

The low energy availability in females questionnaire (LEAF-Q), focuses on physiological symptoms of insufficient energy intake. The following pages contain questions regarding injuries, gastrointestinal and reproductive function. We appreciate you taking the time to fill out the LEAF-Q and the reply will be treated as confidential.

Name: _____

Address: _____

E-mail: _____

Cell phone: _____

Sport: _____

• How old were you when you began to specialize in your sport?: _____ age

• What level of athlete are you?

Club ☐

National team ☐

Professional ☐

Other ☐

• Are you a full-time athlete? Yes ☐ No ☐

• If not, what occupation do you have beside your sport?

Full time job ☐

Part time job ☐

Student ☐

Other ☐

• What is your maximal oxygen consumption ($\text{Vo}_{2\text{max}}$)?

_____ ml/kg/min or

_____ l/min

I do not know/I have never measured it ☐

- Your best results at World Championship, Olympic Games or World Cup?

1st to 3rd place ☐

4th to 6th place ☐

7th to 10th place ☐

11th place or lower ☐

I have never competed at this level ☐

I don't remember ☐

- Your normal amount of training in the preparation or basic period (not competition) on average per month:

_____ hours/month

- Age: _____(years)

- Height: _____(cm)

- Present weight: _____(kg)

- Your highest weight with your present height: _____ (kg)

- Your lowest weight with your present height: _____ (kg)

- What is your preferred body weight during competition? _____ (kg)

- What is your body fat percentage (if it has been measured)? _____ (%)

- Chronic illness (e.g. diabetes, Crohn's Disease)?

Yes ☐ No ☐

If yes, which one (s)?

-
- Food allergy or intolerance (e.g. nut allergy, celiac disease, lactose intolerance)?

Yes ☐ No ☐

If yes, which one (s)?

1. Injuries

Mark the response that most accurately describes your situation

A: Have you had absences from your training, or participation in competitions during the last year due to injuries?

- ☐ No, not at all ☐ Yes, once or twice ☐ Yes, three or four times ☐ Yes, five times or more

A1: If yes, for how many days absence from training or participation in competition due to injuries have you had in the last year?

- ☐ 1-7 days ☐ 8-14 days ☐ 15-21 days ☐ 22 days or more

A2.1: If yes, have you had a bone stress injury? Yes ☐ No ☐

If yes, specify how many _____

Specify the location(s): femoral neck ☐ total hip ☐ sacrum ☐ pelvis ☐ other site(s) ☐

A2.2: If yes, have you had other types over load injuries? Yes ☐ No ☐

If yes, specify how many and location: _____

A2.3: If yes, have you had an acute injury? Yes ☐ No ☐

If yes, specify how many and location: _____

2. Gastro intestinal function

A: Do you feel gaseous or bloated in the abdomen, also when you do not have your period?

- ☐ Yes, several times a day ☐ Yes, several times a week
☐ Yes, once or twice a week or more seldom ☐ Rarely or never

B: Do you get cramps or stomach ache which cannot be related to your menstruation?

- ☐ Yes, several times a day ☐ Yes, several times a week
☐ Yes, once or twice a week or more seldom ☐ Rarely or never

C: How often do you have bowel movements on average?

- ☐ Several times a day ☐ Once a day ☐ Every second day
☐ Twice a week ☐ Once a week or more rarely

D: How would you describe your normal stool?

- ☐ Normal (soft) ☐ Diarrhoea-like (watery) ☐ Hard and dry

Comments regarding gastrointestinal function: _____

3. Menstrual function and use of contraceptives

3.1 Contraceptives

Mark the response that most accurately describes your situation

A: Do you use oral contraceptives?

☐ Yes ☐ No

A1: If yes, why do you use oral contraceptives?

☐ Contraception ☐ Reduction of menstruation pains ☐ Reduction of bleeding

☐ To regulate the menstrual cycle in relation to performances etc..

☐ Otherwise menstruation stops

☐ Other _____

A2: If no, have you used oral contraceptives earlier?

☐ Yes ☐ No

A2.1 If yes, when and for how long? _____

B: Do you use any other kind of hormonal contraceptives? (e.g. hormonal implant or coil)

☐ Yes ☐ No

B1: If yes, what kind?

☐ Hormonal patches ☐ Hormonal ring ☐ Hormonal coil ☐ Hormonal implant ☐ Other _____

3.2 Menstrual function

Mark the response that most accurately describes your situation

A: How old were when you had your first period?

- ☐ 11 years or younger ☐ 12-14 years ☐ 15 years or older ☐ I don't remember
- ☐ I have never menstruated (If you have answered "I have never menstruated" there are no further questions to answer)
-

B: Did your first menstruation come naturally (by itself)?

- ☐ Yes ☐ No ☐ I don't remember

B1: If no, what kind of treatment was used to start your menstrual cycle?

- ☐ Hormonal treatment ☐ Weight gain
- ☐ Reduced amount of exercise ☐ Other
-

C: Do you have normal menstruation?

- ☐ Yes ☐ No (go to question C6) ☐ I don't know (go to question

C6) C1: If yes, when was your last period?

- ☐ 0-4 weeks ago ☐ 1-2 months ago ☐ 3-4 months ago ☐ 5-6 months ago ☐ more than 6 months ago ☐ 12 months ago or more

C2: If yes, are your periods regular? (Every 28th to 34th day)

- ☐ Yes, most of the time ☐ No, mostly not

C3: If yes, for how many days do you normally bleed?

- ☐ 1-2 days ☐ 3-4 days ☐ 5-6 days ☐ 7-8 days ☐ 9 days or more

C4: If yes, have you ever had problems with heavy menstrual bleeding?

- ☐ Yes ☐ No

C5: If yes, how many periods have you had during the last year?

- ☐ 12 or more ☐ 9-11 ☐ 6-8 ☐ 3-5 ☐ 0-2
-

3.2 Menstrual function

Mark the response that most accurately describes your situation

C6: If no or "I don't remember", when did you have your last period?

- ☐ 1-2 months ago ☐ 3-4 months ago ☐ 5-6 months ago
☐ more than 6 months ago ☐ 12 months ago or more
☐ I'm pregnant and therefore do not menstruate
-

D: Have your periods ever stopped for 3 consecutive months or longer (besides pregnancy)?

- ☐ No, never ☐ Yes, it has happened before ☐ Yes, that's the situation now
-

E: Do you experience that your menstruation changes when you increase your exercise intensity, frequency or duration?

- ☐ Yes ☐ No

E1: If yes, how? (Check one or more options)

- ☐ I bleed less ☐ I bleed fewer days ☐ My menstruations stops
☐ I bleed more ☐ I bleed more days
-