

Female Athlete Health Questionnaire

University of Kentucky

Name: _____

Sport: _____

Date: _____

Menstrual History

1. At what age did you have your first period? _____
2. When was your last period? _____
3. How many periods have you had in the last 12 months? _____
4. Are you on any form of estrogen/birth control? _____
 If yes, what form? _____ How long? _____ Why? (control of period, medical prescription, other) _____
 If it has been recommended and you are not taking it, why? _____
5. Have you ever had anemia? _____
 Do you eat red meat? _____
 Do you take an iron supplement? _____
 Do you have a heavy period? _____
6. Were you aware of any effect of regular training for sport on the occurrence of your first menstrual period? _____
 If yes, briefly explain _____
7. Are menstrual problems such as cramps and irregularity common in your family? _____

Stress Fracture History

1. Have you ever had a stress fracture or a stress reaction? _____
2. Have you ever had x-rays to rule out a stress fracture or a stress reaction? _____
3. Have you ever had a bone scan or bone density test? _____
4. Do you take calcium? _____

Eating/Weight History

1. Are you a vegetarian? _____
2. What is your highest and lowest weight in the past year?
 Highest _____
 Lowest _____
3. Have you had any recent changes in weight? _____
4. What is your desired weight? _____
5. Are you satisfied with your current weight? _____
6. How often do you weigh yourself? _____
7. Do you consciously watch your weight? _____
8. Would your weight be different if you were not exercising vigorously? _____
9. How many times a year do you lose weight intentionally? _____
10. When the year is over and you stop or reduce training, do you gain, lose, or have no major change in weight? _____, if yes, how much weight? _____ What is your weight in season at the peak of training? _____
11. How many times during the season would you say you lose the number of pounds shown below?
 5lbs _____ 20lbs _____
 10lbs _____ 30lbs _____
 15lbs _____ 40lbs _____
12. During your participation in your sport, how often do you feel the following:

	None	Sometimes	Often
Euphoria	1	2	3
Depression	1	2	3
Anxiety	1	2	3
Anger/short temper	1	2	3
Feelings of isolation	1	2	3
Fatigue	1	2	3
Low self-esteem	1	2	3
13. How much does your weight fluctuate in a typical week (in lbs)? _____

14. Do you have to restrict your food intake more or less now than in the past to be at your competitive weight?
- | | | | | |
|--------------------------|------------------------------|-----------|------------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Much less
than before | Somewhat less
than before | No change | Somewhat more
than before | Much more
than before |
15. Are you preoccupied with thinking about food? _____
16. Does worrying about food take up a significant amount of your time? _____
17. How often do you diet during the season? _____
18. How often are you dieting during the off-season or when you stop or reduce training? _____
19. Have you ever eaten a large amount of food rapidly, and felt that this eating incident was excessive and out of control (aside from holiday feasts) _____
If yes, how often did you engage in this behavior in the past year?
(daily, x/week, x/month) _____
20. Have you ever purged (vomiting, laxatives, diuretics) to control your weight? _____
If yes, which of the above apply? _____
21. Since you got involved in your sport, have you ever felt explicitly encouraged to engage in any of the following behaviors by people you know?
Binge eating _____
Purging _____
Limiting calories _____
If yes, was it a friend, family, or coach? _____
22. Do you think your eating habits are unusual? _____
23. Are there certain foods that you forbid yourself to eat? _____
24. Do you eat by yourself often? _____ If yes, how often? _____
25. Are you satisfied with your eating patterns? _____
26. Do you eat in secret? _____
27. How many meals and snacks do you eat per day?
Breakfast _____
Lunch _____
Dinner _____
Snacks _____
28. Have you ever had an eating disorder? _____ Do you currently have an eating disorder? _____
If yes, are you in a treatment program or involved in a treatment plan? _____

Education

- Have you had any type of education on absence of periods and therapy to help? _____
- What questions do you have about absence of periods or estrogen therapy? _____
- Of any of the topics on this questionnaire, what form of education would you find most helpful? _____

For educational purposes, please rate these topics in order of interest (1-7) (1=most interested, 7=least interested, please use each # only once)

- Alcohol and other drugs (including the "date rape" drug) _____
- STDs and safe sex _____
- Smoking _____
- Healthy/unhealthy eating _____
- Sexual assault _____
- Relationship issues _____
- Sleep _____

If you wish to discuss any of these topics with the doctor today, please specify this here _____

Other Questions/Comments: