International Survey for Women Weightlifters

1. In which country do you currently live? __________

2. In what year were you born? Please use four digits for the year (e.g., 1975) __________

3. What is your current living arrangement?
   - I live alone
   - I live with a partner
   - I live with family (children, parents, partner)
   - I live with others

4. What is your height? __________

5. What is your body weight? __________

6. How often do you typically check your body weight?
   - Daily or almost daily
   - More than once a week
   - Once a week
   - One to three times a month
   - Hardly ever or never

7. At what age did you start weightlifting?

8. At what age did you first start competing in any sport, if applicable?

9. Did you participate in impact sports before you started weightlifting (e.g. ball sports, gymnastics, martial arts, CrossFit)?

10. Did you participate in strength sports before you started weightlifting (e.g. powerlifting, bodybuilding, track and field throwing)?

11. How many hours do you typically train each week in weightlifting?
    Less than 1 hour, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, More than 20 hours

12. How many hours do you typically engage in physical activities each week in addition to weightlifting training?
    Less than 1 hour, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, More than 20 hours
13. One hears about “morning-types” and “evening-types.” Which one of these types do you consider
yourself to be?
   - Definitely a morning-type
   - Rather more a morning-type than an evening-type
   - Rather more an evening-type than a morning-type
   - Definitely an evening-type

14. In the last 6 months what was your best snatch [kg]? ______________

15. In the last 6 months what was your best clean & jerk [kg]? ______________

16. Do you track your protein intake? (no-yes)

17. How many grams of protein per day do you approximately take? _________

18. When do you take protein?
   - Before training
   - During training
   - After training
   - Throughout the day
   - Other

19. How many pregnancies have you had?
   0, 1, 2, 3, 4, 5, More than 5

20. Did you have a surgically or medically induced menopause? No - If yes, at which age?

21. Have you experienced natural menopause (defined as no menstruation for a year)? No - If yes, at
which age?

22. Have you experienced any pain or swelling in any of your joints at any time in the past six months?
(no-yes)

23. Where have you experienced pain or swelling in any of your joints at any time in the past six
months? Shoulders, Knees, Hips, Spine, Hands/Wrists, Elbows, Ankles

24. At what age did the pain or swelling in any of your joints occurred for the first time? Shoulders,
Knees, Hips, Spine, Hands/Wrists, Elbows, Ankles
25. Have you had a prior injury in any of the joints? Shoulders, Knees, Hips, Spine, Hands/Wrists, Elbows, Ankles

26. Has a doctor or other health professional told you that you have any joint problems, rheumatism or arthritis? No - Yes (at what age were you told?)

27. Have you visited any of the following health professionals in the past 6 months because of problems with your bones, joints or muscles? General practitioner, Specialist, Hospital (inpatient or outpatient), Physiotherapist, Occupational therapist, Naturopath, Acupuncturist, Chiropractor

28. Have you ever used hormonal replacement therapy (HRT)? No-Yes

29. At what age did you start your hormonal replacement therapy (HRT)? _______

30. If you stopped your hormonal replacement therapy (HRT), at what age did you stop? _____

31. Is there anything you would like to share about your experiences with menopausal symptoms?