



LEAM Q -

A questionnaire for male athletes

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1 A: Do you feel dizzy when you rise quickly?

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom, **0** Rarely or never

1 B: Do you experience problems with vision (blurring, seeing spots, tunnel vision, etc.)

3 Yes, several times a day **2** Yes, several times a week **1** Yes, once or twice a week or more seldom **0** Rarely or never

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

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

2 B: Do you get cramps or stomach ache?

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

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

1 Several times a day, **0** once a day, **2** Every second day, **3** Twice a week, **4** Once a week or more rarely

2 D: How would you describe your normal stool?

0 Normal (soft), **1** Diarrhoea-like (watery), **2** Hard and dry

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

3 Yes, almost every day, **2** Several times a week, **1** Once or twice a week or more seldom, **0** Rarely or never

3B: Do you dress more warmly than your companions regardless of the weather? **3** yes, almost always **1** Yes, sometimes **0** rarely or never

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

The number of acute injuries is the score

4 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?

The number of overload injuries is the score

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

The number of pauses in training due to illness is the score

4 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?

days	Non	1-7 days	8-14 days	15-21 days	More than 22
Acute injury	0	1	2	3	4
Overload injury	0	1	2	3	4
Illness	0	1	2	3	4

5 A:1 I feel tired from work/school

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom, **0** Rarely or never

5 A:2 I feel overtired

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

5 A:3 I'm unable to concentrate well

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom,

0 Rarely or never

5 A:4 I feel lethargic

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom,

0 Rarely or never

5 A:5 I put off making decisions

3 Yes, always **2** Yes, often **1** Yes, sometimes **0** Rarely or never

5 B:1 Parts of my body are aching

3 Yes, several times a day, **2** Yes, several times a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

5 B:2 My muscles feels stiff or tense during training

3 Yes, almost every training session, **2** Yes, often, **1** Yes, sometimes, **0** Rarely or never

5 B:3 I have muscle pain after performance

3 Yes, after almost every training session, **2** Yes, often, **1** Yes, sometimes, **0** Rarely or never

5 B:4 I feel vulnerable to injuries

3 Yes, always, **2** Yes, in most training periods, **1** Yes, in some training periods, **0** Rarely or never

5 B:5 I have a headache

3 Yes, almost daily, **2** Yes, several days a week, **1** Yes, once or twice a week or more seldom, **0** Rarely or never

5 B:6 I feel physically exhausted

3 Yes, almost daily, **2** Yes, several days a week, **1** Yes, once or twice a week or more seldom, **0** Rarely or never

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

0 Yes, always **1** Yes, in most training periods **2** Yes, in some training periods **3** Rarely or never

5 C:1 I get enough sleep

0 Yes, almost every night, **1** Yes, several nights a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

5 C:2 I fall asleep satisfied and relaxed

0 Yes, almost every night, **1** Yes, several nights a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

5 C:3 I wake up and well rested

0 Yes, almost every morning, **1** Yes, several days a week, **2** Yes, once or twice a week or more seldom **3** Rarely or never

5 C:4 I sleep restlessly

3 Yes, almost every night, **2** Yes, several nights a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

5 C:5 My sleep is easily interrupted

3 Yes, almost every night, **2** Yes, several nights a week, **1** Yes, once or twice a week or more seldom **0** Rarely or never

5 D:1 I recover well physically

0 Yes, after almost all training sessions, **1** Yes, often, **2** Yes, sometimes, **3** Rarely or never

5 D:2 I'm in good physical shape

0 Yes, always, **1** Yes, mostly, **2** Yes, sometimes, **3** Rarely or never

5 D:3 I feel I am achieving the progress in training and competition that I deserve

0 Yes, always, **1** Yes, in most training periods, **2** Yes, in some training periods, **3** Rarely or never

5 D:4 My body feel strong

0 Yes, almost every day, **1** Yes, several days a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

5 E:1 I feel very energetic in general

0 Yes, almost every day, **1** Yes, several days a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

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

0 Yes, almost every day, **1** Yes, several days a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

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

0 Yes, almost every day, **1** Yes, several days a week, **2** Yes, once or twice a week or more seldom, **3** Rarely or never

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

3 Yes, almost every day, **2** Yes, several days a week, **1** Yes, once or twice a week or more seldom, **0** Rarely or never

5 F:1a I would rate my sex drive as

0 high, **1** moderate, **2** low, **3** I don't have much interest in sex

5 F:1b over the last month I would rate my sex drive as

0 stronger than usual, **0** about the same, **1** a little less than usual **2** much less than usual

5 F:2a Morning erections: over the last month this has happened

0 5-7 per week, **0** 3-4 a week, **1** 1-2 a week, **2** rarely or never

5 F:2b compared to what you would consider normal for you is this

0 more often, **0** about the same, **1** a little less often, **2** much less often