Questionnaire for the Athlete
Level III, from Stage 2 (detailed version)

DGSP
Deutsche Gesellschaft für Sportmedizin und Prävention · seit 1912 (Dt. Sportärztebund) e.V.

Personal Information

Date: _____

Name, First Name: _____
Date of Birth: _____
Postal Code/City: _____
Street: _____
Phone number: _____
❍ female ❍ male

Family Illnesses (Family means: mother, father, siblings, grandparents)

1. Did a close relative die under 55 years of age from a heart attack? ❍ yes ❍ no
   If yes, who? _____ At what age? _____ years

2. Is a family member diabetic (diabetes mellitus)? ❍ yes ❍ no
   If yes, who? _____ At what age? _____ years

3. Has there been a sudden cardiac death in the family? ❍ yes ❍no
   If yes, who? _____ At what age? _____ years
   Cause known: ❍ yes, which? _____ ❍ no

4. Is there a noticeable heart disease in a close relative? ❍ yes ❍ no
   If yes, which? _____

5. Has a stroke occurred in the family? ❍ yes ❍ no
   If yes, who? _____ At what age? _____ years

Own Previous Illnesses

6. Are you aware of childhood diseases? ❍ yes ❍ no
   ❍ measles ❍ mumps ❍ rubella ❍ chickenpox ❍ scarlet fever
   ❍ whooping cough ❍ others: _____

7. Previous surgeries ❍ yes ❍ no
   ❍ tonsil surgery when? _____
   ❍ appendectomy when? _____
   ❍ hernia surgery when? _____
   ❍ others: _____ when? _____

8. Accidents / fractures ❍ yes ❍ no
   If yes, which / when? _____

Illnesses

9. Has a doctor told you that you have an enlarged heart? ❍ yes ❍ no
   If yes, when? _____

10. Were you ever diagnosed with a known heart disease? ❍ yes ❍ no
    If yes, which / since when? _____

11. Are you aware of any other illnesses? ❍ yes ❍ no
    If yes, which / since when? _____

12. Do you feel healthy now? ❍ yes ❍ no
    If no, what complaints do you have? _____

Specific Questions

13. Have you had in the last two years:
    - Sudden fainting during sports (collapse)? If yes, when? _____ ❍ yes ❍ no
    - Unconsciousness or dizziness during sports? If yes, when? _____ ❍ yes ❍ no
    - Heart pain during sports? If yes, since when? _____ ❍ yes ❍ no
    - Heart palpitations during and after sports? If yes, since when? _____ ❍ yes ❍ no
    - Unusual shortness of breath during sports? If yes, since when? _____ ❍ yes ❍ no

14. Do you have high blood pressure? ❍ yes ❍ no ❍ unknown
    If yes, since when? _____

15. Do you have ailments with muscles or joints? ❍ yes ❍ no
    If yes, where? _____

16. Do you feel insecure during physical exertion? ❍ yes ❍ no

17. For women: Are you pregnant? ❍ yes ❍ no

18. Do you have any ailments? ❍ yes ❍ no
    If yes: ❍ sleep disturbances ❍ loss of appetite ❍ constipation
    ❍ problems when urinating ❍ other: _____

19. Do you suffer from breathing difficulties? ❍ yes ❍ no
    ❍ shortness of breath ❍ cough ❍ sputum

20. Do you suffer from heart pain (tightness in the chest area)? ❍ yes ❍ no

21. Are you aware of any allergies? ❍ yes ❍ no
    If yes, which? _____

22. Have you lost significant weight in the last 4 weeks (> 2 kg)? ❍ yes ❍ no

23. Have you had an infection/cold in the last 3 weeks? ❍ yes ❍ no

Risk Factors

24. Do you have so-called risk factors?
    - Smoking ❍ yes ❍ no
    - Overweight ❍ yes ❍ no
    - Lipid metabolism disorder ❍ yes ❍ no
    - Diabetes ❍ yes ❍ no
    - Do you regularly drink alcohol? ❍ yes ❍ no

    ❍ Beer ❍ Wine ❍ Spirits Glasses per ❍ day ❍ week? _____

Previous Vaccinations

25. Enter only vaccinations known to you. ❍ yes ❍ no
    ❍ Tetanus, last on? _____ Tuberculosis ❍ Measles ❍ Whooping cough

❍ Chickenpox ❍ Hepatitis (liver inflammation): ❍ A ❍ B ❍
❍ Other: _____

Medications

26. Do you take medications regularly? ❍ yes ❍ no
If yes, which? _____

History of Sports

Discipline		From (year)	Until (year)	Sessions per week	Duration of the session
	❍ regularly ❍ irregularly				
	❍ regularly ❍ irregularly				
	❍ regularly ❍ irregularly				
	❍ regularly ❍ irregularly				
	❍ regularly ❍ irregularly				

27. What training period are you in?
❍ Preparation ❍ Competition ❍ Transition period

28. Are you yourself a…? ❍ Coach ❍ Instructor ❍ Physical education teacher

29. Has there been a sports break of more than two weeks recently? ❍ yes ❍ no
If yes, why? _____

Best Performances

Discipline	Achievement	Placement	Year