with an average of 24.9 ± 9.1 years. At the time of participation, 82.5% reported to compete
168 regularly on a regional level or higher, 12.3% were recreational and 5.1% collegiate athletes.
169 The average training duration was 10.7 ± 13.4 hours per week. The majority was engaged in
170 team sports played with balls (53.2%), the remaining athletes (46.8%) participated in individual
171 sports (e.g., athletics, triathlon, martial arts). The subsamples can be divided into Australia/New
172 Zealand (ANZ, $n = 380$), United Kingdom (UK, $n = 316$), and North America including USA
173 and Canada (NA, $n = 300$). As this was a new data collection, data of the study from Nässi et
174 al. (2017a) were not included. Gender and level distributions of the subsamples are depicted in
175 Table 1.

176

177 **Measures**

178 *Acute Recovery and Stress Scale* (ARSS). All participants completed the 32-item list of the
179 ARSS that resulted from the translation process and initial analyses by Nässi et al. (2017a).
180 Each expression (describing a different state of recovery and stress, e.g., “rested”, “tired”) is
181 answered on a Likert-type rating scale ranging from 0 (*does not apply at all*) to 6 (*fully applies*)
182 to indicate the extend that most closely applies to the individual ‘right now’. Four adjectives
183 each are then grouped as mean score. By this means, eight scales can be calculated representing
184 the *Recovery* dimension with *Physical Performance Capability*, *Mental Performance*
185 *Capability*, *Emotional Balance*, *Overall Recovery*, and the *Stress* dimension with *Muscular*
186 *Stress*, *Lack of Activation*, *Negative Emotional State*, and *Overall Stress*. Acceptable to good
187 scale homogeneity with Cronbach’s α ranging from .76 to .86 has been reported by Nässi et al.
188 (2017a), which also resembles findings of the German original ($\alpha = .76$ to $.90$; Hitzschke et al.,
189 2016).

190

191 *Short Recovery and Stress Scale* (SRSS). The SRSS was answered by 865 participants.
192 Following the original by Kellmann et al. (2016), the eight scales of the ARSS are rated as
193 single items on the same 7-point rating scale ranging from 0 (*does not apply at all*) to 6 (*fully*
194 *applies*) in relation to their highest ever state. The corresponding adjectives served as
195 descriptors for each item. In the case of *Emotional Balance*, six adjectives were displayed (see
196 below). While the *Short Recovery Scale* is represented by the items *Physical Performance*
197 *Capability*, *Mental Performance Capability*, *Emotional Balance*, and *Overall Recovery*, and the
198 *Short Stress Scale* is represented by the items *Muscular Stress*, *Lack of Activation*, *Negative*
199 *Emotional State*, and *Overall Stress*, there is no further aggregation to mean or overall scores.
200 The German *Short Recovery Scale* ($\alpha = .70$) and the *Short Stress Scale* ($\alpha = .76$; Hitzschke et
201 al., 2015) as well as the first English version of the *Short Recovery Scale* ($\alpha = .74$) and the *Short*

202 *Stress Scale* ($\alpha = .78$; Nässi et al., 2017a) demonstrated acceptable scale homogeneity. For
203 copies of the questionnaires as well as detailed descriptions of the translation and validation
204 process of the English ARSS and SRSS see Kellmann and Kölling (2019).

205

206 *Recovery-Stress Questionnaire for Athletes* (RESTQ-Sport-76). In order to assess the construct
207 and convergent validity of both questionnaires, 530 participants answered the RESTQ-Sport-
208 76 by Kellmann and Kallus (2016) in addition to the ARSS and SRSS. Regarding the past three
209 days and nights, 76 statements are rated in terms of the frequency of stress perceptions and
210 recovery activities on a Likert-type rating scale ranging from 0 (*never*) to 6 (*always*). These are
211 then summarised to 19 non-sport and sport-specific scales. Information regarding validity and
212 reliability can be found in the manual (Kellmann & Kallus, 2016).

213

214 ***Procedure***

215 In advance of the data collection, the procedure was approved by the local ethics committee.
216 The participants were recruited in the different regions via online links by sport institutions,
217 clubs, and sport associations in the above indicated regions. Before starting the survey,
218 participants were informed about the purpose of the study as well as the voluntary nature and
219 anonymity of participation. After actively providing their consent, athletes answered the
220 questionnaires. In order to perform separate analyses for each language region, the data was
221 collected until the target of 300 completed questionnaires was reached in each group.
222 Considering required sample sizes to achieve robust estimations of the models for the
223 confirmatory factor analyses (see below), 160 participants in each subsample would have been
224 sufficient based on a ratio of 5:1 for each parameter to be estimated (Kline, 2011). The higher
225 number was chosen in the light of representativeness, thus aiming to reach a diverse database
226 that covers different types of sport as well as fairly equal age and gender distributions. To ensure

227 minimal missing data in the ARSS items, this questionnaire was answered first followed by the
228 SRSS and the RESTQ-Sport.

229

230 *Data analysis*

231 The statistical analyses were carried out with IBM's statistical package SPSS Version 25. On
232 the item level, item-total correlations were calculated to determine the discriminatory power
233 (r_{it}). Cronbach's α was used to analyse the internal consistency of each ARSS scale and of the
234 *Short Recovery Scale* as well as the *Short Stress Scale*. Spearman correlations were applied to
235 assess the inter-correlation within the ARSS and the SRSS and between. Spearman correlations
236 were also used to test convergent validity with the 19 scales of the RESTQ-Sport-76. Results
237 of the inter-correlations and correlations with the RESTQ-Sport-76 will be reported for the total
238 sample only, while results for each subsample can be found in Kellmann and Kölling (2019).

239 Confirmatory factor analysis (CFA) was performed with R (Lavaan package version 0.6-3 by
240 Rosseel, 2012; semTools package version 0.5-1 by Jorgensen, Pornprasertmanit, Schoemann,
241 & Rosseel, 2018) based on linear structural equation modelling. To deal with the lack of
242 multivariate normal distribution, robust maximum likelihood estimators were applied. In a first
243 step, three different CFAs were performed separately for the *Recovery* and *Stress* dimension,
244 respectively: (a) in the first-order CFA, four items each are assessed by one of the four latent
245 factors between which covariance relations are specified; (b) in the hierarchical CFA, a higher
246 order latent factor (i.e., *Recovery*, *Stress*) is related to the four latent factors and no residual
247 correlations are specified between the four factors; (c) in the bifactor CFA, all items
248 simultaneously load on one general factor (i.e., *Recovery*, *Stress*) and on one of the four
249 corresponding factors. Based on theoretical considerations and modification indices, the final
250 model, in a second step, was assessed and used for further analyses. The final *Recovery* and
251 *Stress* models were then analysed in each group. The following fit indices were evaluated
252 regarding the critical values as recommended by Beauducel and Wittmann (2005), Byrne

253 (2001) as well as Hu and Bentler (1999): χ^2 and the corresponding p -value, Comparative Fit
254 Index (CFI, $> .90$, Beauducel & Wittmann, 2005), Standardized Root Mean Residual (SRMR,
255 $< .10$, Beauducel & Wittmann, 2005), Root Mean Square Error of Approximation (RMSEA, $<$
256 $.08$, Hu & Bentler, 1999), with its Lower Limit of the 90 %-Confidence Interval (LO90) and
257 Upper Limit of the 90 %-Confidence Interval (HI90). In order to analyse whether the structure
258 of the measurement model is invariant across the groups (i.e., whether the ARSS assesses the
259 same construct), multigroup CFA was conducted (Cheung & Rensvold, 2002). Invariance was
260 then tested in terms of (a) configural invariance (i.e., the construct is measured by the same
261 number of factors and associations of items in all groups), (b) metric invariance (weak
262 invariance; i.e., factor loadings are equal across groups), and (c) scalar invariance (strong
263 invariance; i.e., observed indicators show equal intercepts when regressed on the latent factors).
264 Measurement invariance was evaluated by change of the fit indices following recommendations
265 by Cheung and Rensvold (2002) for changes of CFI ($\Delta\text{CFI} \leq -.01$) and by Chen (2007) for
266 changes of RMSEA ($\Delta\text{RMSEA} < .015$) and SRMR ($\Delta\text{SRMR} < .010$), as both papers advice
267 against relying on the χ^2 -Difference Test.

268

269 **Results**

270 As a result of the first validation study by Nässi et al. (2017a), the scale *Emotional Balance*
271 needed further modification. In consideration of different language styles and cultural contexts,
272 two more items were added to strengthen the solidity and practical comprehensiveness of
273 *Emotional Balance*. Before running the analyses, a preliminary step was to make a final
274 decision of the most suitable four items. Based on the CFA statistics, the adjectives “satisfied”
275 and “balanced” were replaced by “pleased” and “stable”, respectively. These were then
276 included in the following analyses¹.

¹ Please note that the six adjectives served as descriptors for the SRSS item *Emotional Balance*, as the data was collected simultaneously.

277 Tables 2 and 3 show the descriptive statistics ($M \pm SD$), item-total correlations, and Cronbach's
278 α for the ARSS and the SRSS for the total sample as well as for each subsample (i.e., ANZ,
279 UK, NA), respectively. Satisfactory discriminatory power ($r_{it} > .30$) was found for the total
280 sample (ARSS $r_{it} = .54 - .78$, SRSS $r_{it} = .34 - .76$) and within the subsamples. Cronbach's α was
281 also ranging between acceptable and good values for the total sample within the ARSS ($\alpha = .78$
282 $- .88$) as well as for the *Short Recovery Scale* ($\alpha = .84$) and the *Short Stress Scale* ($\alpha = .78$),
283 which is also reflected in the subsamples (for ARSS see Table 2). Specifically, the *Short*
284 *Recovery Scale* showed good internal consistency in the subsamples (ANZ $\alpha = .84$, UK $\alpha = .81$,
285 NA $\alpha = .87$), while values of the *Short Stress Scale* were slightly lower (ANZ $\alpha = .76$, UK $\alpha =$
286 $.76$, NA $\alpha = .83$). Overall, item mean (ARSS $M = 1.50 - 4.35$, SRSS $M = 2.10 - 3.98$) and item
287 dispersion (ARSS $SD = 1.30 - 1.80$, SRSS $SD = 1.23 - 1.64$) were satisfactory for the total
288 sample. On a descriptive level, the North American subsample showed the highest recovery
289 and the lowest stress ratings as well as slightly higher item-total correlations and Cronbach's α
290 (Table 2 for ARSS, Table 3 for SRSS).

291 Table 4 depicts the correlations within the ARSS scales and within the SRSS items as well as
292 the correlation coefficients between the corresponding scales/items of the two questionnaires.
293 Within the *Recovery* dimension of the ARSS, Spearman's rho (r_s) ranged between .50 and .72,
294 and between .29 and .71 within the *Stress* dimension. Between these dimensions, correlations
295 ranged between $r_s = -.14$ and $-.64$. A similar pattern was found for the SRSS item inter-
296 correlations, although the coefficients were slightly weaker ranging from $r_s = .51$ to $.66$ for the
297 *Short Recovery Scale* and from $r_s = .21$ to $.65$ for the *Short Stress Scale*. Between both scales
298 correlations ranged between $r_s = -.12$ and $-.66$. Furthermore, correlations between
299 corresponding ARSS scales and SRSS items were moderate to high ($r_s = .68 - .78$).

300 Results of the CFA are displayed in Table 5. In a first step, alternative models to the first-order
301 CFA were calculated (i.e., hierarchical & bifactor models). For the *Recovery* dimension,
302 satisfactory fit indices were found for all three models in the total sample. However, as the

303 bifactor model indicated a Heywood case for ANZ, and a solution could not be found for the
304 hierarchical model in NA (results not presented here), the first-order model was retained for
305 further analyses. Furthermore, for the *Stress* dimension, only the first-order model converged
306 in the total sample (and only the hierarchical model could be calculated for UK and NA
307 revealing poor model fit). Thus, the first-order model was also retained for further analyses
308 among the *Stress* dimension. In a second step, two modifications were approved through
309 covariations of the measurement errors between “strong” and “physically capable” of *Physical*
310 *Performance Capability* as well as between “attentive” and “receptive” of *Mental Performance*
311 *Capability*, which were also applied for the subsamples (see final model in Table 5). The model
312 fit for the *Stress* dimension was improved by two modifications among *Muscular Stress* (i.e.,
313 covariations of the measurement errors between “muscle exhaustion” and “muscle fatigue” as
314 well as between “muscle soreness” and “muscle stiffness”) and among *Lack of Activation* (i.e.,
315 covariations of the measurement errors between “unmotivated” and “unenthusiastic”). The final
316 *Recovery* as well as the *Stress* model showed good fit for each subsample, although the RMSEA
317 was just outside the threshold in the North American subsample.

318 Table 6 presents the results of the multigroup CFAs between male and female participants as
319 well as between the regional subsamples. Strong measurement invariance was present in both
320 group comparisons for the *Recovery* as well as the *Stress* dimension. Thus, the form of the
321 models as well as the factor loadings are invariant across groups, and prerequisites for latent
322 mean comparisons are fulfilled.

323 Table 7 presents the correlations between RESTQ-Sport-76 and the ARSS and SRSS for the
324 total sample. Considering hypothesis-relevant relations between the different questionnaires
325 (i.e., positive correlations with similar dimensions and negative correlations with opposite
326 dimensions), a congruent pattern for the ARSS as well as the SRSS was found. For example,
327 the ARSS’s scale *Physical Performance Capability* showed higher correlation coefficients with
328 the RESTQ-Sport-76 scales *Physical Recovery* ($r_s = .63$) and *Being in Shape* ($r_s = .67$), whereas

329 ARSS's *Muscular Stress* showed almost no correlation with *Personal Accomplishment* ($r_s = -$
330 $.03$) or *Self-Regulation* ($r_s = .01$). Overall, correlations were small to moderate, while
331 coefficients with the SRSS were consistently lower. With the exception of three correlations,
332 coefficients did not exceed values above $.7$ (i.e., ARSS *Emotional Balance* with *General Well-*
333 *being* [$r_s = .72$], ARSS *Negative Emotional State* with *General Stress* [$r_s = .70$] and *Emotional*
334 *Stress* [$r_s = .74$]).

335

336 **Discussion**

337 The aim of the present study was to validate the English version of two established
338 questionnaires which assess the current recovery-stress state of athletes. Following initial
339 analyses by Nässi et al. (2017a), further evidence was now provided via reliability and
340 confirmatory factor analyses among a large sample of athletes as well as for subsamples
341 representing three common English-speaking regions (i.e., Australia/New Zealand, the United
342 Kingdom, North America).

343 Overall, reliability of the ARSS and the SRSS was confirmed via high discriminatory power on
344 the item level as well as via internal consistency on the scale level. These results were consistent
345 not only for the total sample but also for each subsample. Furthermore, these results strengthen
346 the initial validation study (Nässi et al., 2017a) and they are comparable to the German original
347 questionnaires (Kellmann et al., 2016). Regarding the factorial structure of the ARSS, results
348 of the CFA are also in line with previous findings. The RMSEA's threshold of the North
349 American sample was the only fit index above the recommended $.08$ in both models. However,
350 suggested cut-off criteria are frequently discussed, so that they should be considered as general
351 guidelines rather than as definite rules (Worthington & Whittaker, 2006). Further, analyses of
352 measurement invariance indicated that (a) the same factorial structure, (b) the same item
353 loadings, and (c) the same item intercepts can be assumed across the subsamples as well as
354 between the genders. In terms of the state-oriented measure, (a) and (b) can be considered as

355 the relevant aspects of measurement invariance. Thus, the general applicability can be assumed
356 for all language regions. Moreover, concerns regarding the construct validity among the North
357 American subsample which have been raised by Kellmann and Kölling (2019) can be
358 considered as overcome. This is also supported by findings of the descriptive statistics and
359 reliability analyses, as these were stronger for the North American subsample. Kellmann and
360 Kölling (2019) reported test-retest analyses and multiple Cronbach's α calculations for repeated
361 measurements within an intervention study that applied the ARSS in a subgroup of North
362 American athletes ($n = 109$). Increased internal consistency values indicate that participants
363 become accustomed to the questionnaire over time which supports an introductory
364 measurement when applying the ARSS in practice. In addition, correlations between repeated
365 measures are stronger for comparable starting conditions and short time intervals (Kellmann &
366 Kölling, 2019).

367 Correlational analyses with the RESTQ-Sport-76 underline the construct and convergent
368 validity of the ARSS and the SRSS, as comparable patterns to those of Nässi et al. (2017a) as
369 well as Kellmann et al. (2016) were found. The slightly smaller coefficients for the SRSS items
370 can probably be explained with the answering mode. The RESTQ-Sport-76 scales are generated
371 through a mean value which leads to more numerical increments, while the SRSS is judged on
372 a single rating scale so that only integers will be analysed. The ARSS scales, on the other hand,
373 are generated by mean scores and therefore the same rule applies as for the RESTQ-Sport-76.
374 At the same time, the difference in the gradation of the scales is consequently also present
375 between the ARSS and the SRSS. Therefore, the ARSS provides more detailed information of
376 the current recovery-stress state of a person, while the SRSS surpasses with its brevity and
377 economical application. As the correlations between the instruments did not exceed .78, this
378 supports their content-wise correspondence on the one hand and their uniqueness on the other
379 hand. Depending on the research question or the application purpose, the ARSS and the SRSS
380 can be considered as independent as well as supplementary monitoring tools. In accordance

381 with the manuals, it is recommended to apply the ARSS before the first use of the SRSS in
382 order to familiarise the participant with the construct (Kellmann et al., 2016; Kellmann &
383 Kölling, 2019). It seems worthwhile, though, to investigate the applicability of the SRSS
384 without prior familiarisation. Due to the combination of the SRSS's shortness and
385 multidimensionality, this tool specifically meets requirements for frequent assessments in
386 applied sport scientific and coaching settings (Horvath & Röthlin, 2018). For example, using
387 the briefer SRSS may help avoid the regression to the mean in long-term measurements.
388 However, the compliance of the athletes needs to be further ensured by explaining to them the
389 purpose and benefits of (psychometric) monitoring and the confidentiality of their data handling
390 (Kellmann & Beckmann, 2003; Saw, Main, & Gastin, 2015a).

391 In general, there is a broad consensus regarding the necessity to validate psychometric
392 assessments and tests which have been translated and adapted to cultural contexts and practical
393 guidelines for this process are available (Gudmundsson, 2009; International Test Commission,
394 2018; Lenz, Gómez Soler, Dell'Aquila, & Martinez Uribe, 2017). Following those guidelines,
395 the procedure for both ARSS and SRSS has been documented by Nässi et al. (2017a) and
396 Kellmann and Kölling (2019). Although the preparation and statistical validation processes
397 were meticulously planned accordingly, another issue in terms of cross-cultural differences
398 within the English language became apparent. Due to many varieties of English (e.g., variations
399 in UK, ANZ, North America, Asia, and Africa; Kachru et al., 2006), it seems reasonable to
400 consider these within the validation process and to analyse respective psychometric properties.
401 Thus, the composition of the North American subsample merits critical discussion. In this
402 subsample, U.S. American as well as Canadian participants were combined based on
403 practicability considerations. Because of the regional vicinity, the common understanding of
404 the items was assumed to be closer related within athletes of the same continent. Thus,
405 discrepancies based on the British versus American English spelling cannot be ruled out and
406 measurement invariance should be tested among those different populations. Moreover, the

407 competition levels were differently distributed between the subsamples. ANZ had the highest
408 amount of international competing athletes, while these were underrepresented in the NA
409 subsample.

410 The ARSS and SRSS were developed to assess different dimensions of recovery and stress that
411 represent the acute state of an athlete. According to the ‘scissors’ model’, states of recovery and
412 stress need to be considered on a continuum that is particularly individual (Kellmann, 2002). In
413 view of that, the scales should be able to reflect the dynamic processes and the interaction
414 between them in response to the individual circumstances and environmental demands. During
415 the monitoring process, individual and situation-specific ranges of adequate recovery-stress
416 states may be identified to support the training and regeneration management. In that sense,
417 parallels to Hanin’s (2000) *Individual Zones of Optimal Functioning* become apparent when
418 addressing the optimisation of the recovery-stress balance. Furthermore, as Meeusen et al.
419 (2013) differentiate between functional and non-functional overreaching and the gradual
420 development of the OTS, continuing monitoring of the mood state is of considerable importance.
421 At this point, it seems noteworthy to underline that the labels *Emotional Balance* and *Negative*
422 *Emotional State* actually represent the global evaluation of the individual’s current mood (e.g.,
423 “feeling down”). Since emotions and mood are conceptually different, the broader sensations
424 (i.e., mood) are assessed, while these may follow an emotion that is caused by a specific
425 situation or object (Lane & Terry, 2000). Consequently, the English ARSS and the SRSS still
426 need to be applied in long-term monitoring research and longitudinal studies. The sensitivity to
427 change of the scales that is documented for the original (Kellmann et al., 2016) requires
428 replication. Also, the underlying constructs should be measured in different situations of stress
429 and recovery in sport to analyse trans-situational stability. In addition, the accumulation of
430 stress states and simultaneous compensation through adequate recovery, as depicted in the
431 ‘scissors’ model’ (Kellmann, 2002), may be investigated in future studies by assessing
432 performance and physiological markers that have been identified as surrogate parameters of

433 athletes' need for recovery. Moreover, other aspects of recovery such as periodization (Mujika,
434 Halson, Burke, Balagué, & Farrow, 2018) or the implementation in stress management
435 interventions (Rumbold, Fletcher, & Kevin, 2012) may be explored in the future. Differential
436 perceptions of recovery and stress may be further examined via mixed methods designs
437 applying the approach described by Rumbold, Fletcher, and Daniels (2018) from the
438 organisational perspective.

439

440 **Conclusion**

441 Taken together, the present study provides valuable scientific innovation among monitoring
442 research as well as applied sport science. In accordance with the German original, the English
443 ARSS and SRSS emerged as two valid and reliable tools which were developed on a sound
444 theoretical background and are suitable for economical applications in individual as well as
445 group settings. The quality criteria of psychometric test construction were replicated among a
446 large sample of the target population. The unique approach of shortening the ARSS to the SRSS
447 is now generalised to a broader athletic population to address the necessity of providing short
448 scales to increase athletes' compliance (Horvarth & Röthlin, 2018; Saw et al., 2015a, 2017).
449 Moreover, to the best of our knowledge, this was the first study within sport psychology and
450 sport science that explicitly considered different English-speaking regions in the validation
451 process and provides proof of strong measurement invariance.

452 Future research can now build upon these findings to establish the ARSS and SRSS in English-
453 speaking regions worldwide. For example, focus should be laid on the investigation of (a) their
454 applicability in field settings (e.g., training monitoring during preparation phases), (b) the
455 sensitivity to change in laboratory studies (e.g., recovery interventions), and (c) on testing and
456 probably also on adapting the tools among adolescent athletes.

457

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608

Table 1. Description of the subsamples.

	ANZ	UK	NA
Number (<i>n</i>)	380	316	300
Male/female (n [%])	213 (56.1%)/167 (43.9%)	158 (50.0%)/158 (50.0%)	165 (55.0%)/135 (45.0%)
Age (years)	25.5 ± 9.9	26.0 ± 9.8	23.0 ± 6.5
Competition level			
International level	180 (47.4%)	91 (28.8%)	49 (16.3%)
National level	121 (31.8%)	77 (24.4%)	165 (55.0%)
Regional level	44 (11.6%)	62 (19.6%)	33 (11.0%)
Collegiate athletes	2 (0.5%)	23 (7.3%)	26 (8.7%)
Recreational athletes	33 (8.7%)	63 (19.9%)	27 (9.0%)

Table 2. Descriptive statistics and item-total correlations of the ARSS for the total sample and subsamples

	Total (N = 996)				ANZ (n = 379)				UK (n = 316)				NA (n = 300)				
	M	SD	r _{it}	α	M	SD	r _{it}	α	M	SD	r _{it}	α	M	SD	r _{it}	α	
Recovery Dimension	PPC	3.80	1.14		.85	3.78	1.02		.82	3.58	1.14		.84	4.06	1.22		.87
	PPC item 1	4.02	1.30	.71		4.03	1.22	.61		3.85	1.33	.71		4.20	1.35	.79	
	PPC item 2	4.35	1.35	.63		4.34	1.22	.62		4.13	1.43	.59		4.61	1.38	.65	
	PPC item 3	3.52	1.38	.68		3.44	1.26	.63		3.29	1.39	.66		3.88	1.46	.72	
	PPC item 4	3.31	1.44	.74		3.34	1.33	.73		3.05	1.43	.72		3.55	1.55	.76	
	MPC	3.85	1.11		.84	3.82	1.01		.81	3.56	1.10		.80	4.22	1.16		.87
	MPC item 1	3.93	1.38	.63		3.86	1.27	.58		3.65	1.42	.56		4.30	1.41	.70	
	MPC item 2	3.79	1.31	.65		3.73	1.22	.60		3.54	1.31	.62		4.12	1.35	.68	
	MPC item 3	3.95	1.36	.69		3.98	1.25	.66		3.58	1.41	.63		4.32	1.35	.76	
	MPC item 4	3.75	1.37	.71		3.71	1.28	.69		3.46	1.41	.64		4.13	1.34	.78	
	EB	3.91	1.20		.87	3.98	1.07		.83	3.64	1.26		.87	4.10	1.25		.88
	EB item 1	4.02	1.42	.77		4.12	1.32	.69		3.80	1.48	.79		4.11	1.48	.81	
	EB item 2	3.95	1.36	.72		3.98	1.27	.65		3.66	1.39	.73		4.21	1.40	.75	
	EB item 3	4.22	1.37	.73		4.23	1.26	.69		3.95	1.48	.74		4.47	1.32	.75	
	EB item 4	3.46	1.54	.66		3.59	1.41	.63		3.16	1.60	.65		3.61	1.58	.69	
	OR	3.31	1.21		.82	3.35	1.10		.80	3.10	1.22		.83	3.48	1.31		.83
OR item 1	3.86	1.52	.58		3.83	1.37	.58		3.71	1.59	.61		4.05	1.61	.56		
OR item 2	3.09	1.55	.64		3.11	1.45	.59		2.86	1.54	.67		3.30	1.65	.64		
OR item 3	2.98	1.47	.68		3.08	1.40	.65		2.77	1.43	.69		3.10	1.59	.68		
OR item 4	3.30	1.48	.67		3.37	1.36	.60		3.05	1.45	.67		3.47	1.62	.73		
Stress Dimension	MS	2.62	1.42		.88	2.80	1.34		.87	2.62	1.37		.86	2.39	1.54		.90
	MS item 1	2.58	1.67	.69		2.72	1.54	.67		2.58	1.66	.64		2.39	1.81	.75	
	MS item 2	2.66	1.64	.78		2.88	1.57	.78		2.66	1.61	.72		2.37	1.71	.83	
	MS item 3	2.58	1.70	.78		2.79	1.59	.76		2.54	1.69	.76		2.36	1.81	.82	
	MS item 4	2.66	1.64	.69		2.82	1.60	.71		2.69	1.60	.69		2.42	1.72	.67	
	LA	2.03	1.30		.81	2.08	1.22		.77	2.18	1.32		.81	1.81	1.35		.85
	LA item 1	1.58	1.64	.59		1.57	1.59	.54		1.77	1.69	.56		1.39	1.65	.66	
	LA item 2	2.33	1.62	.63		2.43	1.61	.60		2.44	1.63	.61		2.08	1.59	.68	
	LA item 3	1.80	1.63	.66		1.86	1.59	.60		1.94	1.67	.69		1.58	1.62	.69	
	LA item 4	2.41	1.63	.63		2.46	1.55	.56		2.57	1.65	.63		2.18	1.67	.71	
	NES	1.89	1.28		.78	1.86	1.17		.75	2.13	1.36		.78	1.67	1.29		.80
	NES item 1	1.50	1.60	.59		1.45	1.49	.56		1.80	1.73	.59		1.26	1.55	.61	
	NES item 2	2.54	1.80	.58		2.45	1.70	.53		2.85	1.87	.61		2.33	1.81	.59	
	NES item 3	1.62	1.51	.63		1.64	1.40	.63		1.76	1.61	.58		1.46	1.51	.67	
	NES item 4	1.89	1.69	.54		1.90	1.56	.48		2.13	1.84	.54		1.63	1.65	.57	
	OS	2.55	1.40		.86	2.61	1.28		.83	2.64	1.39		.86	2.37	1.52		.89
OS item 1	3.29	1.71	.68		3.41	1.59	.65		3.34	1.69	.65		3.09	1.86	.74		
OS item 2	2.36	1.66	.77		2.45	1.62	.74		2.44	1.64	.75		2.17	1.70	.81		
OS item 3	2.27	1.63	.64		2.28	1.51	.53		2.47	1.67	.71		2.05	1.71	.69		
OS item 4	2.24	1.63	.75		2.27	1.59	.70		2.30	1.58	.74		2.14	1.73	.83		

Note: ARSS = Acute Recovery and Stress Scale; PPC = Physical Performance Capability; MPC = Mental Performance Capability; EB = Emotional Balance; OR = Overall Recovery; MS = Muscular Stress; LA = Lack of Activation; NES = Negative Emotional State; OS = Overall Stress.

Table 3. Descriptive statistics and item-total correlations of the SRSS for the total sample and subsamples

		Total (N = 865)			ANZ (n = 368)			UK (n = 304)			NA (n = 186)		
		M	SD	r _{it}	M	SD	r _{it}	M	SD	r _{it}	M	SD	r _{it}
Short Recovery Scale	PPC	3.90	1.23	.70	3.88	1.17	.69	3.76	1.17	.63	4.16	1.39	.77
	MPC	3.98	1.27	.73	3.89	1.23	.72	3.81	1.29	.69	4.42	1.25	.77
	EB	3.88	1.36	.67	3.92	1.28	.67	3.62	1.39	.60	4.20	1.37	.73
	OR	3.65	1.27	.64	3.69	1.23	.62	3.45	1.22	.63	3.89	1.37	.66
Short Stress Scale	MS	2.76	1.56	.34	2.84	1.52	.32	2.80	1.49	.31	2.55	1.72	.41
	LA	2.23	1.51	.66	2.29	1.50	.60	2.34	1.46	.67	1.90	1.57	.76
	NES	2.10	1.64	.61	2.05	1.58	.61	2.33	1.65	.56	1.84	1.70	.67
	OS	2.51	1.53	.76	2.48	1.49	.73	2.65	1.41	.75	2.36	1.76	.80

Note: SRSS = Short Recovery and Stress Scale; PPC = Physical Performance Capability; MPC = Mental Performance Capability; EB = Emotional Balance; OR = Overall Recovery; MS = Muscular Stress; LA = Lack of Activation; NES = Negative Emotional State; OS = Overall Stress.

Table 4. Spearman correlations within the ARSS scales ($N = 996$) and the SRSS items ($N = 865$) and between corresponding scales/items

Scale/Item	Between ARSS & SRSS	upper data matrix: ARSS							
		PPC	MPC	EB	OR	MS	LA	NES	OS
Physical Performance Capability	.70		.72	.70	.59	-.24	-.60	-.43	-.50
Mental Performance Capability	.68	.64		.69	.50	-.16	-.56	-.43	-.43
Emotional Balance	.75	.52	.66		.50	-.14	-.56	-.64	-.47
Overall Recovery	.71	.62	.52	.51		-.54	-.41	-.35	-.57
Muscular Stress	.72	-.28	-.14	-.12	-.44		.36	.29	.61
Lack of Activation	.73	-.49	-.53	-.48	-.40	.29		.67	.71
Negative Emotional State	.78	-.35	-.50	-.66	-.34	.21	.63		.62
Overall Stress	.74	-.46	-.49	-.52	-.49	.44	.65	.65	

lower data matrix: SRSS

Note: ARSS = Acute Recovery and Stress Scale; SRSS = Short Recovery and Stress Scale; PPC = Physical Performance Capability; MPC = Mental Performance Capability; EB = Emotional Balance; OR = Overall Recovery; MS = Muscular Stress; LA = Lack of Activation; NES = Negative Emotional State; OS = Overall Stress; all correlations are significant with $p < .001$; $r_s \geq .70$ are bolded.

Table 5. Results of the confirmatory factor analysis of the ARSS for the total sample and subsamples

		χ^2	<i>df</i>	<i>p</i>	CFI	SRMR	RMSEA	LO90	HI90
Recovery dimension									
Total sample (<i>N</i> = 993)	First-order model	453.45	98	< .001	.949	.038	.069	.063	.076
	Hierarchical model	464.77	100	< .001	.947	.040	.070	.063	.076
	Bifactor model	317.31	88	< .001	.968	.031	.058	.051	.065
	Final model	393.02	96	< .001	.958	.036	.064	.057	.070
ANZ (<i>n</i> = 379)	Final model	212.80	96	< .001	.951	.048	.062	.051	.074
UK (<i>n</i> = 316)	Final model	195.89	96	< .001	.955	.046	.065	.052	.078
NA (<i>n</i> = 298)	Final model	248.36	96	< .001	.942	.046	.081	.069	.094
Male sample (<i>n</i> = 535)	Final model	230.15	96	< .001	.964	.036	.059	.050	.069
Female sample (<i>n</i> = 458)	Final model	259.09	96	< .001	.949	.045	.067	.057	.077
Stress dimension									
Total sample (<i>N</i> = 993)	First-order model	606.30	98	< .001	.924	.055	.083	.077	.090
	Hierarchical model	n.a.	-/-	-/-	n.a.	n.a.	n.a.	-/-	-/-
	Bifactor model	n.a.	-/-	-/-	n.a.	n.a.	n.a.	-/-	-/-
	Final model	467.34	95	< .001	.945	.050	.072	.066	.079
ANZ (<i>n</i> = 379)	Final model	246.47	95	< .001	.939	.062	.073	.062	.084
UK (<i>n</i> = 316)	Final model	226.12	95	< .001	.941	.052	.073	.061	.085
NA (<i>n</i> = 298)	Final model	272.55	95	< .001	.926	.059	.092	.079	.105
Male sample (<i>n</i> = 535)	Final model	295.05	95	< .001	.945	.053	.073	.063	.082
Female sample (<i>n</i> = 458)	Final model	287.31	95	< .001	.938	.057	.074	.065	.084

Note: ARSS = Acute Recovery and Stress Scale; ANZ = Australian/New Zealand; UK = United Kingdom; NA = North America (USA, Canada); CFI = Comparative Fit Index; SRMR = Standardized Root Mean Residual; RMSEA = Root Mean Error of Approximation; LO90 = Lower limit of the 90%-confidence interval; HI90 = Upper limit of the 90%-confidence interval; n.a. = not available.

Table 6. Results of multigroup confirmatory factor analyses for gender and regional subsamples

Measurement invariance		χ^2	<i>df</i>	<i>p</i>	CFI	SRMR	RMSEA	LO90	HI90	Δ CFI	Δ SRMR	Δ RMSEA
Recovery Dimension												
Gender	Configural	487.65	192	< .001	.958	.038	.063	.056	.070	-/-	-/-	-/-
	Metric	505.35	204	< .001	.957	.042	.061	.055	.068	-.001	.004	-.002
	Scalar	559.06	216	< .001	.952	.044	.063	.057	.07	-.005	.002	.002
Region	Configural	656.85	288	< .001	.949	.044	.069	.062	.076	-/-	-/-	-/-
	Metric	69.67	360	< .001	.948	.05	.067	.06	.074	-.001	.006	-.002
	Scalar	734.53	336	< .001	.946	.051	.066	.059	.072	-.002	.001	-.001
Stress Dimension												
Gender	Configural	582.64	190	< .001	.942	.052	.065	.073	.067	-/-	-/-	-/-
	Metric	597.18	202	< .001	.942	.054	.071	.064	.078	.000	.002	.006
	Scalar	644.13	214	< .001	.938	.055	.071	.065	.078	-.004	.001	.000
Region	Configural	747.46	285	< .001	.934	.055	.079	.072	.086	-/-	-/-	-/-
	Metric	807.14	309	< .001	.93	.064	.078	.072	.085	-.004	.009	-.001
	Scalar	838.74	333	< .001	.93	.065	.075	.069	.082	.000	.001	-.003

Note: CFI = Comparative Fit Index; SRMR = Standardized Root Mean Residual; RMSEA = Root Mean Error of Approximation; LO90 = Lower limit of the 90%-confidence interval; HI90 = Upper limit of the 90%-confidence interval.

Table 7. Spearman correlations between the RESTQ-Sport-76 and the ARSS (upper lines) and SRSS (lower lines)

ARSS/ SRSS	RESTQ-Sport-76																		
	Overall Stress							Overall Recovery					Sport-specific Stress			Sport-specific Recovery			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
PPC	-.44 ^a -.34 ^a	-.41 ^a -.34 ^a	-.34 ^a -.29 ^a	-.35 ^a -.31 ^a	-.34 ^a -.35 ^a	-.50 ^a -.46 ^a	-.49 ^a -.46 ^a	.50 ^a .42 ^a	.31 ^a .29 ^a	.63 ^a .55 ^a	.53 ^a .46 ^a	.36 ^a .29 ^a	-.27 ^a -.24 ^a	-.37 ^a -.31 ^a	-.32 ^a -.38 ^a	.67 ^a .60 ^a	.43 ^a .36 ^a	.58 ^a .46 ^a	.47 ^a .36 ^a
MPC	-.45 ^a -.50 ^a	-.41 ^a -.47 ^a	-.38 ^a -.40 ^a	-.33 ^a -.40 ^a	-.35 ^a -.40 ^a	-.52 ^a -.57 ^a	-.44 ^a -.46 ^a	.50 ^a .48 ^a	.27 ^a .33 ^a	.55 ^a .49 ^a	.50 ^a .50 ^a	.36 ^a .36 ^a	-.27 ^a -.30 ^a	-.40 ^a -.37 ^a	-.21 ^a -.23 ^a	.51 ^a .49 ^a	.39 ^a .36 ^a	.50 ^a .46 ^a	.37 ^a .33 ^a
EB	-.61 ^a -.62 ^a	-.58 ^a -.57 ^a	-.46 ^a -.46 ^a	-.45 ^a -.48 ^a	-.36 ^a -.40 ^a	-.52 ^a -.53 ^a	-.50 ^a -.47 ^a	.54 ^a .47 ^a	.44 ^a .37 ^a	.67 ^a .59 ^a	.72 ^a .65 ^a	.45 ^a .42 ^a	-.31 ^a -.29 ^a	-.43 ^a -.41 ^a	-.24 ^a -.21 ^a	.56 ^a .50 ^a	.45 ^a .38 ^a	.54 ^a .45 ^a	.36 ^a .29 ^a
OR	-.30 ^a -.29 ^a	-.31 ^a -.31 ^a	-.24 ^a -.24 ^a	-.35 ^a -.36 ^a	-.43 ^a -.40 ^a	-.36 ^a -.38 ^a	-.49 ^a -.46 ^a	.27 ^a .31 ^a	.22 ^a .19 ^a	.48 ^a .50 ^a	.34 ^a .38 ^a	.34 ^a .35 ^a	-.30 ^a -.28 ^a	-.28 ^a -.29 ^a	-.48 ^a -.43 ^a	.43 ^a .49 ^a	.19 ^a .27 ^a	.30 ^a .35 ^a	.15 ^a .24 ^a
MS	.18 ^a .14 ^b	.21 ^a .18 ^a	.19 ^a .18 ^a	.23 ^a .24 ^a	.36 ^a .34 ^a	.27 ^a .25 ^a	.40 ^a .39 ^a	-.12 ^b -.16 ^a	-.06 ^d -.03 ^d	-.26 ^a -.26 ^a	-.11 ^b -.10 ^c	-.17 ^a -.19 ^a	.27 ^a .28 ^a	.25 ^a .23 ^a	.57 ^a .57 ^a	-.24 ^a -.26 ^a	-.03 ^d -.08 ^d	-.11 ^c -.13 ^b	.01 ^d -.06 ^d
LA	.55 ^a .53 ^a	.53 ^a .49 ^a	.49 ^a .45 ^a	.45 ^a .41 ^a	.46 ^a .42 ^a	.62 ^a .59 ^a	.58 ^a .54 ^a	-.44 ^a -.42 ^a	-.26 ^a -.27 ^a	-.55 ^a -.51 ^a	-.50 ^a -.48 ^a	-.39 ^a -.37 ^a	.35 ^a .36 ^a	.51 ^a .50 ^a	.38 ^a .32 ^a	-.56 ^a -.52 ^a	-.33 ^a -.29 ^a	-.46 ^a -.44 ^a	-.34 ^a -.36 ^a
NES	.70 ^a .68 ^a	.74 ^a .66 ^a	.66 ^a .60 ^a	.61 ^a .52 ^a	.47 ^a .42 ^a	.58 ^a .54 ^a	.60 ^a .56 ^a	-.39 ^a -.41 ^a	-.37 ^a -.41 ^a	-.57 ^a -.56 ^a	-.61 ^a -.62 ^a	-.48 ^a -.44 ^a	.43 ^a .36 ^a	.55 ^a .52 ^a	.35 ^a .25 ^a	-.51 ^a -.50 ^a	-.36 ^a -.37 ^a	-.42 ^a -.46 ^a	-.24 ^a -.30 ^a
OS	.48 ^a .53 ^a	.49 ^a .53 ^a	.43 ^a .46 ^a	.49 ^a .51 ^a	.58 ^a .53 ^a	.56 ^a .54 ^a	.64 ^a .57 ^a	-.31 ^a -.32 ^a	-.23 ^a -.25 ^a	-.51 ^a -.51 ^a	-.39 ^a -.43 ^a	-.38 ^a -.42 ^a	.45 ^a .41 ^a	.52 ^a .49 ^a	.52 ^a .39 ^a	-.51 ^a -.49 ^a	-.22 ^a -.28 ^a	-.35 ^a -.40 ^a	-.19 ^a -.25 ^a

Note: ^a = $p < .001$; ^b = $p < .01$; ^c = $p < .05$; ^d = non-significant; $r_s \geq .70$ are bolded; ARSS = Acute Recovery and Stress Scale; SRSS = Short Recovery and Stress Scale; RESTQ-Sport-76 = Recovery-Stress Questionnaire for Athletes; PPC = Physical Performance Capability; MPC = Mental Performance Capability; EB = Emotional Balance; OR = Overall Recovery; MS = Muscular Stress; LA = Lack of Activation; NES = Negative Emotional State; OS = Overall Stress; 1 = General Stress; 2 = Emotional Stress; 3 = Social Stress; 4 = Conflicts/Pressure; 5 = Fatigue; 6 = Lack of Energy; 7 = Physical Complaints; 8 = Success; 9 = Social Recovery; 10 = Physical Recovery; 11 = General Well-being; 12 = Sleep Quality; 13 = Disturbed Breaks; 14 = Emotional Exhaustion; 15 = Injury; 16 = Being in Shape; 17 = Personal Accomplishment; 18 = Self-Efficacy; 19 = Self-Regulation.