

# FASTR Education Study- Baseline Survey

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## Start of Block: Study ID

Q1 Please enter your 4-digit Study ID (ex. 0001)

If you forgot your Study ID, email the research team at [amcinty@stanford.edu](mailto:amcinty@stanford.edu) or [fastrprogram@stanford.edu](mailto:fastrprogram@stanford.edu)

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## End of Block: Study ID

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## Start of Block: Demographic Questions



Q2 What is your date of birth? (MM/DD/YYYY)

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Q3 What best describes your current gender identity? (Select all that apply)

- Woman
  - Man
  - Non-binary (eg. genderqueer, gender non-conforming)
  - Prefer not to say
  - If not listed [please specify]
-

Q4 On your original birth certificate, was your assigned sex female or male? (Select one)

- Female
  - Male
  - Prefer not to answer
- 

Q5 Do you identify as transgender? (Select one)

- No, I do not identify as transgender
  - Yes, I do identify as transgender
  - I am not sure if I am transgender
  - I do not know what this question is asking
  - Prefer not to answer
- 

Q6 Are you of Hispanic, Latino/a/x, or of Spanish origin?

- No, not of Hispanic, Latino/a/x, or Spanish origin
  - Yes, Mexican, Mexican American, Chicano/a/x
  - Yes, Puerto Rican
  - Yes, Cuban
  - Yes, Another Hispanic, Latino/a/x or Spanish origin
  - Some other race, ethnicity, or origin
  - Prefer to self-describe \_\_\_\_\_
  - Prefer not to say
-

Q7 Which of the following racial designations best describes you? (Select all that apply)

- American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Pacific Islander
  - Black or African American
  - White
  - More than one race
  - Prefer to self-describe
- 
- Prefer not to say
-

Q8 What races do you run in track/cross country? (select all that apply)

- 100 m
  - 200 m
  - 400 m
  - 800 m
  - 1600 m
  - 3200 m
  - 5k or 5000m (3.1mi)
  - 10,000 m
  - 110/100 m hurdles
  - 400 m hurdles
  - 4 x 100 m relay
  - 4 x 400 m relay
  - 3000 m Steeplechase
  - Other \_\_\_\_\_
-

Q9 How many years (including this year) have you been competing in track/cross country?

- 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7+
- 

Q10 On average, how many days per week do you run?

- 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
-

Q11 On average, how many miles per week do you run?

- Less than 5
  - 5-10
  - 10-20
  - 20-30
  - 30-40
  - 40-50
  - 50+
- 

Q12 On average, how many hours per week do you run?

- 1-5 hours
  - 5-10 hours
  - 10-15 hours
  - 15-20 hours
- 

Q13 Would you like to change the number of hours you train per week?

- I would like to train for fewer hours
  - I would like to train for more hours
  - I would like to train for the same number of hours as I currently do (no change)
- 

Q14 Please list what sports you have participated in other than track/cross country

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Q15 Have you ever been diagnosed with a stress reaction or stress fracture by a doctor?

- Yes
- No

---

Q16 How many times have you been diagnosed with a stress reaction or stress fracture by a doctor?

- 1
- 2
- 3
- 4
- If more than 4, list how many
-

Q17 What bone(s) were injured and how were you diagnosed?

	X-ray	MRI	CT Scan	Other
Tibia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metatarsal(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femoral neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navicular bone of foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sesamoid bone of foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (list site of injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 If diagnosed as "other," please explain method of diagnosis

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Q19 Please select any other running-related injuries that have kept you from training in the past?

- Achilles tendinitis
  - Shin splints
  - Plantar fasciitis
  - Runner's knee/patellofemoral pain
  - IT band syndrome
  - Hamstring tendinopathy
  - Low back pain
  - Ankle injury (sprain)
  - Other \_\_\_\_\_
- 

Q20 Have you ever broken a bone from a fall (i.e. wrist, forearm, other)?

- Yes
  - No
-

Q21 Please list which bone(s) you broke

Wrist

Forearm

Leg (tibia or fibula)

Other \_\_\_\_\_

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Q22 Have you ever been diagnosed with low bone mineral density, osteopenia or osteoporosis by getting a bone density test (DXA)?

Yes

No

---

Q23 Do you have a family history (grandparent, parent, sibling) of osteopenia or osteoporosis?

Yes

No

---

Q24 If yes, did your family member ever break a bone or have a stress fracture?

Yes

No

---

Q25 Have you incorporated strength and resistance training into your weekly workout schedule?

- Yes
- No
- 

Q26 If yes, how many days per week do you do strength and resistance training?

- Once per week
- Twice per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- Everyday
- 

Q27 If yes, how many minutes per session do you spend doing strength and resistance training?

- 0-5 minutes
- 5-10 minutes
- 10-20 minutes
- 20-30 minutes
- 30-45 minutes
- 1-2 hours
- >2 hours

---

Q28 What types of strength and resistance training do you do? (select all that apply)

- Core or Abdominal Strength
- Upper Body Strength
- Hip or Glute Strength
- Foot or Ankle Strength
- Other \_\_\_\_\_

End of Block: Demographic Questions

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Start of Block: EDE-Q

Q29 Please read each question carefully and select the appropriate answer. All of the questions are regarding the last 28 days. Please answer all of the questions.

	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
Have you been consciously trying to restrict the amount of food you eat to influence your shape or weight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you gone for long periods of time (8 hours or more) without eating anything in order to influence your shape or weight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you attempted to avoid eating any foods that you like in order to influence your shape or weight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you attempted to follow definite rules regarding your eating in order to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

influence your shape or weight; for example, a calorie limit, a set amount of food, or, rules about what or when you should eat?

Have you had a definite desire for your stomach to feel empty?

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Q30 Have there been times when you have eaten what most people would regard as an unusually large amount of food?

Yes

No

---

Q31 If yes, how many such episodes (of eating what most people would regard as an unusually large amount of food) have you had over the past four weeks?

- Once a week
  - 2-4 times a week
  - 4-6 times a week
  - Everyday
  - Once a month
  - Once every 2 weeks
  - Other \_\_\_\_\_
- 

Q32 During how many of these episodes of overeating did you have a sense of having lost control?

\_\_\_\_\_

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Q33 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
-

Q34 How many such episodes (of eating in which you have had a sense of having lost control, but have not eaten an unusually large amount of food) have you had over the past four weeks?

- Once a week
- 2-4 times a week
- 4-6 times a week
- Everyday
- Once a month
- Once every 2 weeks
- Other \_\_\_\_\_
- 

Q35 Have you ever made yourself sick (vomit) as a means of controlling your shape or weight, or to counteract the effects of eating?

- Yes
- No
- 

Q36 On how many days of the last 28 have you done this (made yourself sick as a means of controlling your shape or weight, or to counteract the effects of eating)?

\_\_\_\_\_

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Q37 Have you taken laxatives as a means of controlling your shape or weight or to counteract the effects of eating?

- Yes
- No
-



Q38 On how many days of the last 28 have you done this (taken laxatives as a means of controlling your shape or weight or to counteract the effects of eating)?

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Q39 Have you ever 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

Q40 On how many days of the last 28 have you done this (taken diet pills or diuretics as a means of controlling your shape or weight or to counteract the effects of eating)?

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Q41 Have you ever vigorously exercised as a means of controlling your weight, altering your shape or your amount of fat, or burning off calories?

Yes

No

Q42 On how many days of the last 28 have you done this (vigorously exercised as a means of controlling your weight, altering your shape or your amount of fat, or burning off calories)?

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Q43 Have the past four weeks been typical of the past year?

Yes

No

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Q44 If not, how has the past year differed from the past four weeks?

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End of Block: EDE-Q

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Start of Block: Eating Disorder/Supplementation

Q45 Are you currently trying to lose weight?

Yes

No

---

Q46 Are you currently trying to gain weight?

Yes

No

---

Q47 Are you trying to change your body weight or body composition to improve your performance?

Yes

No

---

Q48 How do you currently consider yourself?

- Very underweight (>10 lbs)
  - Slightly underweight (5-10 lbs)
  - At an ideal weight
  - Slightly overweight
  - Moderately overweight (10-20 lbs)
  - Very overweight (>200 lbs)
- 

Q49 Have you ever been diagnosed with an eating disorder?

- Yes
  - No
- 

Q50 If yes, were you diagnosed with (check all that apply)

- Anorexia nervosa
  - Bulimia nervosa
  - Eating disorder not otherwise specified
  - Disordered eating
-

Q51 If yes to any of the above, were you ever hospitalized for this diagnosis?

Yes

No

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Q52 Do you follow a vegetarian diet (meaning that you never eat fish, chicken, or meat, but you do eat eggs and dairy)?

Yes

No

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Q53 Are you currently taking any form of iron supplementation?

Yes

No

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Q54 Do you take calcium supplements or have you consistently over the past 12 months?

Yes

No

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Q55 Do you take vitamin D supplements or have you consistently over the past 12 months?

Yes

No

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Q56 Please list any supplements (including multivitamins or herbs) that you have consistently taken over the last 12 months

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End of Block: Eating Disorder/Supplementation

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Start of Block: Sleep

Q57 How many hours do you sleep in a typical night?

- <4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- >10 hours

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Q58 What time do you prefer to go to bed?

- 7:00 PM
- 8:00 PM
- 9:00 PM
- 10:00 PM
- 11:00 PM
- 12:00 AM
- Other \_\_\_\_\_
- 

Q59 What time do you typically wake up?

- 4:00 AM
- 5:00 AM
- 6:00 AM
- 7:00 AM
- 8:00 AM
- 9:00 AM
- 10:00 AM
- Other \_\_\_\_\_
- 

Q60 How many naps do you take in a typical week?

\_\_\_\_\_

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Q61 What is the length of a typical nap? (minutes)

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Q62 Are you satisfied with the amount of sleep you are getting nightly?

- Yes
- No

Q63 How long does it take you to fall asleep?

- <5 minutes
- 5-15 minutes
- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- >1 hour

Q64 Do you have trouble staying asleep?

- Yes
- No

Q65 Do you use any sleep medications?

- Yes
- No
- 

Q66 If so, how often (number of times per week)?

- Once per week
- Twice per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- Everyday
- 

Q67 Do you feel alert in the morning?

- Yes
- No
- 

Q68 Do you snore or gasp while sleeping?

- Yes
- No
-



Q69 Does travel for your sport disturb your sleep?

- Yes
- No
- 

Q70 How many times per week are your daytime activities affected by lack of sleep?

- 0 days per week
- Once per week
- Twice per week
- 3 times per week
- 4 times per week
- 5 times per week
- 6 times per week
- Everyday

End of Block: Sleep

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Start of Block: SATAQ-4

Q71 Please read each of the following items carefully and indicate the answer that best reflects your agreement with the statement

	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
It is important for me to look athletic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about looking muscular.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my body to look very thin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my body to look like it has little fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about looking thin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time doing things to look more athletic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about looking athletic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my body to look very lean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about having very little body fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time doing things to look more muscular.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q72 Answer the following questions with relevance to your FAMILY (including parents, brothers, sisters, relatives):

	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
I feel pressure from family members to look thinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from family members to improve my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members encourage me to decrease my level of body fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members encourage me to get in better shape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Q73 Answer the following questions with relevance to your PEERS (including close friends, classmates, and other social contacts):

	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
My peers encourage me to get thinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from my peers to improve my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from my peers to look in better shape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get pressure from my peers to decrease my level of body fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q74 Answer the following questions with relevance to the MEDIA (include television, magazines, the internet, movies, billboards, and advertisements):

	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
I feel pressure from the media to look in better shape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from the media to look thinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from the media to improve my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressure from the media to decrease my level of body fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: SATAQ-4

Start of Block: DERS-18

Q75 Please select the appropriate answer for the questions below.

	Almost Never (0-10%)	Sometimes (11-35%)	About Half the Time (36- 65%)	Most of the Time (66- 90%)	Almost Always (91- 100%)
I pay attention to how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no idea how I am feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty making sense out of my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am attentive to my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confused about how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I acknowledge my emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I become embarrassed for feeling that way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I have difficulty getting work done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I become out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I believe that I will remain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

that way for a long time.

When I'm upset, I believe that I'll end up feeling very depressed.

    

When I'm upset, I have difficulty focusing on other things.

    

When I'm upset, I feel ashamed with myself for feeling that way.

    

When I'm upset, I feel guilty for feeling that way.

    

When I'm upset, I have difficulty concentrating.

    

When I'm upset, I have difficulty controlling my behaviors.

    

When I'm upset, I believe that wallowing in it is all I can do.

    

When I'm upset, I lose control over my behaviors.

End of Block: DERS-18

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Start of Block: LEAF-Q

Q76 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
- 

Q77 How many days were you absent from training or participation in competition due to injuries in the last year?

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

Q78 What kind of injuries have you had in the last year?

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Q79 Comments or further information regarding injuries?

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Q80 Do you feel gaseous or bloated in the abdomen, 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
- 

Q81 Do you get cramps or stomach ache which cannot be related to your menstruation?

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

Q82 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
-

Q83 How would you describe your normal stool?

- Normal (soft)
  - Diarrhoea-like (watery)
  - Hard and dry
  - Comments regarding gastrointestinal function:  
\_\_\_\_\_
- 

Q84 Do you use oral contraceptives?

- Yes
  - No
- 

Q85 If yes, what is the primary reason you use oral contraceptives?

- Contraception
  - Reduction of menstruation pains
  - Reduction of bleeding
  - To regulate the menstrual cycle in relation to performances ect..
  - Otherwise menstruation stops
  - Other \_\_\_\_\_
-

Q86 If no, have you used oral contraceptives previously?

Yes

No

---

Q87 If yes, when and for how long?

---

Q88 Do you use any other kind of hormonal contraceptives? (e.g. hormonal implant or coil)

Yes

No

---

Q89 If yes, what kind?

Hormonal patches

Hormonal ring

Hormonal coil

Hormonal implant

Other \_\_\_\_\_

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Q90 How old were you 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
- 

Q91 Did your first menstruation come naturally (by itself)?

- Yes
  - No
  - I don't remember
- 

Q92 If no, what kind of treatment was used to start your menstrual cycle?

- Hormonal treatment
  - Weight gain
  - Reduced amount of exercise
  - Other \_\_\_\_\_
-

Q93 Do you currently have normal menstruation?

- Yes
  - No
  - I don't know
- 

Q94 When was your last period?

- 0-4 weeks
  - 1-2 months ago
  - 3-4 months ago
  - 5 months ago or more
- 

Q95 Are your periods regular? (Every 28th to 34th day)

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

Q96 For how many days do you normally bleed?

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

---

Q97 Have you ever had problems with heavy menstrual bleeding?

- Yes
- No

---

Q98 How many periods have you had during the last year?

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

---

Q99 If no, when did you have your period last?

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

Q100 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
- 

Q101 Do you experience that your menstruation changes when you increase your exercise intensity, frequency or duration?

- Yes
- No
- 

Q102 If yes, how? (check one or more options)

- I bleed less
- I bleed more
- I bleed fewer days
- I bleed more days
- My menstruation stops

End of Block: LEAF-Q

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Start of Block: CBIQA

Q103 The next questions deal with how satisfied you are with your body and your appearance. There are no true or false answers. Do not think too long about your answers and do not skip any questions.

In daily life,...or Concerning my sport,...

	Very ugly	Ugly	Somewhat ugly	Neither ugly, nor beautiful	Somewhat Beautiful	Beautiful	Very beautiful
I think my appearance is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my appearance compared to others is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others think my appearance is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q104 In daily life, ... or Concerning my sport, ...

	Much too thin	Too thin	Somewhat too thin	Neither too thin, nor too fat	Somewhat too fat	Too fat	Much too fat
I think my body shape is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my body shape compared to others is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others think my body shape is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q105 In daily life, ... or Concerning my sport, ...

	Much too unmuscular	Too unmuscular	Somewhat too unmuscular	Neither too unmuscular, nor too muscular	Somewhat too muscular	Too muscular	Much too muscular
I think the muscularity of my body is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the muscularity of my body compared to others is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others think the muscularity of my body is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q106 In daily life, ... or Concerning my sport, ...

	Much too low	Too low	Somewhat too low	Neither too low, nor too high	Somewhat too high	Too high	Much too high
I think my body weight is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my fat percentage is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my body weight compared to others is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think my fat percentage compared to others is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others think my body weight is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others think my fat percentage is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: CBIQA

Start of Block: Female Athlete Mindset

Q150 Instructions: Please rate the extent to which you agree or disagree with the below statements. There are no right answers. Please answer as honestly as you can what you believe to be true, not what you think is right or what you think you should believe.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Somewhat agree (4)	Agree (5)	Strongly agree (6)
The body should be appreciated and treated with care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body will inevitably get weaker with time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body will inevitably let you down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body never ceases to be amazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body has remarkable self-healing properties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body is capable of handling an illness/injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body is particularly vulnerable to getting injured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body will fail you in times of need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The body is frail and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

weak

The body is strong and resilient

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Q107 The purpose of playing sports is:

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Somewhat agree (4)	Agree (5)	Strongly agree (6)
To build friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To win competitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To enjoy yourself/have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To become your best self physically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To look good physically (strong, thin, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be popular/well-liked/admired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To become a better person socially/emotionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To become more resilient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be a life-long athlete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Female Athlete Mindset

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Start of Block: Knowledge Questions

Q108 Answer the following knowledge based questions to the best of your ability without outside help.

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Q109 What are the components of the Female Athlete Triad?

- Impaired cardiovascular health, mental health, and low energy availability (disordered eating/eating disorders)
  - Low energy availability (disordered eating/eating disorders), menstrual dysfunction, impaired bone health
  - Hormonal dysfunction, impaired bone health, impaired cardiovascular health
  - Hormonal dysfunction, mental health, menstrual dysfunction
- 

Q110 What process is at the foundation of both the Female Athlete Triad and RED-S?

- Bone Health
  - Low energy availability
  - Menstrual dysfunction
  - Cardiovascular health
- 

Q111 True or False: Low energy availability is always intentional.

- True
  - False
-

Q112 True or False: Low energy availability can impact growth and development in adolescent athletes.

- True
- False
- 

Q113 What are the three phases of the menstrual cycle, in order?

- Follicular, ovulatory, luteal
- Luteal, ovulatory, follicular
- Ovulatory, luteal, follicular
- Progesterone, luteal, estrogen
- 

Q114 What is secondary amenorrhea?

- When an individual has not had a menstrual cycle by age 15
- When a menstrual cycle stops for one month or more
- When a regular menstrual cycle stops for more than three months, or an irregular menstrual cycle stops for more than six months
- When an individual has heavy periods
- 

Q115 True or False: Even though athletics may feel more challenging, performance is not usually impacted on the period.

- True
- False
-

Q116 True or False: If you are experiencing amenorrhea (primary or secondary) or significant changes to your menstrual cycle it's okay to wait and see how it progresses before talking to a doctor, parent, or coach.

- True
- False
- 

Q117 What are two key nutrients for strong bone health?

- Iron and Vitamin B12
- Calcium and Vitamin A
- Magnesium and Vitamin B12
- Vitamin D and Calcium
- 

Q118 What is the relationship between the menstrual cycle and bone health?

- Regular menstrual cycles indicate that levels of iron and Vitamin B12 are optimized
- Losing the menstrual cycle may mean estrogen levels are not high enough to support strong bone remodeling
- Losing the menstrual cycle is not related to bone health
- Regular menstrual cycles indicate that osteoblasts and osteoclasts are not optimized
- 

Q119 True or False: Our bones are constantly remodeling and adapting to stress.

- True
- False
-

Q120 True or False: Adolescence is a time-period of peak bone building.

- True
- False
- 

Q121 \_\_\_\_\_ are the building blocks of muscle tissue and \_\_\_\_\_ can help boost immunity

- Proteins; Fats
- Fats; Fluids
- Carbohydrates; Fluids
- Fats; Proteins
- 

Q122 What are the five components of a performance plate?

- Fluids, sugars, starches, grains, meats, and dairy
- Dairy, starches, grains, fruits, and fats
- Whole grains, proteins, fruit, vegetables, fats, and fluids
- Proteins, whole grains, dairy, meat, and pancakes
- 

Q123 True or False: Protein, fat, and carbohydrates are important components of the performance plate on every training day and every rest day

- True
- False
-



Q124 True or False: Low-normal iron levels, even in the absence of anemia, won't impact performance.

- True
- False
- 

Q125 True or False: More than 30% of college and elite athletes experience mental health conditions

- True
- False
- 

Q126 True or False: A helpful way to extend compassion to yourself is to be highly critical, with harsh self-talk.

- True
- False
- 

Q127 True or False: Shared vulnerability often deepens relationships and allows other to feel comfortable sharing their own stories.

- True
- False
-

Q128 True or False: What “strong” looks like for each athlete is profoundly different and can be highly dependent on genetics

- True
- False

End of Block: Knowledge Questions

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Start of Block: Health Information

Q153 Have you previously seen any of the FASTR Educational Videos?

- Yes
- No

Q154 If yes, where did you see them? (ie. social media, coaches, etc)

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Q155 Where do primarily you get your health information? (ie. general health, bone health, menstrual cycle, mental health, etc)

- Teachers
  - Coaches
  - Social Media
  - Friends/Peers/Teammates
  - Parent/Guardian
  - Physician/Athletic Trainer
  - Sports Performance/Strength Training Coach
  - Nutritionist
  - Online- other than social media (ie. blog posts, professional organizations, magazines)
  - Books/Textbooks
  - Other
- 

Q158 If other, where do you access health information?

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Q156 What social media platform do you primarily get health information from?

- Instagram
- TikTok
- YouTube
- Facebook
- Pinterest
- Twitter
- Other
- None

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Q162 If other, please specify what social media platform you use to access health information

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Q157 What TWO places do you primarily get your sports performance information? (ie. sports nutrition, strength training, sport specific training, etc)  
Please only select TWO options.

- Teachers
- Coaches
- Social Media
- Friends/Peers/Teammates
- Parent/Guardian
- Physician/Athletic Trainer
- Sports Performance/Strength Training Coach
- Nutritionist
- Online- other than social media (ie. blog posts, professional organizations)
- Books/Textbooks
- Other

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Q161 If other, where do you access sports performance information?

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Q160 What social media platform do you primarily get sports performance information from?

- Instagram
  - TikTok
  - YouTube
  - Facebook
  - Pinterest
  - Twitter
  - Other
  - None
- 

Q159 If other, please specify what social media platform you use to access sports performance information

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**End of Block: Health Information**

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