



LEAM Q - A questionnaire for male athletes

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The low energy availability in males questionnaire (LEAM -Q), focuses on physiological symptoms of relative energy deficiency. The following pages contain questions regarding health, injuries, cold sensitivity, gastrointestinal function and recovery. We appreciate you taking the time to fill out the LEAM-Q and the results 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 (V_{O_2max})?

_____ 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)

- Chronical 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. Dizziness

Mark the response that most accurately describes your situation

A: Do you feel dizzy or lightheaded when you rise quickly?

- 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 experience problems with vision (blurring, seeing spots, tunnel vision, etc.)

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

2. Gastrointestinal function

A: Do you feel gaseous or bloated in the abdomen?

- 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?

- 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. Regulation of body temperature at rest

A: Are you very cold even when you are normally dressed?

- Yes, almost every day Several times a week Once or twice a week or more seldom
 Rarely or never

B: Do you dress more warmly than your companions regardless of the weather?

- Yes, almost always Yes, sometimes Rarely or never

4. Health problem interfering with training or competition plans

Mark the response that most accurately describes your situation

In the following we will ask you some question regarding how often, during the last 6 month you have had to change plans concerning training or competition or not been able to perform your maximal during training due to a sport injury or illness. An *acute injury* appears suddenly for an obvious reason at a specific time (e.g. a sprain). An injury due to *overload* develops gradually (e.g. shin or Achilles, stress fracture).

A: How many acute injuries have you had during the past 6 months?

_____ acute injuries.

B: How many overload injuries (the same reoccurring overload injury, counts as a new injury for every new period) have you had during the past 6 months?

_____ overload injuries.

C. How many breaks in training have you had due to illness during the past 6 months?

_____ breaks in training due to illness.

D. During the last 6 months, how many days in a row, at the most, have you been absent from training/competition or not been able to perform optimally at training/competition due to an injury (acute/overload) or illness?

	None	1-7 days	8-14 days	15-21 days	More than 22 days
Acute injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overload injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments concerning your injuries: _____

Comments concerning your illnesses: _____

5. Well-being and recovery

Mark the response that most accurately describes your situation

A: Fatigue

A:1 I feel tired from work/school

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

A:2 I feel overtired

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

A:3 I'm unable to concentrate well

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

A:4 I feel lethargic

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

A:5 I put off making decisions

- Yes, always Yes, often Yes, sometimes rarely or never

B: Fitness

B:1 Parts of my body are aching

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

B:2 My muscle feels stiff or tense during training

- Yes, almost every training session Yes, often Yes, sometimes Rarely or never

B:3 I have muscle pain after performance

- Yes, after almost every training session Yes, often Yes, sometimes Rarely or never

B:4 I feel vulnerable to injuries

- Yes, always Yes, in most training periods Yes, in some training periods Rarely or never

B:5 I have a headache

- Yes, almost daily Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never

B:6 I feel physically exhausted

- Yes, almost daily Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never

B:7 I feel strong and am making good progress with my strength training

- Yes, always Yes, in most training periods Yes, in some training periods Rarely or never

5. Continued

Mark the response that most accurately describes your situation

C: Sleep

C:1 I get enough sleep

- Yes, almost every night
more seldom Rarely or never Yes, several nights a week Yes, once or twice a week or more seldom
-

C:2 I fall asleep satisfied and relaxed

- Yes, almost every night
more seldom Rarely or never Yes, several nights a week Yes, once or twice a week or more seldom
-

C:3 I wake up well rested

- Yes, almost every morning
more seldom Rarely or never Yes, several days a week Yes, once or twice a week or more seldom
-

C:4 I sleep restlessly

- Yes, almost every night
more seldom Rarely or never Yes, several nights a week Yes, once or twice a week or more seldom
-

C:5 My sleep is easily interrupted

- Yes, almost every night
seldom Rarely or never Yes, several nights a week Yes, once or twice a week or more seldom
-

D: Recovery

D:1 I recover well physically

- Yes, after almost all training sessions
never Yes, often Yes, sometimes Rarely or never
-

D:2 I'm in good physical shape

- Yes, always Yes, mostly Yes, sometimes Rarely or never
-

D:3 I feel I'm achieving the progress in training and competition that I deserve

- Yes, always Yes, in most training periods Yes, in some training periods Rarely or never
-

D:4 My body feels strong

- Yes, almost every day
Rarely or never Yes, several days a week Yes, once or twice a week or more seldom

Energy Levels

E:1 I feel very energetic in general

- Yes, almost every day Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never
-

E:2 I feel invigorated for training sessions and ready to perform well

- Yes, almost every day Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never
-

E-3 I feel happy and on top of my life outside sport

- Yes, almost every day Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never
-

E-4 I feel down and less happy than I used to feel or would like to feel

- Yes, almost every day Yes, several days a week Yes, once or twice a week or more seldom
 Rarely or never

Sex drive

F:1 Your sex drive can be a marker of the balance between training, rest and nutrition.

a) In general I would rate my sex drive as

- high moderate low I don't have much interest in sex

b) Over the last month I would rate my sex drive as

- stronger than usual about the same as usual a little less than usual
 much less than usual

F:2 It is common to wake in the morning with an erection

a) Over the last month, has this happened

- 5-7 per week 3-4 a week 1-2 a week Rarely or never

b) Compared to what you would consider is normal for you is this

- More often about the same a little less often much less often

Thank you!