

Supplementary Table 1: List of the 10 chronic diseases (n, % all weighted)

List of 10 chronic diseases that were used to compile the Composite Chronic Disease Score (CCDS)	Control group (Cycle race entrants that reported 'No' to the question asked and having a history of ATCIs) (2016-2020) (n=58187)	Cycle race entrants that reported 'Yes' to the question asked and have a history of acute traumatic cycling injuries (ATCIs) (2016-2020) (n= 2754)	
	n	n	% All weighted
Any risk factor for cardiovascular disease (CVD) - <i>Are you aware or have you ever been diagnosed with any risk factors for heart or blood vessel disease including high blood cholesterol, a family member with heart disease, cigarette smoking, lack of physical activity, high blood pressure, being overweight or having diabetes melitis (sugar disease)?</i>	2025	729	19.7
Any history of CVD- <i>Have you ever suffered from any heart and blood vessel conditions, including heart attack, undiagnosed chest pain, coronary artery bypass operation, angioplasty (balloon), heart failure, heart transplant, cardiac arrhythmia (abnormal heart beat), rheumatic fever, heart murmur, cardiomyopathy, myocarditis, use of a pacemaker or inherited heart defect?</i>	2596	158	3.7
Any symptoms of CVD- <i>Do you currently suffer from any symptoms of heart or blood vessel disease including swollen ankles, abnormal shortness of breath (with exercise), chronic dry cough, palpitations, chest pain, pain (or discomfort) in the neck, jaw, or arms at rest or during exercise, dizziness, fainting spells, and /or calf pain when cycling/running/walkinh/swimming?</i>	2705	49	1.1
Any endocrine disease- <i>Do you currently suffer from any metabolic or hormonal</i>	2624	130	3.4

<i>disease including diabetes mellitus, thyroid gland disorders, hypoglycaemia (low blood sugar), hyperglycaemia (high blood sugar), or heat intolerance?</i>			
<i>Any respiratory disease- Do you suffer from any respiratory (lung) disease including asthma, emphysema (COPD), wheezing, cough, postnasal drip, hay fever, or repeated flu like illness?</i>	2279	475	10.5
<i>Any gastro-intestinal disease (GIT)- Do you suffer from any gastro-intestinal disease including heartburn, nausea, vomiting, abdominal pain, weight loss or gain (> 5kg), a change in bowel habits, chronic diarrhoea, blood in the stools, or past history of liver or gallbladder disease?</i>	2495	259	5.3%
<i>Any nervous system/ psychiatric disease- Do you suffer from any diseases of nervous system including past history of stroke or transient ischemic attack (TIA), frequent headaches, epilepsy, depression, anxiety attacks, muscle weakness, nerve tingling, loss of sensation, or chronic fatigue?</i>	2559	195	3.6%
<i>Any kidney/ bladder disease- Do you suffer from any disease of the kidney or bladder disease, blood in the urine, loin pain, kidney stones, frequent urination, or burning during urination?</i>	2600	154	2.9%
<i>Any haematological/ immunological disease- Do you suffer from any disease of the blood or immune system including anaemia, recurrent infections, HIV/AIDS, leukaemia, or are you using any immunosuppressive medication?</i>	2707	47	1.3%
<i>Any history of cancer- Do you suffer from any growths or cancer including a past history of cancer?</i>	2621	133	3.3%