

NCAA Wrestling Survey

GENERAL INFORMATION

1. Current year in college: _____ 2. Age: _____ yrs
3. How much do you weight? _____ lbs 4. How tall are you? ____ feet ____ inches

WEIGHT HISTORY AND DIETING PATTERNS

5. Last years (98-99) weight class: _____ lbs
6. What was your record in 1998-99? _____ wins _____ loses
7. What is your career record since 9th grade? _____ wins _____ losses
8. Which of the following describes your accomplishments this past season (circle all that apply):
- A. Placed in the top three at regional or league championships
 - B. Qualified for NCAA's
 - C. Place in top 6 at NCAA's
9. At what age did you begin wrestling? _____ yrs
10. At what age did you begin cutting weight for wrestling? _____ years _____ never cut
11. Using the scale below, please rate the amount of influence that each individual listed below has had on your weight loss practices.
- | | | | | |
|-----------------------------|---|------------------------------|---|------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not influential | | Unsure | | Very Influential |
| _____ Fellow wrestlers | | _____ High school coach | | _____ My college coach |
| _____ Former wrestlers | | _____ Parents | | _____ My physician |
| _____ Team Trainer | | _____ Nutritionist/Dietitian | | _____ NCAA rule change |
| _____ Other (explain) _____ | | | | |
11. What is the MOST WEIGHT that you cut LAST year to make weight? _____ lbs. _____ never cut
12. How many times LAST year did you have to cut weight to make weight? _____ times _____ never cut
13. How many pounds did your weight fluctuate every week during LAST wrestling season? _____ lbs.
14. What was your weight post-season in April? _____ lbs.
15. Have you ever been treated for an eating disorder? _____ Yes _____ No

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16. Do you consider yourself: (circle one)
- | | | | | |
|------------------|-------------|-------------|------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Underweight | Underweight | About Right | Overweight | Very Overweight |
17. During wrestling season, do you have to consciously restrict your food intake in order to control your weight? (circle one)
- | | | | | |
|-------|--------|-----------|------------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Frequently | Always |

Questions 18-22 address binge eating. Binge eating is defined as eating much more than most people would eat, under the same circumstances, where you feel you may not be able to stop. Circle your response to each item. (If you never binge eat, please circle 'A' for each question.)

18. How often do you binge eat?
- A. I never binge eat
 - B. Once or twice a month
 - C. Once a week
 - D. Two or three times a week
 - E. Almost every day
- IF you circled D or E, how long have you been binge eating?*
- A. One month or less
 - B. One or two months
 - C. Three or four months
 - D. Five months or more
19. Which of the following activities do you engage in after binge eating? (Circle all that apply)
- A. I never binge eat
 - B. Vomiting
 - C. Using laxatives
 - D. Using diuretics
 - E. Vigorous Exercise
 - F. None of the above
20. How much are you concerned about your binge eating?
- A. I never binge eat
 - B. Not bothered at all
 - C. Bothers me a little
 - D. Moderately concerned
 - E. A major concern
21. Which best describes your feelings DURING a binge?
- A. I never binge eat
 - B. I rarely feel out of control
 - C. I sometimes feel out of control
 - D. I often feel out of control
 - E. I always feel out of control

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22. Which of the following best describes your feelings AFTER a binge?

- A. I never binge eat
- B. I feel neutral, not concerned
- C. I am moderately upset
- D. I hate myself

23. Do you feel out of control while eating or that you won't be able to stop eating (Circle one for each situation):

Days before match	Never	Rarely	Sometimes	Often	Always
After weigh-in	Never	Rarely	Sometimes	Often	Always
After a match	Never	Rarely	Sometimes	Often	Always
During off-season	Never	Rarely	Sometimes	Often	Always

24. LAST wrestling season how often did you use the following methods to lose weight? (Check all that apply)

METHOD	FREQUENCY OF USE				
	Daily	3-4 times per week	Once per week	Every 2-4 weeks	Never
Gradual Dieting	_____	_____	_____	_____	_____
Restricting Food <i>(skipping 1 or 2 meals)</i>	_____	_____	_____	_____	_____
Fasting <i>(not eating all day)</i>	_____	_____	_____	_____	_____
Restricting Fluids	_____	_____	_____	_____	_____
Increased Exercise	_____	_____	_____	_____	_____
Heated Wrestling Room	_____	_____	_____	_____	_____
Saunas	_____	_____	_____	_____	_____
Rubber/Plastic Suit	_____	_____	_____	_____	_____
Spitting	_____	_____	_____	_____	_____
Laxatives	_____	_____	_____	_____	_____
Diet Pills	_____	_____	_____	_____	_____
Diuretics (Water pills)	_____	_____	_____	_____	_____
Enemas	_____	_____	_____	_____	_____
Vomiting	_____	_____	_____	_____	_____

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25. Please indicate whether or not you take any of the following substances (check all that apply). For the substances you take, use the scale below to indicate why you are taking each substance (place the number corresponding to the reason under “why used”, use as many reasons as apply).

Reason Substance is Used

- | | |
|------------------------------|------------------------------|
| 1. Increases muscle strength | 5. Decreases appetite/hunger |
| 2. Increases weight/fat loss | 6. Promotes water loss |
| 3. Increases energy | 7. Enhances immune system |
| 4. Increases stamina | |

	During Season	Off-season	Don't Use	Why Used
TYPE OF SUBSTANCE				
Amino Acids	_____	_____	_____	_____
Androstenedione	_____	_____	_____	_____
Caffeine <i>(pills/ powders or more than 8 cups coffee/cola per day)</i>	_____	_____	_____	_____
Chromium	_____	_____	_____	_____
Creatine	_____	_____	_____	_____
DHEA	_____	_____	_____	_____
Ephedrine, Ma Huang	_____	_____	_____	_____
Echinacea	_____	_____	_____	_____
Glutamine	_____	_____	_____	_____
HMB	_____	_____	_____	_____
Protein powders	_____	_____	_____	_____
Multivitamin	_____	_____	_____	_____
Multimineral	_____	_____	_____	_____
Vitamin B complex	_____	_____	_____	_____
Vitamin C	_____	_____	_____	_____
Vitamin E	_____	_____	_____	_____
Others: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Thank you for your help