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Surveys of Health monitoring of female retired professional footballers

Surveys of Health monitoring of female retired professional footballers - version 33.61



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Survey '1. Personal characteristics, football career and medical history'

1. Personal characteristics, football career and medical history - Electronic informed consent

Number	Question	Answers
1.1	I have been fully informed about this study. Any questions I have asked about the study have been answered to my satisfaction. I had enough time to decide about my participation to the study.	<input type="checkbox"/> Yes
1.2	I have agreed to participate voluntarily in the study. I understand that I have the right to withdraw from the study at any time without disclosing any specific reasons.	<input type="checkbox"/> Yes
1.3	I consent to the collection and confidential use of my data in order to answer the research questions of this project.	<input type="checkbox"/> Yes
1.4	I consent to my data being used and stored confidentially. I understand that my data will not be accessible to anyone not directly involved in this study.	<input type="checkbox"/> Yes
1.5	I agree to participate in this study.	<input type="checkbox"/> Yes

1. Personal characteristics, football career and medical history - Personal characteristics

Number	Question	Answers
2.1	How old are you?	<input type="text"/> years
2.2	How tall are you (cm)?	<input type="text"/> cm
2.3	How much do you weigh (kg)?	<input type="text"/> kg

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2.4 What is the highest level of education you have completed?

No school completed

Nursery/Elementary school

High school

Vocational/technical school

College, university or equivalent

2.5 Are you currently in employment?

Yes

No

2.5.1 **If 'Are you currently in employment?' is equal to 'Yes' answer this question:**
What is your profession?

2.6 How many years ago did you retire from professional football?

years

2.7 What was your reason for retirement?

Injury

Personal Choice

Financial reasons

Other

2.7.1 **If 'What was your reason for retirement?' is equal to 'Other' answer this question:**
What was your reason for retirement?

2.8 For how many seasons were you a professional footballer?

years

2.9 What position did you primarily play?

Goalkeeper

Defender

Midfield

Forward

2.10 What was the highest level of football that you played at primarily?

Highest national level/league

Second highest national level/league

Other

2.11 Did you play international football?

Yes

No

2.11.1 **If 'Did you play international football?' is equal to 'Yes' answer this question:**
How many years ago did you retire from international football?

 years

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history - Medical history

Number	Question	Answers
3.1	Since retiring from professional football, have you been admitted to hospital?	<input type="radio"/> Yes <input type="radio"/> No
3.1.1	If 'Since retiring from professional football, have you been admitted to hospital?' is equal to 'Yes' answer this question: Why?	<input type="text"/>
3.2	Have you been diagnosed with a cardiovascular disease (e.g., heart attack, heart failure, angina, stroke, abnormal heart rhythms)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
3.2.1	If 'Have you been diagnosed with a cardiovascular disease (e.g., heart attack, heart failure, angina, stroke, abnormal heart rhythms)?' is equal to 'Yes' answer this question: Which cardiovascular disease(s)?	<input type="text"/>
3.3	Have you been diagnosed with a mental health disorder (e.g., depression, anxiety, insomnia)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
3.3.1	If 'Have you been diagnosed with a mental health disorder (e.g., depression, anxiety, insomnia)?' is equal to 'Yes' answer this question: Which mental health disorder(s)?	<input type="text"/>
3.4	Have you been diagnosed with a neurological disease (e.g., epilepsy, Alzheimer disease, Parkinson's disease, dementia)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
3.4.1	If 'Have you been diagnosed with a neurological disease (e.g., epilepsy, Alzheimer disease, Parkinson's disease, dementia)?' is equal to 'Yes' answer this question: Which neurological disease(s)?	<input type="text"/>
3.5	Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No
3.5.1	If 'Do you smoke?' is equal to 'Yes' answer this question: How many cigarettes a day do you smoke?	<input type="text"/>

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3.6 Do you use pain medication (prescription-only)?

Daily

Weekly

Monthly

Yearly or less

Do not use

3.7 Do you use pain medication (over-the-counter)?

Daily

Weekly

Monthly

Yearly or less

Do not use

3.8 Do you use sleeping tablets (prescription)?

Daily

Weekly

Monthly

Yearly or less

Do not use

3.9 Do you use sleeping tablets (over-the-counter)?

Daily

Weekly

Monthly

Yearly or less

Do not use

3.10 Do you use any medication? (please specify drug name, dose and frequency)

1. Personal characteristics, football career and medical history - Female Health Part 1

Number	Question	Answers
4.1	At about what age did you begin to menstruate?	<input type="text"/> years
4.2	Have you reached menopause?	<input type="radio"/> Yes <input type="radio"/> No
4.2.1	<i>If 'Have you reached menopause?' is equal to 'No' answer this question:</i> What is the average duration of your menstrual cycle? (i.e., average number of days between the first days of your menstrual cycles)	<input type="text"/> days

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4.2.2 **If 'Have you reached menopause?' is equal to 'No' answer this question:** days
How many days do you typically bleed for during your period?

4.2.3 **If 'Have you reached menopause?' is equal to 'No' answer this question:** Regular
How would you describe your menstrual cycle? Irregular
 Very irregular

4.2.4 **If 'Have you reached menopause?' is equal to 'No' answer this question:** No
Do you generally experience pain during your menstrual cycle? Yes, before a bleeding period
 Yes, during a bleeding period;
 Yes, after a bleeding period

4.3 Since your first menstrual cycle, did your menstrual bleeding period stop for three or more consecutive months (for reasons other than hormonal contraception)? Yes
 No

4.4 Are you currently using contraceptives? No
 Yes, cap
 Yes, pill
 Yes, condom
 Yes, contraceptive implant
 Yes, contraceptive injection
 Yes, contraceptive patch
 Yes, diaphragm
 Yes, female condom
 Yes, other

4.5 Are you currently using hormone replacement? Yes
 No

4.6 Are you a mother? Yes
 No

4.6.1 **If 'Are you a mother?' is equal to 'Yes' answer this question:**
How many children do you have?

4.7 Have you been pregnant? Yes
 No

4.7.1 **If 'Have you been pregnant?' is equal to 'No' answer this question:** Yes
Have you tried / are you trying to become pregnant? No

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4.7.2 **If 'Have you been pregnant?' is equal to 'Yes' answer this question:**
How long on average did it take you to become pregnant following the onset of desire for pregnancy?

Less than one year
 1-2 years
 More than 2 years

4.7.3 **If 'Have you been pregnant?' is equal to 'Yes' answer this question:**
How many times have you been pregnant?

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 or more

4.7.4 **If 'Have you been pregnant?' is equal to 'Yes' answer this question:**
How did you get pregnant?

Intercourse
 Insemination with partner's sperm
 Insemination with sperm donation
 I would rather not say

4.7.5 **If 'Have you been pregnant?' is equal to 'Yes' answer this question:**
How did you give birth?

Vaginal delivery
 Caesarean delivery
 Adoption
 Currently pregnant

4.8 Have you ever had a miscarriage?

Yes
 No

4.8.1 **If 'Have you ever had a miscarriage?' is equal to 'Yes' answer this question:**
How many miscarriages have you had?

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 or more

4.7.6 **If 'Have you been pregnant?' is equal to 'Yes' answer this question:**
Did you ever give birth (vaginal or Caesarean) during your playing career?

Yes
 No

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4.7.6.1 ***If 'Did you ever give birth (vaginal or Caesarean) during your playing career?' is equal to 'Yes' answer this question:***

How long (in weeks) did it take before you returned to training (average in case of multiple deliveries)?

4.7.6.2 ***If 'Did you ever give birth (vaginal or Caesarean) during your playing career?' is equal to 'Yes' answer this question:***

How long (in weeks) did it take before you returned to competitive matches (average in case of multiple deliveries)?

1. Personal characteristics, football career and medical history - Female Health Part 2

Number	Question	Answers
5.1	I think that my stomach is too big.	<input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
5.2	I think that my thighs are too large.	<input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
5.3	I think that my stomach is just the right size.	<input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
5.4	I feel satisfied with the shape of my body.	<input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never

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5.5 I like the shape of my buttocks.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.6 I think that my hips are too big.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.7 I think that my thighs are just the right size.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.8 I think that my buttocks are too large.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.9 I think that my hips are just the right size.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.10 I eat sweets and carbohydrates without feeling nervous.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

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5.11 I think about dieting.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.12 I feel extremely guilty after overeating.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.13 I am terrified of gaining weight.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.14 I exaggerate or magnify the importance of weight.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.15 I am preoccupied with the desire to be thinner.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

5.16 If I gain a pound, I worry that I will keep gaining.

Always
 Usually
 Often
 Sometimes
 Rarely
 Never

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5.17 Do you usually experience pressure in the lower abdomen?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.18 Do you usually experience heaviness or dullness in the pelvic area?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.19 Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.20 Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.21 Do you usually experience a feeling of incomplete bladder emptying?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.22 Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.23 Do you ever feel you need to strain too hard to have a bowel movement?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

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5.24 Do you ever feel you have not completely emptied your bowels at the end of a bowel movement?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.25 Do you usually lose stool beyond your control if your stool is well formed?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.26 Do you usually lose stool beyond your control if your stool is loose?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.27 Do you usually lose gas from the rectum beyond your control?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.28 Do you usually have pain when you pass your stool?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.29 Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.30 Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

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5.31 Do you usually experience frequent urination?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.32 Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.33 Do you usually experience urine leakage related to coughing, sneezing or laughing?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.34 Do you usually experience small amounts of urine leakage (that is, drops)?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.35 Do you usually experience difficulty emptying your bladder?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.36 Do you usually experience pain or discomfort in the lower abdomen or genital region?

Not present
 Not at all
 Somewhat
 Moderately
 Quite a bit

5.37 Have you ever had a stress fracture?

Yes
 No

5.38 Please indicate when it occurred and what bone(s).

5.39 Have you even been told you have low bone density (e.g., osteopenia or osteoporosis)?

Yes
 No