

1 **Abstract:**

2 *Purpose:* This study investigated the association between i) time zone difference and ii)  
3 travel direction (east vs west) with post-travel changes in perceptual responses of national  
4 team footballers.

5 *Methods:* Travel schedules from 355 national team trips (50 elite soccer players) were  
6 verified using an online flight database. All players provided perceptual ratings of fatigue,  
7 sleep quality, soreness, and stress to calculate changes in scores up to 2 days after travel.  
8 Trips were categorised as <3, 3-6, 6-9 or 9<sup>+</sup> time zone change, along with travel direction  
9 (eastward or westward). The pre- to post-travel change in perceptual ratings at both day 1 and  
10 2 post-arrival were compared between time zone change and travel direction with linear  
11 mixed models.

12 *Results:* For every time zone crossed poorer ratings of perceptual fatigue ( $\beta=0.068$ ,  $p<0.001$ ),  
13 sleep ( $\beta=0.095$ ,  $p<0.001$ ), soreness ( $\beta=0.0049$ ,  $p<0.001$ ) and total wellness ( $\beta=0.214$ ,  
14  $p<0.001$ ) were observed. However, the models explained only small proportions of the  
15 variation in post-flight perceptual responses (7–18%). Regardless, travel across 9<sup>+</sup> time zones  
16 resulted in significantly worse perceived fatigue, sleep and total wellness for Day 1 and 2  
17 post-arrival compared to travel with <6 time zones ( $p<0.05$ ). Additionally, fatigue, sleep and  
18 total scores were worse on Day 2 following trips of 9<sup>+</sup> time zones. Eastward travel resulted in  
19 poorer ratings sleep ( $\beta=0.52$ ,  $p<0.001$ ) than westwards travel within time zone groupings.

20 *Conclusions:* Perceptual ratings of fatigue and sleep become progressively worse as travel  
21 increases in national team soccer players, especially after travel across 9<sup>+</sup> time zones and  
22 eastward travel.

23 **Key Words:** Jet lag, travel fatigue, time zone transition, soccer, international tournaments

24

25 **Introduction:**

26 Travel remains a concern for national team footballers (soccer) due to the effects of jet lag  
27 and travel fatigue on camp and tournament preparation <sup>1</sup>. The physiological and  
28 psychological stresses associated with prolonged air travel and rapid time zone change can  
29 negatively influence fatigue and sleep <sup>2,3</sup>, potentially resulting in poorer physical and mental  
30 performance <sup>4-6</sup>. For a national football team, concerns surrounding travel are further  
31 complicated as athletes are located at different clubs around the world and thus significant  
32 variation in travel requirements exist for any single camp or tournament. As such, when  
33 planning for the potential effects of jet lag and travel fatigue, various flight related factors  
34 need to be considered including the travel distance, duration, time zone change and direction,  
35 as these are likely to influence the extent of symptoms<sup>7</sup>. However, limited data exists for any  
36 measure comparing athletes across a large number of trips with varying distances, directions  
37 and time zone changes, let alone data in elite football contexts. Hence, it is difficult to  
38 determine the specific variation in athlete responses based on the diversity of travel demands  
39 and factors <sup>8</sup>. Measures of physical performance or detailed jet lag scales are difficult to  
40 obtain when athletes travel for camp or competition, and often only simple perceptual  
41 measures (ie. fatigue, sleep, soreness, stress) exist for practitioner use. Regardless,  
42 comparisons between varying travel durations, directions and time zone changes on athlete  
43 perceptual responses are yet to be reported, especially in national team footballers.

44 The effects of specific travel durations on athlete responses remain ambiguous, though  
45 common responses to long-haul include altered sleep and fatigue responses<sup>8</sup>. Travel durations  
46 of >5h caused greater reductions in lower-body power of professional rugby 7s players  
47 compared to travel <5h <sup>9</sup>, though the trips >5h actually ranged from 9.5 to >24 hr. Similarly,  
48 greater reductions in intermittent sprint performance, sleep duration, mood and perceptual  
49 fatigue were observed following 24h of simulated travel compared to 5h in physically-trained  
50 individuals <sup>3</sup>. Further, Thornton, et al. <sup>10</sup> observed poorer ratings of jet lag, fatigue and vigour  
51 following a 6h time zone change compared to a 1h time zone change in wheelchair basketball  
52 athletes. These studies highlight that longer travel demands are likely to induce more  
53 detrimental symptoms of jet lag and/or travel fatigue. However, monitoring of athlete  
54 responses to national team travel is difficult as often only limited perceptual ratings are  
55 available, and thus understanding responses of these measures to different travel demands is  
56 important. Furthermore, these studies represent only extreme comparisons of short vs long  
57 haul flights from singular travel bouts, and thus do not provide sufficient detail to  
58 differentiate between the full range of travel demands encountered by a national football  
59 team. Therefore, further exploration using larger data sets from elite athletes across broader  
60 ranges of travel duration, time zone change and direction are required.

61 National football teams require travel from clubs that are located in range of geographical  
62 locations, involving a multitude of trips with differing directions and durations.  
63 Chronobiological principles suggest eastward travel will be more disruptive to performance  
64 than westward travel <sup>11</sup>. In support, worse sleep duration, perceived fatigue, motivation and  
65 jet lag existed following eastward travel in sub-elite populations following a 21 h flight  
66 across 8 time zones when compared to an equivalent westward flight <sup>6</sup>. Further, poorer  
67 subjective jet lag ratings were reported in Olympic gymnasts following eastward compared to  
68 westward travel <sup>12</sup>, though the number of time zones crossed and the population used differed  
69 between these acute travel bouts. While detrimental effects of travel on sleep and recovery  
70 have previously been observed in both professional football<sup>13</sup> and rugby athletes<sup>14</sup>, no  
71 comparisons exist between travel directions and comparisons between time zone  
72 differences/durations are limited to only a small number of flights. As such, better

73 understanding of the effects of travel direction, duration, and time zone change, on perceptual  
74 responses of fatigue, sleep, soreness and stress can assist planning for national team travel  
75 schedules.

76 Given different players within a national team are often located across a variety of clubs  
77 around the world, it is important for national federations to have further insight on the effects  
78 of travel demands to inform player recovery and preparation strategies. Therefore, this study  
79 investigated the association between i) time zone difference and ii) travel direction (east vs  
80 west) on the post-travel changes in perceptual responses of national team footballers.

81

## 82 **Methods:**

### 83 *Subjects*

84 Participants included 62 elite senior male national footballers (soccer) (age  $25.6 \pm 4.1$ y) from  
85 a national football team inside FIFA's top 50 ranked teams. All players travelled for national  
86 team duties between March 2018 and November 2021. Players within this national team were  
87 based across various clubs around the world including those in Europe, Asia, and Australia.  
88 Through individual contracts with the national football federation, participants consented to  
89 the use of their anonymous data for research. Consent was obtained from the national football  
90 federation for the use of data, whilst Human Ethics approval was provided by the institutional  
91 Human Ethics Committee (ETH20-5080).

### 92 *Design*

93 Data was collated for all trips between March 2018 and November 2021 (n=679 flights).  
94 Travel details and perceptual measures were collated and anonymised using numeric codes.  
95 Baseline perceptual measures as part of normal team monitoring were obtained the day prior  
96 to departure (or 2 days before if unavailable). Post-flight perceptual data was obtained in the  
97 morning on day 1 (D1) and 2 (D2) following arrival to calculate the change from pre-flight  
98 outcomes at each day. In total, 355 trips with relevant pre- and post-flight data were included  
99 in the study. Of these 355 trips, 50 players were included with  $7.1 (\pm 5.1)$  trips per player.

### 100 *Methodology*

101 Using flight bookings obtained from the Federation, details of each trip were verified using  
102 an online flight database (Flightera.net). The following details were obtained: arrival and  
103 departure locations, arrival time, departure time and flight duration. Based on these details,  
104 the total travel duration of the trip was calculated as the total time between aircraft departure  
105 and aircraft arrival at the final destination's airport, including the duration of stopovers. Time  
106 zone difference was defined as the difference in time zone between departure and arrival  
107 locations. Travel direction was labelled as either westward or eastward based on the initial  
108 departure location and final arrival destination. To allow further comparisons between travel  
109 bouts, trips were grouped by travel duration and time zone difference. Prior studies have  
110 compared travel bouts of 5h and 24h<sup>3</sup>, <5h and >5h<sup>9</sup>, and 1 time zone compared to >6 time  
111 zones<sup>10</sup>. As such, smaller travel duration and time zone difference groupings were used in  
112 this study. Categories of travel duration included <5 h, 5-10 h, 10-15 h, 15-20 h and 20<sup>+</sup> h.  
113 Categories of time zone difference included <3 h, 3-6 h, 6-9 h and 9<sup>+</sup> h.

114 Players completed an online perceptual "wellness" questionnaire every morning (09:00 –  
115 10:00) as part of national team commitments. This questionnaire comprised of 4 items  
116 requiring players to rate their current perceived fatigue, soreness, stress, and sleep quality.

117 Players answered each question on a seven-point Likert scale with values between 1 and 7 in  
118 increments of 1. Each scale included descriptive anchors at scores of 1, and 7, with a  
119 midpoint anchor at 4. For the fatigue, soreness, and stress scales, these anchors included “No  
120 Fatigue/Soreness/Stress”, “Moderate Fatigue/Soreness/Stress”, or “Maximal  
121 Fatigue/Soreness/Stress”. The sleep scale required players to rate their perceived sleep quality  
122 from the previous night with scores of 1 described as “Outstanding Sleep”, scores of 4  
123 described as “Average Sleep” and scores of 7 described as “Horrible Sleep”. A player’s total  
124 score was calculated as the sum of the 4 items. Each score was assigned as either day 1 (D1)  
125 or day 2 (D2) in relation to their arrival from travel. Players completed the questionnaire  
126 through their smartphone via the online athlete monitoring system (SMARTABASE, Fusion  
127 Sport, Brisbane, Australia). The questionnaire had previously been used by all participants  
128 for regular monitoring and all participants had high familiarity. Whilst it is recognised that a  
129 specific jet lag scale may have provided more valid measurements of travel stress, such data  
130 collection was unavailable.

131 The use of single item perceptual “wellness” measures has been debated recently due to a  
132 lack of an underpinning conceptual framework and absence of validation studies<sup>15</sup>. However,  
133 these measures represent a practical tool that is likely to achieve high compliance due to the  
134 low burden placed on elite athletes. These measures have also been observed to be responsive  
135 to acute training load in professional footballers both at the club<sup>16</sup> and national team level<sup>17</sup>,  
136 although questions still remain in their ability to differentiate between levels of training load  
137<sup>17</sup>. Further, several studies have observed changes in perceptual sleep and fatigue following  
138 travel bouts<sup>3,18</sup> highlighting potential for these measures to infer the impact of travel related  
139 stress.

#### 140 *Statistical Analysis*

141 Travel details were collated into a single excel spreadsheet and perceptual response scores  
142 before and after travel were aligned. All perceptual rating scales were converted into a  
143 change score by subtracting the pre-travel score from scores at D1 and D2. For all statistical  
144 tests, alpha was set at 0.05 for statistical significance.

145 To analyse the effects of travel variables on perceptual responses, linear mixed models were  
146 built using the ‘lme4’ package<sup>19</sup> in the R statistical software<sup>20</sup>. The presence of multi-  
147 collinearity was checked prior to modelling using Pearson’s r correlation coefficient. Travel  
148 duration was excluded from the model due to strong correlation with time zone difference  
149 ( $r=0.84$ ,  $p<0.001$ ). To account for non-independence between observations, the anonymous  
150 player code was included as a random effect. Models were built using a stepwise approach  
151 with the introduction of a new variable assessed at each stage through examining the model’s  
152 Aikake information criterion (AIC),  $R^2$  values and the significance of the fixed effects. The  
153 significance of fixed effects were calculated using an F-test with Satterthwaite degrees of  
154 freedom approximation, implemented using the ‘lmerTest’ software package<sup>21</sup>. Assumptions  
155 of normality and homogeneity of variance were assessed using final model residual QQ-plots  
156 and residual plots respectively. Cooks Distance was calculated to identify influential points,  
157 though no points were deemed to have a major effect on the model.

158 Linear mixed models were also created using time zone difference as a factored variable  
159 consisting of groups of <3h, 3-6h, 6-9h and 9+h. While measurement day (D1, D2) was also  
160 included as a fixed effect. To control for non-independence of observations, the anonymous  
161 player code was included as a random effect. For the total wellness variable, the direction of  
162 travel (East or West) was also entered as a fixed effect to assess the influence of travel  
163 direction on subjective wellness. Pairwise comparisons were made within each variable (i.e.

164 holding other variables constant) using estimated marginal means calculated by the  
165 “emmeans” package in R <sup>22</sup>. Normality and homogeneity of variance was again assessed  
166 using model residual QQ-plots and residual plots respectively.

## 167 **Results:**

### 168 *Relationships between travel variables and perceptual responses*

169 The stepwise approach used for the linear mixed models and the regression coefficients are  
170 shown in Table 1. Time zone difference had a significant effect on total wellness ( $p<0.001$ ),  
171 fatigue ( $p<0.001$ ), sleep ( $p<0.001$ ), and soreness ( $p<0.001$ ). Direction of travel had a  
172 significant effect on sleep ( $p<0.001$ ) and stress ( $p<0.001$ ). Lastly, the day since arrival had a  
173 significant effect on total wellness ( $p<0.001$ ), fatigue ( $p<0.001$ ), sleep ( $p<0.001$ ), and  
174 soreness ( $p=0.027$ ).

### 175 *Total Wellness Grouped Time Zone Difference and Direction*

176 The mean change in total wellness for each time zone grouping and direction is shown in  
177 Figure 1. On both D1 and D2, the change in total wellness was significantly worse (ie.  
178 increased) after 9<sup>+</sup> h time difference compared to both <3h (D1:  $p<0.001$ ; D2:  $p<0.001$ ) and  
179 3-6h (D1:  $p=0.005$ ; D2:  $p=0.013$ ). Total wellness was also significantly worse after 9<sup>+</sup>h time  
180 difference compared to 6-9h on D1 only ( $p=0.012$ ). Similarly, a significant increase (worse  
181 value) was observed at 6-9 h time zone difference compared to <3 h on D2 only ( $p=0.035$ ).  
182 Total wellness significantly improved between D1 and D2 for time zone changes of <3h  
183 ( $p=0.001$ ) and 3-6h ( $p=0.042$ ).

184 Directional analyses revealed significantly worse change in total wellness following eastward  
185 travel compared to westward travel on D1 after a <3h time zone change ( $p=0.006$ ) and on D2  
186 following a 3-6h time zone change ( $p=0.016$ ). In contrast, total wellness was significantly  
187 better on D2 after eastward travel of 6-9h time difference when compared to westward travel  
188 ( $p=0.003$ ). Significant improvements in total wellness were observed on D2 compared to D1  
189 for westward time zone changes of 3-6h ( $p=0.010$ ) and eastward time zone changes of <3h  
190 ( $p<0.001$ ).

### 191 *Perceptual response Subscales across Grouped Time Zones*

192 The mean change in each perceptual subscale across time zone groups is shown in Figure 2.  
193 Fatigue scores were significantly worse following 9<sup>+</sup> h time difference on both days when  
194 compared to <3 h (D1:  $p=0.015$ ; D2:  $p=0.004$ ) and 3-6 h (D1:  $p=0.022$ ; D2:  $p=0.004$ ).  
195 Fatigue ratings improved from D1 to D2 for time zone changes of <3h ( $p=0.008$ ), 3-6h  
196 ( $p=0.012$ ), and 6-9h ( $p=0.007$ ). Sleep ratings were significantly worse after 9<sup>+</sup> h time  
197 difference on both D1 and D2 compared to <3h (D1:  $p<0.001$ ; D2:  $p<0.001$ ), 3-6 h (D1:  
198  $p<0.001$ ; D2:  $p<0.001$ ) and 6-9h (D1:  $p<0.001$ ; D2  $p=0.002$ ). Sleep ratings significantly  
199 improved between D1 and D2 for trips of <3h ( $p=0.001$ ) and 9<sup>+</sup>h ( $p=0.012$ ) time difference.  
200 Soreness ratings were significantly worse on both days after 6-9 h time difference compared  
201 to <3 h (D1:  $p=0.038$ ; D2:  $p=0.007$ ). Stress rating changes were significantly better after 9<sup>+</sup>h  
202 time difference on D2 compared to 3-6h time difference ( $p=0.034$ ).

## 203 **Discussion**

204 This study examined the influence of travel direction and time zone change on subjective  
205 ratings of fatigue, sleep, soreness and stress in national team footballers. Larger time zone

206 changes resulted in worse perceptual fatigue, sleep, soreness and total wellness scores.  
207 Additionally, eastward travel resulted in poorer perceptual ratings of sleep and improved  
208 perceptual ratings of stress. Further, fatigue, sleep, and total scores improved on D2  
209 compared to D1, and whilst total scores returned to baseline by D2 on trips of <9h time  
210 zones, they remained elevated for trips >9<sup>+</sup> time zones. Importantly, the models explained  
211 only a small portion of the variation in post-flight perceptual responses (7 – 18%), indicating  
212 that these perceptual scales may not provide a sensitive measure of travel stress in footballers  
213 until the time zone change is large. Regardless, if such scales are used by practitioners for  
214 travel, poorer fatigue and sleep ratings may be expected for travel bouts across 9<sup>+</sup> time zones,  
215 while trips <6 time zones may warrant less concern.

216 This study reports a change in total (wellness) score of 0.21AU for each time zone crossed in  
217 national team players, while trips >9 time zones produced significantly poorer scores than  
218 trips across <9 time zones. Our work supports previous observations on poorer wellness  
219 scores in professional footballers following a singular trip across 11 time zones<sup>2</sup>, while  
220 negligible effects were observed following shorter domestic trips across <2 time zones<sup>23,24</sup>. It  
221 is likely that the impact of the larger time zone change results in increased jet lag and travel  
222 fatigue symptoms<sup>11</sup> that manifest in the wellness scales. Further, for trips of 9<sup>+</sup> time zones,  
223 total wellness scores remained above baseline on D2, with longer time required to adjust to  
224 the greater time zone change<sup>11</sup>. However, minimal (or improved) changes following trips <6  
225 and especially <3 time zones suggest such travel demands may not have substantial  
226 implications for the athlete's perceived wellness, perhaps even acting as periods of reduced  
227 load<sup>25</sup>. Travel across 9<sup>+</sup> time zones may require additional support, including scheduled naps,  
228 sleep hygiene or circadian realignment interventions<sup>26-28</sup>. Importantly, despite the association  
229 between time zone difference and total wellness, only a small amount of wellness variance  
230 ( $R^2 = 0.07$ ) was explained by the fixed travel effects. Hence, other influences such as training  
231 or match loads<sup>17</sup>, team selection and match outcomes<sup>29</sup> may be co-founders and mask the  
232 effects of travel. This highlights the limitations of using subjective wellness scales to infer  
233 travel related stress and future use of more specific jet lag and travel fatigue scales are  
234 required.

235 Respective subscales of fatigue and sleep showed the strongest association with worse  
236 outcomes for greater time zone changes in national team footballers. However, the regression  
237 models for perceived fatigue and sleep still showed low associations ( $R^2 = 0.12$  and  $0.18$ ).  
238 Simulated long-haul travel bouts (>24h) have reported higher fatigue ratings in physically-  
239 trained subjects<sup>3</sup>, as well as in wheelchair basketball athletes travelling across 6-11 time  
240 zones compared to 1 time zone. In the current study, athletes reported significantly worse  
241 changes in fatigue and sleep quality after travel across >9 time zones compared to <9 time  
242 zones. Similar to total wellness, fatigue and sleep scores also remained above baseline on D2  
243 for trips of 9<sup>+</sup>h time difference, with prolonged sleep loss and fatigue likely symptoms of jet  
244 lag from the time zone change<sup>30</sup>. For time zone changes <9h, fatigue and sleep scales were  
245 largely unchanged, suggesting such trips are unlikely to cause major impairment to player  
246 wellness. Negligible effects of time zone difference existed on stress and soreness, which  
247 may not be sensitive to travel related influences. In support, unchanged muscular soreness  
248 was observed in physically trained individuals after 24h of simulated travel<sup>31</sup>, and in  
249 professional rugby players travelling for 25h across 11 time zones<sup>32</sup>. Therefore, practitioners  
250 should be aware of current recommendations regarding jet lag/travel fatigue interventions<sup>28</sup>,  
251 and should consider interventions targeted at improving sleep and reducing fatigue in the first  
252 48h after travel, particularly when athletes are required to travel across 9 or more time zones.

253 Regression models used in this study found the direction of travel to be significantly related  
254 to sleep and stress responses. Eastward travel is expected to invoke more detrimental jet lag  
255 effects than westward due to the body's circadian rhythms taking longer to advance than  
256 delay<sup>11</sup>. While no effect of travel direction was found on overall wellness or fatigue scores,  
257 travelling eastward resulted in 0.522 AU increase in worse perceived sleep quality. Eastward  
258 travel is expected to delay getting to sleep as arousal is likely high at night-time in the new  
259 environment based on circadian phase<sup>33</sup>. Similar findings have been observed in a physically  
260 trained population, with later sleep onset and reduced mean time in bed and sleep duration  
261 observed following eastward travel compared to westward<sup>6</sup>. The lack of direction effect on  
262 fatigue and total wellness measures may be due to the lack of specificity of these measures to  
263 travel-related stress. It is possible that any effect of direction was masked by other factors  
264 such as training load<sup>17</sup>, and thus jet-lag specific scales may be more appropriate. For athletes  
265 travelling eastward, sleep promoting interventions in the first 48h after travel are  
266 recommended. Future research should seek to expand on these findings by analysing more  
267 objective sleep measurements before and after travel bouts.

268 Whilst recognising the novelty of the current findings, certain limitations are also  
269 acknowledged when interpreting the results. Although data was collected in a systematic  
270 manner by national team staff, there was no control over what athletes did before, during or  
271 after travel i.e. training, matches or travel interventions. Furthermore, perceptual wellness  
272 measures are likely influenced by other external factors and may not represent a true measure  
273 of travel stress, hence, a specific jet lag or travel fatigue scale may provide a more valid  
274 measurement. While perceptual measures may provide some insight into how an athlete is  
275 coping with the stress associated with air travel, the lack of physical performance measures  
276 mean no inferences can be made relating to athlete performance. Additionally, using only a  
277 single value as the baseline measure should also be recognised as a potential limitation as  
278 external factors were not controlled and thus may have influence on the baseline score.  
279 Lastly, perceptual wellness measures were only obtained at a single time point each day and  
280 hence alterations in scores may have been reported if taken at other times throughout the  
281 day<sup>30</sup>.

## 282 **Practical Applications**

- 283 • In professional footballers, ratings of perceptual fatigue and sleep appear more  
284 responsive to travel stress than other perceptual wellness ratings
- 285 • Interventions to promote sleep and reduce fatigue may be especially important for  
286 footballers travelling across 9 or more time zones
- 287 • Footballers travelling eastward are likely to experience poorer perceived sleep and  
288 thus additional focus on sleep promoting interventions is required

## 289 **Conclusion**

290 Perceptual ratings of fatigue, sleep and soreness from national team footballers in the first  
291 48h after travel are worse when required to travel across a greater number of time zones.  
292 Particularly, travel across 9 or more time zones is likely to have greater and longer lasting  
293 effects on an athletes sleep and fatigue ratings than travel across <6 time zones. Poorer  
294 perceived sleep was also observed when players were required to travel eastward. Therefore,  
295 focus on interventions to maintain sleep and potentially hasten the adaptation to the new time  
296 zones are especially important. This study highlights the greatest concern for national team

297 footballers should be with athletes travelling across 9 or more time zones in an eastward  
298 direction.

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**Table 1.** Model fit for each perceptual wellness scale

Model	AIC	R <sup>2</sup>	R <sup>2</sup> Fixed
<i>Total Wellness</i>			
Total ~ (1 Player Code)	3411.6	0.08	
Total ~ Time Difference + (1 Player Code)	3381.9	0.11	0.05
<b>Final Model: Total ~ Time Difference + Day + (1 Player Code)</b>	<b>3364.2</b>	<b>0.13</b>	<b>0.07</b>
<i>Time Difference</i> $\beta = 0.214$ $p < 0.001$			
<i>DayD2</i> $\beta = -1.000$ $p < 0.001$			
Total ~ Time Difference + Day + Direction + (1 Player Code)	3364.4	0.14	0.07
<i>Fatigue</i>			
Fatigue ~ (1 player_code)	2112.6	0.07	
Fatigue ~ Time Difference + (1 player_code)	2092.0	0.09	0.03
<b>Final Model: Fatigue ~ Time Difference + Day + (1 Player Code)</b>	<b>2073.0</b>	<b>0.12</b>	<b>0.06</b>
<i>Time Difference</i> $\beta = 0.068$ $p < 0.001$			
<i>DayD2</i> $\beta = -0.394$ $p < 0.001$			
Fatigue ~ Time Difference + Day + Direction + (1 Player Code)	2073.5	0.12	0.06
<i>Sleep</i>			
Sleep ~ (1 player_code)	2422.3	0.09	
Sleep ~ Time Difference + (1 Player Code)	2392.4	0.13	0.05
Sleep ~ Time Difference + Direction + (1 Player Code)	2372.2	0.15	0.07
<b>Final Model: Sleep ~ Time Difference + Direction + Day + (1 Player Code)</b>	<b>2357.8</b>	<b>0.18</b>	<b>0.09</b>
<i>Time Difference</i> $\beta = 0.095$ $p < 0.001$			
<i>DirectionEast</i> $\beta = 0.522$ $p < 0.001$			
<i>DayD2</i> $\beta = -0.426$ $p < 0.001$			
<i>Soreness</i>			
Soreness ~ (1 Player Code)	1978.1	0.05	
Soreness ~ Time Difference + (1 Player Code)	1966.2	0.07	0.02
<b>Final Model: Soreness ~ Time Difference + Day + (1 Player Code)</b>	<b>1963.2</b>	<b>0.07</b>	<b>0.03</b>
<i>Time Difference</i> $\beta = 0.049$ $p < 0.001$			
<i>DayD2</i> $\beta = -0.176$ $p = 0.027$			
Soreness ~ Time Difference + Day + Direction + (1 Player Code)	1963.8	0.08	0.03
<i>Stress</i>			
Stress ~ (1 Player Code)	1190.1	0.06	0
<b>Final Model: Stress ~ Direction + (1 Player Code)</b>	<b>1166.9</b>	<b>0.11</b>	<b>0.04</b>
<i>DirectionEast</i> $\beta = -0.23$ $p < 0.001$			
Stress ~ Direction + Day + (1 Player Code)	1168.8	0.11	0.04
Stress ~ Direction + Time Difference + (1 Player Code)	1168.8	0.11	0.04

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398

399 **Figure 1.** Mean  $\pm$  SD change in total wellness at D1 (circles) and D2 (triangles) post-travel across A)  
400 time zone change and B) time zone change and direction. Lower values indicate an improvement in  
401 wellness score.

402 *a significantly different to <3 h within the same time point and direction*

403 *b significantly different to 3-6h within the same time point and direction*

404 *\* significantly different to West for the same time difference and time point*

405 *# significantly different between D1 and D2 time points within time zone*

406

407 **Figure 2.** Mean  $\pm$  SD change on D1 (circles) and D2 (triangles) post-travel A) Fatigue, B) Sleep, C)  
408 Soreness and D) Stress by time zone change. Lower values indicate an improvement in wellness  
409 score.

410 *a significantly different to <3 h within the same time point*

411 *b significantly different to 3-6h within the same time point*

412 *c significantly different to 6-9h within the same time point*

413 *# significantly different between D1 and D2 within time zone*