



## ATHLETE HEALTH QUESTIONNAIRE

What is your artistic swimming age (i.e. your age on December 31, 2021)?

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What is your height (in centimeters)?

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What is your biological sex?

Female

Male

Prefer not to disclose

How many years have you been participating in artistic swimming?

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Do you have any known medical conditions? Please check any that apply:

Heart disease

Heart failure

Abnormal heart rhythm

High blood pressure

Low blood pressure

Diabetes

Arthritis

Osteoporosis

Cancer

Liver disease

Kidney disease

Endocrine disorder

Asthma

Chronic Obstructive Pulmonary disease

Pulmonary High Blood pressure

Spinal cord injury

Stroke

Anxiety

Depression

Eating disorder

Learning disability

Allergies (anaphylaxis)

Other, please specify:

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Are you currently taking any prescribed medications for a chronic medical condition?

No

Yes, please specify:

\_\_\_\_\_

Have you suffered any bone, joint or soft tissue injury within the past 12 months?

No

Yes, please list:

\_\_\_\_\_

Do you have any pre-existing (i.e. not caused by sport participation) conditions that affect your bones, joints, and/or muscles?

No

Yes, please specify:

\_\_\_\_\_

Have you ever been diagnosed with a concussion?

No

Yes, how many:

\_\_\_\_\_

Has a doctor ever put medical restrictions on your activity (i.e. said you cannot do physical activity or said any physical activity must be medically supervised)?

No

Yes