

## Supplementary Data Sheet 1: Original Questionnaire English

### Personal data

In the following part, we will ask you about general information about yourself, your sport, your level of performance, your training volumes and your sporting environment.

Please try to answer these questions as accurately as possible.

The data will be saved under an anonymous code and it is not possible to draw any conclusions about your person.

First letter of your mother's first name **Open-ended**

Third letter of your mother's month of birth **Open-ended**

First letter of your place of birth **Open-ended**

Last letter of your father's first name **Open-ended**

First letter of your first name **Open-ended**

Last letter of your first name **Open-ended**

## Page 1

SAP\_1 What is your gender.

- Male
- Female
- Diverse

SAP\_2 How old are you?

- Open-ended [Numeric] Years

SAP\_3 What is your highest educational level?

- No school-leaving qualification
- Secondary modern school (Hauptschule)
- 10th grade (Realschule)
- High school (Gymnasium)
- Apprenticeship (Ausbildung)
- Polytechnic degree (Fachhochschulabschluss)
- Bachelor, Master, Magister, Diplom (University)
- Doctorate (PhD)
- Others: Open-ended

SAP\_4 What is your current marital status?

- Single
- In a relationship, not living together
- In a relationship, living together
- Married
- Divorced
- Widowed
- Other

SAP\_5 Which employment relationship best applies to you at this time?

- Sport is my profession.
- I am employed.
- I study.
- I am doing an apprenticeship.
- I go to school.
- Other. Namely: Open-ended

SAP\_6 What is your current body height in cm

- Open-ended [Numeric] cm

SAP\_7 What is your current body weight in kg?

- Open-ended [Numeric] kg

## Page 2

SAP\_18 In which federal state do you train?

- Baden-Württemberg
- Bayern
- Berlin
- Brandenburg
- Bremen
- Hamburg
- Hessen
- Mecklenburg-Vorpommern
- Niedersachsen
- Nordrhein-Westfalen
- Rheinland-Pfalz
- Saarland
- Sachsen
- Sachsen-Anhalt
- Schleswig-Holstein
- Thüringen
- I train in another country, namely: **Open-ended**

SAP\_8 In what kind of sport do you participate?

- Badminton
- Track Cycling
- Baseball
- Basketball
- Biathlon
- BMX
- Bobsleigh
- Archery
- Boxing
- Breaking
- Curling
- Ice Hockey
- Figure Skating
- Speed Skating
- Fencing
- Field Hockey
- Football (Soccer)
- Weightlifting
- Golf
- Handball
- Judo
- Canoeing
- Karate
- Track And Field
- Modern Pentathlon
- Mountain Bike
- Nordic Combined

- Para Sport
- Equestrian Sports
- Luge
- Rhythmic Gymnastics
- Wrestling
- Roller Speed Skating
- Rowing
- Rugby
- Shooting
- Swimming
- Sailing
- Short Track
- Skateboard
- Skeleton
- Alpine Skiing
- Ski Cross
- Ski Freestyle
- Cross Country Skiing
- Ski Mountaineering
- Ski Jumping
- Snowboard
- Softball
- Sports Acrobatics
- Sport Climbing
- Road Cycling
- Surfing
- Synchronized Swimming
- Taekwondo
- Tennis
- Table Tennis
- Triathlon
- Gymnastics - Apparatus Gymnastics
- Gymnastics - Trampoline
- Volleyball
- Water Polo
- Water Diving
- Other. Namely: Open-ended

SAP\_9 Indicate here the discipline you practice in your sport (if any).

- Open-ended

Page 3

SAP\_10 How many years are you participating in your sport?

- Open-ended [numeric] years

SAP\_11 What is your current squad status?

- Olympic Squad (OK)
- Perspective Squad (PK)
- Junior Squad 1 (NK 1)
- Junior Squad 2 (NK 2)
- Supplementary Squad (EK)
- National Squad (LK)
- Don't know
- None
- Other. Namely: Open-ended

SAP\_12 Please select the highest level that you are currently competing at:

- International (World Cup, European Championships, World Championships,...)
- National (German Championships, National League, Regional League,...)
- State level (e.g. Saxon Championships)
- Other

SAP\_13 How many hours of sport do you do on average per week (training and competition)?

- Open-ended [numeric] hours/ week

SAP\_14 How many training sessions do you do on average per week (training and competition)?

- Open-ended [numeric] sessions/ week

Page 4

SAP\_15 What is the gender of your coach with whom you do most of your sessions?

- Male
- Female
- Diverse
- I do not have a coach.

SAP\_16 In my support team (coaches, medical staff, physiotherapists) ...

- ... are exclusively women.
- ... are more women than men.
- ... is the ratio quite balanced.
- ... are more men than women.
- ... are exclusively men.

SAP\_17 In my training group ...

- ... are exclusively female athletes.
- ... are more female athletes than male athletes.
- ... is the ratio quite balanced.
- ... are more male athletes than female athletes.
- ... are exclusively male athletes.

## Gynaecological health

On the following pages we ask you some questions about your menstrual cycle. In addition, we will collect data about your use of hormonal contraceptives. It is important for our study that you answer the upcoming questions as accurately and honestly as possible.

The data will be saved anonymously. It is not possible to draw conclusions about your person.

### Page 5

AM\_1 How often do you have gynecological appointments (without pregnancy)?

- More than 2x a year
- 2x a year
- 1x a year
- Every 2 years
- Less than every 2 years
- Never

AM\_2 Do you have any previous gynecological diseases (ovarian cyst, polycystic ovary syndrome (PCOS), menstrual disorders, severe menstrual pain, ...)?

- Yes
  - If yes, which ones? Open-ended
- No

AM\_3 Do you sometimes lose urine unintentionally during sports?

- Yes
- No

AM\_4 Have you ever had a stress fracture?

- Yes
  - How many? Open-ended [numeric]
- No

AM\_5 Have you ever had a diagnosed eating disorder?

- Yes, currently
- Yes, in the past
- No

AM\_6 Have you intentionally lost or gained weight in the last two years?

- Yes
  - Why? Open-ended
- No

AM\_7 Have you already had your first period (menarche)?

- Yes
- No

If „yes“ at question AM\_7 proceed with question AM\_8, if „no“ finish with this part and proceed with further part

Page 6

AM\_8 How old were you when you had your first period (menarche)?

- Open-ended [numeric] years

AM\_9 What is the usual amount of days between the first day of period and the first day of your next's period?

- Open-ended [numeric] days
- Currently no applicable, because: Open-ended

AM\_10 How many days lasts you period normally?

- Open-ended [numeric] days

AM\_11 How often do you change the sanitary products (pad, tampon, menstrual cup, ...) during your period?

- Every 5 to 6 hours
- Every 3 to 4 hours
- Every 1 to 2 hours
- Other: Open-ended

AM\_12 How often do you have pain or discomfort during your period?

- Every period
- Every second period
- Every third period
- Only in rare exceptional cases
- Never

AM\_13 When do you have period pain? When does the pain occur?

- First day only
- 2 days
- Over the entire bleeding period
- Never

AM\_14 How often do you use painkillers (e.g. ibuprofen, paracetamol, buscopan or similar) to manage pain during your period?

- Every period
- Every second period
- Every third period
- Only in rare exceptional cases
- Never

AM\_15 How often do you miss training or school/study/work because of your period pain?

- Every period
- Every second period
- Every third period
- Only in rare exceptional cases
- Never



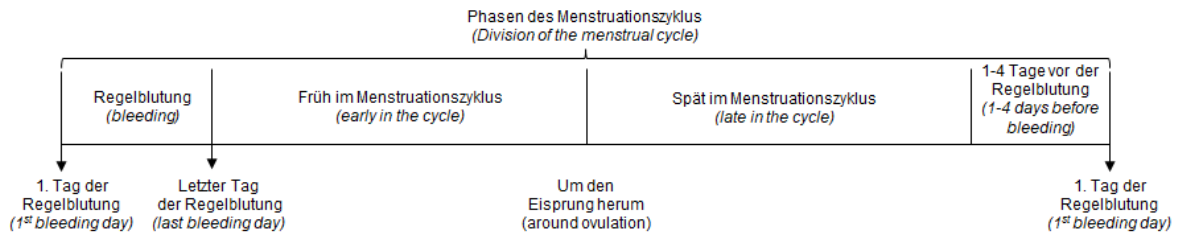
AM\_16 Do you have pain or discomfort throughout the whole menstrual cycle (i.e. from day 1 of period, until the next period)?

- No
- Yes
  - Which one? Open-ended

If „yes“ at question AM\_16 proceed with question AM\_17, if „no“ proceed with question AM\_18

## Page 7

The menstrual cycle can be divided into different phases. To answer the following question, please use the following model as a guide.



AM\_17 When does pain or discomfort occur temporally in the menstrual cycle? (Multiple selections possible)

- Period
- Early in the cycle
- Around ovulation
- Late in the cycle
- 1-4 days before period
- No change
- Do not know

## Page 8

AM\_18 Have you ever not had a period for more than 5 weeks?

- Yes, currently
- Yes, in the past
- No

If „yes“ at question AM\_18 proceed with question AM\_19, if „no“ proceed with question AM\_23

## Page 9

AM\_19 Have you ever not had a period for more than 3 months?

- Yes, currently
- Yes, in the past
- No

AM\_20 When was your period irregular (more than 5 weeks apart) or stopped (at least 3 months)?

(Multiple selection possible)

- During the competition period
- During training outside the competition period.
- During the non-competitive training period.
- I don't remember in which period.
- Other: Open-ended

AM\_21 Did you have additional problems when your periods were irregular or stopped for more than 3 months (more sensitive to injuries, more often ill, ..., ...)?

- Yes
  - Which one? Open-ended
- No

## Page 10

AM\_23 Do you currently use any contraceptives?

- No
- Yes
  - Which one? Please also specify the name of the preparation.
    - Contraceptive pill: Name/Open-ended
    - Minipill: Name/Open-ended
    - Hormone IUD: Name/ Open-ended
    - Copper IUD: Name/ Open-ended
    - Contraceptive ring: Name/Open-ended
    - Hormone sticks/patches: Name/Open-ended
    - Other, namely: Open-ended

If „yes“ at question AM\_23 proceed with question AM\_24, if „no“ proceed with question AM\_29

## Page 11

AM\_24 Why do you use hormonal contraceptives (Contraception, better period prediction, treatment of other complaints, ...)

- Open-ended

AM\_25 Do you have any symptoms under hormonal contraception?

- Yes
  - Which one? Open-ended
- No

AM\_27 What are the advantages of your current contraceptive?

- Open-ended

AM\_28 What are the disadvantages of your current contraceptive?

- Open-ended

## Page 12

AM\_29 Have you used hormonal contraceptives earlier or another hormonal contraceptive in the past?

- No
- Yes
  - Which one? Please also indicate the name of the preparation.
    - Contraceptive pill: Name/Open-ended
    - Minipill: Name/Open-ended
    - Hormone IUD: Name/ Open-ended
    - Copper IUD: Name/ Open-ended
    - Contraceptive ring: Name/Open-ended
    - Hormone sticks/patches: Name/Open-ended
    - Other, namely: Open-ended

If „yes“ at question AM\_29 proceed with question AM\_30, if „no“ proceed with question AM\_31

### Page 13

AM\_30 Why did you stopped or changed hormonal contraception?

- Desire to have children
- Intolerance
- weight gain
- Bleeding between periods
- Increased pain
- Mood swings
- Lack of performance progress in sports
- Unsure if it could affect my training adaptations
- Stressful to remember to take
- Other: Open-ended

### Page 14

AM\_31 Do you currently document your menstrual cycle (e.g. cycle app, cycle diary,...)?

- Yes
  - How? Open-ended
- No

AM\_32 Are you currently pregnant/ have you ever been pregnant?

- Yes
  - How many times did you have an abortion? Open-ended [numeric]
  - How many children do you have? Open-ended [numeric]
  - Current
- No