

Name and surname

Date of birth

1. Injuries

A. Have you had a lapse in training or not participated in sports competitions last year due to injury?

- No (go to „2. Digestion“ section)
- Yes, once or twice
- Yes, three or four times
- Yes, five or more times

A-1. How many days of training or races did you miss last year due to injury?

- 1–7 days
- 8–14 days
- 15–21 days
- 22 days or more

A-2. What types of injuries have you had in the past year?

2. Digestion

A. Do you suffer from bloating and gas even on days when you're not menstruating?

- Yes, several times during the day
- Yes, several times a week
- Yes, once or twice a week or less frequently
- Exceptionally or never

B. Do you have cramps or abdominal pain unrelated to your period?

- Yes, several times a day
- Yes, several times a week
- Yes, once or twice a week or less frequently
- Exceptionally or never

C. How often do you have other digestive problems?

- Several times a day (specify which:
- Once a day. (specify which:
- Every other day. (specify which:
- Twice a week. (specify which:
- Once a week or less. (specify which:

D. How would you describe your normal bowel movements?

- Normal (soft)
- Thin (watery)
- Hard and dry
- Additional comment:

3. Hormonal contraceptives

A. Do you take hormonal contraceptives in pill form?

- Yes
- No (go to question „A3“)

A-1. What's the reason you're on hormonal birth control?

- Pregnancy protection
- To relieve menstrual pain
- To relieve bleeding
- To adjust the menstrual cycle (for sports performance)
- To keep me from stopping menstruating

A-2. When did you start taking hormonal birth control pills and how long have you been taking them?

(after answering, go to question „B“)

A-3. Have you used hormonal birth control pills before?

- Yes
- No

B. Have you ever used other hormonal contraceptives? (e.g.: hormonal IUD/depot preparation)

- Yes
- No (go to section „4. Menstruation“)

B-1. What kind of hormonal birth control were you on?

- Hormonal patches
- Contraceptive ring
- Hormonal coil
- Intrauterine hormonal corpus luteum
- Other type of hormonal contraception

4. Menstruation

A. How old were you when you first menstruated?

- At age 11 or earlier
- At age 12–14
- At age 15 or later
- I don't remember
- I haven't menstruated yet (do not fill in the following questions)

If you have never menstruated before, do not fill in the following questions.

B. Did you start menstruating naturally (on your own)?

- No
- Yes (go to question „C“)
- I don't remember (go to question „C“)

B-1. What method was used to induce your first period?

- Hormonal treatment
- Weight gain
- Reduction of physical activity
- Other method

C. Do you have a normal menstrual cycle?

- Yes
- No (go to question „C6“)
- Nevím (go to question „C6“)

C-1. When was your last period?

- 0–4 weeks ago
- 1–2 months ago
- 3–4 month ago
- 5 or more months ago

C-2. Is your period regular? (day 28 to 34)

- Yes, mostly No, mostly No

C-3. How many days do you usually bleed?

- 1—2 days 3—4 days 5—6 days 7—8 days 9 days or more

C-4. Have you ever had a problem with too much bleeding?

- Yes No

C-5. How many times have you menstruated in the last year? (after answering, go to question „D“)

- 12 or more times 11—9 times 8—6 times 5—3 times 2—0 times

C-6. When was your last period?

- 2—3 month ago
 4—5 month ago
 6 or more month ago
 I'm pregnant and therefore not menstruating

D. Has your menstruation ever stopped for three or more consecutive months (except during pregnancy)?

- No, never Yes, it's happened to me Yes, it's happening now

E. Do you find that your menstruation changes depending on the intensity, frequency or length of your workouts?

- Yes No (end of questionnaire)

E-1. If so, how? You can choose more than one option.

- Bleeding is weaker
 Bleeding lasts for a shorter time
 I stop menstruating
 Bleeding is heavier
 Bleeding lasts for a longer period of time