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Stanford MEDICINE | Department of Orthopaedic Surgery

A Pilot Study of Female Athlete Triad and Iron Deficiency Prevalence and Association in High School Athletes Survey

Please complete the following questionnaire to the best of your ability. If you feel uncomfortable with any question, feel free to leave it blank.

1. Have you ever had a menstrual period?

- Yes
- No

reset

1a. If you answered YES to question 1, when did you get your first menstrual period (month/year)?

1b. If you answered YES to question 1, how old were you when you had your first menstrual period (age in years)?

2. Please indicate the number of menstrual cycles you have had each year from 9th grade to the current year.

9th Grade

- Not yet reached that grade in school
- 0
- 1-3
- 4-9
- 10-12
- >12

reset

10th Grade

- Not yet reached that grade in school
- 0
- 1-3
- 4-9
- 10-12
- >12

reset

11th Grade

- Not yet reached that grade in school
- 0
- 1-3
- 4-9
- 10-12
- >12

reset

12th Grade

- Not yet reached that grade in school
- 0
- 1-3
- 4-9
- 10-12
- >12

reset

3. Over the past 12 months, how many menstrual periods did you have?

4. Are your menstrual periods:

- Regular (every 21-35 days apart)
- Shorter than 21 days apart
- Longer than 35 days apart
- Not sure

reset

5. During the cross-country/track season, or when you are training harder, do your periods:

- Stop
- Become farther apart and/or are shorter or lighter
- Come closer together and/or are heavier
- My periods don't change during the cross-country season or when training harder
- Not sure

reset

6. Have you missed 3 or more consecutive months of your menstrual period, at any point, from 9th grade to the current year?

- Yes
- No

reset

6a. If you answered YES to question 6, for each year, indicate the number of menstrual cycles missed.

9th Grade

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- Not yet reached that grade in school
- Did not yet have a first period

reset

10th Grade

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- Not yet reached that grade in school
- Did not yet have a first period

reset

11th Grade

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- Not yet reached that grade in school
- Did not yet have a first period

reset

12th Grade

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- Not yet reached that grade in school
- Did not yet have a first period

reset

7. Are you currently taking birth control pills or are you using other hormonal devices, such as intrauterine device (IUD) or Implanon?

- Yes
- No

reset

8. Have you taken birth control pills or used other hormones (IUD or implanon) in the past year?

- Yes
- No

reset

8a. If you answered YES to question 8, for how many months did you take birth control pills or hormones in the past year?

9. Have you taken birth control pills or used other hormones (IUD or implanon) prior to the past year?

- Yes
- No

reset

9a. If you answered YES to question 9, for how many months did you take birth control pills or hormones prior to the past year?

10. Has a doctor ever prescribed you birth control pills or other hormones (IUD or implanon) to regulate your menstrual periods?

- Yes
- No

reset

10a. If you answered YES to question 10, indicate reason(s) why (select all that apply):

- They were prescribed because my period was too infrequent (i.e. diagnosed with amenorrhea)
- They were prescribed because my period was too frequent or heavy
- They were prescribed due to strong menstrual pains or cramps
- They were prescribed to improve my bone health
- None of the above apply

10b. If none of the above reasons apply to your prescription of birth control or other hormones, please describe why these methods were prescribed.

11. In the PAST FOUR WEEKS ONLY (28 days), on how many days did you...

Consciously try to restrict the amount of food you ate to influence your shape or weight?

- No Days
- 1-5 Days
- 6-12 Days
- 13-15 Days
- 16-22 Days
- 23-27 Days
- Every Day

reset

Go for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?

- No Days
- 1-5 Days
- 6-12 Days
- 13-15 Days
- 16-22 Days
- 23-27 Days
- Every Day

reset

Attempt to avoid eating any foods that you like in order to influence your shape or weight?

- No Days
- 1-5 Days
- 6-12 Days
- 13-15 Days
- 16-22 Days
- 23-27 Days
- Every Day

reset

Attempt to follow definite rules regarding your eating in order to influence your shape or weight; for example, a calorie limit, a set amount of food, or rules about what or when you should eat?

- No Days
- 1-5 Days
- 6-12 Days
- 13-15 Days
- 16-22 Days
- 23-27 Days
- Every Day

reset

Have a definite desire for your stomach to feel empty?

- No Days
- 1-5 Days
- 6-12 Days
- 13-15 Days
- 16-22 Days
- 23-27 Days
- Every Day

reset

12. Have there been times when you have eaten what most people would regard as an unusually large amount of food?

- Yes
 No

reset

12a. If you answered YES to question 12, how many such episodes have you had over the past four weeks?

12b. If you answered YES to question 12, during how many of these episodes of overeating did you have a sense of having lost control?

13. Have you had other episodes of eating in which you have had a sense of having lost control, but have not eaten an unusually large amount of food?

- Yes
 No

reset

13a. If you answered YES to question 13, how many such episodes have you had over the past four weeks?

14. Over the past four weeks, have you made yourself sick (vomit) as a means of controlling your shape or weight, or to counteract the effects of eating?

- Yes
 No

reset

14a. If you answered YES to question 14, on how many days of the last 28, have you taken part in these activities?

15. Over the past four weeks, have you taken laxatives as a means of controlling your shape or weight, or to counteract the effects of eating?

- Yes
 No

reset

15a. If you answered YES to question 15, on how many days of the last 28, have you taken part in these activities?

16. Over the past four weeks, have you taken diet pills or diuretics (water tablets) as a means of controlling your shape or weight, or to counteract the effects of eating?

- Yes
 No

reset

16a. If you answered YES to question 16, on how many days of the last 28, have you taken part in these activities?	<input type="text"/>
17. Over the past four weeks, have you vigorously exercised as a means of controlling your weight, altering your shape or your amount of fat, or burning off calories?	<input type="radio"/> Yes <input type="radio"/> No reset
17a. If you answered YES to question 17, on how many days of the last 28, have you taken part in these activities?	<input type="text"/>
18. Have the past four weeks been typical of the past year?	<input type="radio"/> Yes <input type="radio"/> No reset
18a. If you answered NO to question 18, how has the past year differed from the past four weeks?	<input type="text"/>
19. Are you currently trying to LOSE weight?	<input type="radio"/> Yes <input type="radio"/> No reset
20. Are you currently trying to GAIN weight?	<input type="radio"/> Yes <input type="radio"/> No reset
21. In what way would you currently describe yourself?	<input type="radio"/> Very underweight (>10 lbs) <input type="radio"/> Slightly underweight (5-10 lbs) <input type="radio"/> At an ideal weight <input type="radio"/> Moderately overweight (10-20 lbs) <input type="radio"/> Very overweight (>20 lbs) reset
22. Are you trying to change your body weight or body composition to improve your performance?	<input type="radio"/> Yes <input type="radio"/> No reset

23. Have you ever been diagnosed with an eating disorder in the past?

- Yes
 No

reset

23a. If you answered YES to question 23, which of the following were you diagnosed with (check all that apply)?

- Anorexia Nervosa
 Bulimia Nervosa
 Eating Disorder Not Otherwise Specified
 Disordered Eating
 Not Sure

23b. If you answered YES to question 23, were you ever hospitalized for this diagnosis?

- Yes
 No

reset

24. Do you follow a vegetarian diet (meaning that you never eat fish, chicken, or meat, but you do eat eggs and dairy)?

- Yes
 No

reset

25. Are you currently taking any form of iron supplementation?

- Yes
 No

reset

25a. If you answered YES to question 25, please state the type of iron and the amount (dose in milligrams) that you take daily.

26. How many hours do you sleep in a typical night?

27. What time do you typically wake up?

28. What time do you prefer to go to bed?

29. How many naps do you take in a typical week?

29a. If you answered YES to question 29, what is the length of a typical nap?

30. Are you satisfied with the amount of sleep you are getting nightly?

- Yes
 No

reset

31. How long does it take you to fall asleep?

32. Do you have trouble staying asleep?

- Yes
 No

reset

33. Do you use any sleep medications?

- Yes
 No

reset

33a. If you answered YES to question 33, how often do you use sleep medication (times/wk)?

34. Do you feel alert in the morning?

- Yes
 No

reset

35. Do you snore or gasp while sleeping?

- Yes
 No

reset

36. Does travel for your sport disturb your sleep?

- Yes
 No

reset

37. How many times per week are your daytime activities affected by lack of sleep (number)?

38. Indicate how often each statement was accurate, in your case, during the past THREE DAYS AND NIGHTS. The statements related to performance should refer to performance during competition, as well as, during practice.

I felt happy...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I laughed...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I visited some close friends...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I had a good time with my friends...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt down...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt depressed...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was annoyed by others...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

Other people got on my nerves...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was angry with someone...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was fed up with everything...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I read a newspaper...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I watched TV...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I fell asleep satisfied and relaxed...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I had a satisfying sleep...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was tired from work/school...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I slept restlessly...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was overtired...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was in good condition physically...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was convinced that I had trained well...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was convinced that I had performed well...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

My body felt strong...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I recovered well physically...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I was convinced that I could achieve my performance at any time...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I easily understood how my teammates felt about things...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I dealt very effectively with my teammates problems...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

Parts of my body were aching...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I had the impression that there were too few breaks during practice...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt that the breaks were not at the right times during practice...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt that too much was demanded of me during the breaks...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

My muscles felt stiff or tense during performance...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I had muscle pain after performance...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt frustrated by my sport...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I dealt with emotional problems in my sport very calmly...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt burned out by my sport...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

I felt that I wanted to quit my sport...

- Never
- Seldom
- Sometimes
- Often
- More Often
- Very Often
- Always

reset

39. What is your primary track event(s). Please select ALL that apply.

- 800 m
- 1500 m
- 5,000 m
- 10,000 m
- Steeplechase
- Other

39a. If you answered OTHER to question 39, please specify what event you do.

39b. What is your primary event?	<input type="text"/>
40. How many miles per week did you average this past summer (June to August 2017)?	<input type="text"/>
41. How many miles per week do you currently average?	<input type="text"/>
42. Have you ever been diagnosed with a stress reaction or stress fracture by a doctor?	<input type="radio"/> Yes <input type="radio"/> No reset
42a. If you answered YES to question 42, how many stress fractures have you had?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> >3 reset
42b. If you answered YES to question 42, indicate what bones were injured and how you were diagnosed. If you did not have an injury in a listed bone, leave the row blank.	
Tibia	<input type="checkbox"/> X-Ray <input type="checkbox"/> MRI <input type="checkbox"/> Bone Scan <input type="checkbox"/> CT Scan <input type="checkbox"/> Other <input type="checkbox"/> Not Sure
Fibula	<input type="checkbox"/> X-Ray <input type="checkbox"/> MRI <input type="checkbox"/> Bone Scan <input type="checkbox"/> CT Scan <input type="checkbox"/> Other <input type="checkbox"/> Not Sure

Metatarsal(s)

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Femoral Neck

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Femoral Shaft

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Sacrum

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Pelvis

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Navicular Bone of Foot

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Seasmoid Bone of Foot

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

Other

- X-Ray
- MRI
- Bone Scan
- CT Scan
- Other
- Not Sure

42c. If you answered OTHER to 42b, specify what bone was injured and how it was diagnosed (bone, mechanism of diagnosis).

43. Please check any other running-related injuries that have kept you from training in the past year? If you did not have an injury listed, leave the row blank.

- Achilles Tendonitis
- Shin Splints
- Runner's Knee/Patellofemoral Pain
- IT Band Syndrome
- Knee Injury/ACL Tear
- Plantar Fasciitis
- Sprained Ankle
- Other

43a. If you indicated OTHER for question 43, specify what injuries you have had.

44. Do you take calcium supplements, or have you consistently, over the past 12 months?

- Yes
- No

reset

44a. If you answered YES to question 44, how many milligrams of calcium do you take daily?

- Less than 500 mg/day
- 500-1,000 mg/day
- 1,000-15,000 mg/day
- Greater than 1,500 mg/day
- Not Sure

reset

45. Do you take vitamin D supplements, or have you consistently, over the past 12 months?

- Yes
- No

reset

45a. If you answered YES to question 45, how much Vitamin D do you take daily?

- Less than 500 IU/day
- 500-1000 IU/day
- 1,000-2,000 IU/day
- Greater than 2,000 IU/day
- Not Sure

reset

Submit

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