

Female Athlete History 25y and under

Menstrual History

- 1) Have you ever had a menstrual period? Yes No
- 2) How old were you when you had your first menstrual period? ____ Years
- 3) When was your most recent menstrual period? _____
- 4) How many periods have you had in the past 12 months? _____
- 5) Are you currently taking any female hormones (estrogen, progesterone, birth control pills?)
 - Yes – please specify which _____
 - No
- 6) If you take birth control pills, please indicate how long you have been taking them? _____

Nutrition/Wellness

- 1) Do you worry about your weight? Yes No
- 2) Are you trying to gain weight? Yes No
- 3) Are you trying to lose weight? Yes No
- 4) Has anyone recommended that you lose weight? Yes No
- 5) Has anyone recommended that you gain weight? Yes No
- 6) Are you on a special diet or do you avoid certain types of food or food groups?
 - Yes – please explain _____
 - No
- 7) Have you ever had an eating disorder?
 - Yes - please explain _____
 - No
- 8) Do you take vitamin D and/or calcium?
 - Yes – vitamin D only
 - Yes – vitamin D and calcium
 - Yes – calcium only
 - No
- 9) On average, how many hours/night do you sleep? _____

Bone Health

- 1) Have you ever had a stress fracture?
 - Yes – please specify location _____
 - No
- 2) Have you ever been told you have low bone density (osteopenia or osteoporosis)?
 - Yes – osteopenia
 - Yes – osteoporosis
 - Yes – I'm not sure whether it was osteopenia or osteoporosis
 - No
- 3) Have you ever had a bone density test (ie DEXA scan)?
 - Yes – please specify when _____
 - No

Female Athlete History

Athletic History

- 1) How many sports do you play or compete in? Please list specific sports.

- 2) Please describe the pre-season practice schedule for each sport. (eg number of times/day, length of each practice; focus of the practice [ie weight training, skills training])

- 3) While in season, do you practice daily?
 Yes – please list number of hours/day _____
 No
- 4) If you do not practice daily while in season, indicate how many days/week you practice: _____
- 5) While in season, do you practice more than once/day?
 Yes – please indicate how many times/day _____
 No
- 6) Have you ever had a concussion?
 Yes – please specify number of times _____
 No
- 7) Have you ever been injured while playing sports?
 Yes – please describe the nature of the injury and the treatment (eg therapy, surgery)

 No
- 8) Do you still play the sport that resulted in the injury(ies) listed in #7?
 Yes – I am back to playing at the same level in that sport as before the injury
 Yes – but I am not able to play at the same level in that sport as before the injury
 No