

# Survey for Master Weightlifters

## Demographics

What is the gender that you identify with?

- Male
- Female
- Transgender
- Intersex
- Other (Please specify) \_\_\_\_\_

What is your date of birth (Please fill in the format of MM/DD/YYYY)?

\_\_\_\_\_

Are you Hispanic or Latinx?

- No
- Yes

What is your racial identity/identities? Click all that apply.

- White/Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other (Please specify) \_\_\_\_\_

What is your highest level of education you completed?

- Not graduated from high school
- High school or GED
- Some college
- College degree
- Some graduate school
- Graduate school

What is your marital status?

- Unmarried
- Married
- Separated
- Divorced
- Widowed

What is your employment status?

- Retired
- Unemployed/Not working
- Part-time employed
- Full-time employed

**What is your employment status?**

- Retired
- Unemployed/Not working
- Part-time employed
- Full-time employed

**What is your annual household income last year?**

- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to 149,999
- \$150,000 to \$199,999
- \$200,000 and over
- Decline to answer

**Sports background and participation/Weightlifting**

**What was your approximate age when you**

	Age
Started strength training using weights on a regular basis	
Started training in Olympic Weightlifting	

**In which year did you first compete in a sanctioned weightlifting meet? If unsure, give an approximate year.**

\_\_\_\_\_

**How many different coaches have you had over your weightlifting career (coaches who specifically worked with you specifically on your lifts, e.g. USAW coaches, Crossfit coaches, personal trainers)?**

- Coach
- 1 Coach
- 2 Coaches
- 3 Coaches
- More than 3 coaches (Please specify number) \_\_\_\_\_

**Are you currently working with a weightlifting coach?**

- No
- Yes

**If No is selected skip to question "What program(s) do you follow in your weightlifting training?"**

**How do you work with your current coach?**

- In person
- Remotely
- Both

**How frequently does your current coach provide feedback on your weightlifting?**

- Weekly or more often
- Several times each month
- Once a month
- Less frequent than once a month

**What program(s) do you follow in your weightlifting training?**

- The program assigned by my coach(s)
- Paid subscription program
- A program from a website or a book
- My own program
- No systematic program
- Other (Please specify) \_\_\_\_\_

**What is your competition experience with sports other than weightlifting? Please check all that apply.**

	Competed in the past			Competed in the past		
	Never	Occasionally	Often	Never	Occasionally	Often
Crossfit	Never	Occasionally	Often	Never	Occasionally	Often
Cardio (Running /Swimming/Cycling)	Never	Occasionally	Often	Never	Occasionally	Often
Ball Sports	Never	Occasionally	Often	Never	Occasionally	Often
Gymnastics / Cheer leading	Never	Occasionally	Often	Never	Occasionally	Often
Martial Arts/Wrestling/ Boxing	Never	Occasionally	Often	Never	Occasionally	Often
Track and field	Never	Occasionally	Often	Never	Occasionally	Often
Powerlifting	Never	Occasionally	Often	Never	Occasionally	Often
Skiing/Snowboarding/Skating	Never	Occasionally	Often	Never	Occasionally	Often
Other (Please specify)	Never	Occasionally	Often	Never	Occasionally	Often

**Currently in a typical week on how many days do you engage in the following physical activities?**

	0 day	1 day	2 day	3 day	4 day	5 day	6 day	7 day
Weightlifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crossfit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardio (Running /Swimming/Cycling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ball Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnastics / Cheer leading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martial Arts/Wrestling/ Boxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track and field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga/Pilates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sport (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Training schedule and Location**

Currently how long does a typical weightlifting training session last for you?

- Less than 1 hour
- About 1 hour
- 1 to 1.5 hours
- 1.5 to 2 hours
- 2 hours or longer

Where do you typically train for weightlifting (Check all that apply)?

- Weightlifting gym
- Crossfit gym
- Fitness center
- Home/garage gym
- Other (Please specify) \_\_\_\_\_

**Health/Mobility/other factors affecting weightlifting training and performance**

In the past two years, overall to what degree have the following factors affected your weightlifting training?

	Not at all	Slightly	Moderately	Considerably
Work demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No access to a training facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sport injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injuries other than sport injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health challenges (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demands of other sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eldercare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family-related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other challenges (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past two years, in total for how long have the following factors interrupted your weightlifting training?**

	No interruption	Less than 2 weeks	2 weeks to 1 month	1 to 6 month	6 month to 1 year	More than 1 year
Work demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No access to a training facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sport injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injuries other than sport injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health challenges (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demands of other sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eldercare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family-related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other challenges (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past two years, to what degree did any of the following physical or psychological issues constrain/restrict your training?**

	Not at all	Slightly	Moderately	Considerably
Shoulders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autoimmune diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory illnesses and diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive disorder and Gastrointestinal diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chronic health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstruation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peri/Menopause symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display The question “Have you experienced menopause (no menstruation for a year)?” if selected “Female”, or “Transgender”, or “Intersex”, or “Other” in question “What is the gender that you identify with?”

**Have you experienced menopause (no menstruation for a year)?**

- No
- Yes
- Not applicable

**Display Question “Please tell us the age when you reached menopause (no menstruation for a year)” if select Yes for question “Have you experienced menopause (no menstruation for a year)?”**

**Please tell us the age when you reached menopause (no menstruation for a year).**

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**Display Question “Which peri/menopausal symptoms have disrupted your training or competing in weightlifting? Please check all that apply.” if select Yes for question “Have you experienced menopause (no menstruation for a year)?”**

**Which peri/menopausal symptoms have disrupted your training or competing in weightlifting? Please check all that apply.**

- Hot flashes
- Fatigue
- Trouble sleeping
- Mood swings
- Weight gain and slowed metabolism
- Other (18) \_\_\_\_\_

### **Comments**

Your responses will help us better understand the factors that affect masters weightlifting performance, and how this varies for different individuals.

**With your permission, we would like to connect the responses of this questionnaire to your performance trajectories. If you are willing, please provide your USAW number below.**

- Yes (Please provide your USAW number)
- No

**Do you have any additional comments about the factors affecting your weightlifting career?**

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**Do you have any comments about how your weightlifting career affects parts of your life?**

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