

Name:

Email:

QUESTIONNAIRE FOR ATHLETES

Please tick as appropriate and add your notes.

1. Current symptoms			
<input type="radio"/> no symptoms	<input type="radio"/> fatigue/insomnia	<input type="radio"/> chest pain	<input type="radio"/> shortness of breath/cough
<input type="radio"/> dizziness/sudden loss of consciousness	<input type="radio"/> irregular heartrate/palpitations	<input type="radio"/> joint/bone/muscle/back pain	<input type="radio"/> reduced performance/no performance gain
<input type="radio"/> infection/fever			

2. Childhood illnesses			
<input type="radio"/> measles	<input type="radio"/> mumps	<input type="radio"/> rubella	<input type="radio"/> chickenpox
<input type="radio"/> scarlet fever	<input type="radio"/> whooping cough (pertussis)		

3. Other illnesses			
<input type="radio"/> heart/blood vessels	<input type="radio"/> lungs/bronchial tubes	<input type="radio"/> gastrointestinal tract	<input type="radio"/> urinary/kidney
<input type="radio"/> head/ear/nose/throat	<input type="radio"/> eye/brain	<input type="radio"/> thyroid/glandular	<input type="radio"/> genitals
<input type="radio"/> skin	<input type="radio"/> blood/bone marrow/lymph nodes	<input type="radio"/> high blood pressure	<input type="radio"/> diabetes
<input type="radio"/> allergies			

4. Family medical history			
<input type="radio"/> sudden death	<input type="radio"/> heart/vascular disease in women under 65 or men under 55 (immediate family)	<input type="radio"/> high blood pressure <input type="radio"/> diabetes <input type="radio"/> dyslipidemia	<input type="radio"/> cancer

5. Injuries/accidents			
<input type="radio"/> fractures	<input type="radio"/> joints/ligaments	<input type="radio"/> muscles/tendons	<input type="radio"/> organ injuries
<input type="radio"/> with operation	<input type="radio"/> with operation	<input type="radio"/> with operation	<input type="radio"/> with operation

6. Other operations			
<input type="radio"/> heart/blood vessels	<input type="radio"/> lungs/bronchial tubes	<input type="radio"/> gastrointestinal tract	<input type="radio"/> urinary/kidney
<input type="radio"/> head/ear/nose/throat	<input type="radio"/> eye/brain	<input type="radio"/> thyroid/glandular	<input type="radio"/> genitals
<input type="radio"/> skin	<input type="radio"/> (inguinal) hernia		

7. Lebensgewohnheiten (please specify amounts)	
<input type="radio"/> smoking	<input type="radio"/> alcohol
<input type="radio"/> caffeine	

8. Current vaccinations			
<input type="radio"/> measles	<input type="radio"/> mumps	<input type="radio"/> rubella	<input type="radio"/> diphtheria
<input type="radio"/> whooping cough (pertussis)	<input type="radio"/> tetanus	<input type="radio"/> hepatitis A	<input type="radio"/> hepatitis B
<input type="radio"/> tuberculosis			

9. Medications					
Name	Dosage	morning	noon	evening	night

10. Sports, past and present				
Type of sport	Year		Training sessions (incl. competitions) per week	Hours per week
	from	until		

11. Management			
Type of sport	Performance [km/h Watt etc.]	Heartrate	Duration of one session
Running			
Cycling			

12 Targets/current training status			
<input type="radio"/> no goals, training as desired	<input type="radio"/> training goal:	<input type="radio"/> next competition:	<input type="radio"/> preparation period
<input type="radio"/> competition period	<input type="radio"/> transition period	<input type="radio"/> break from training due to illness/injury	<input type="radio"/> convalescence
<input type="radio"/> restarting sports			

13. Best performance			
Type of sport	Performance	Placing	Year