## **Questionnaire:**

**Questionnaire nº:\_\_\_\_\_\_\_\_\_\_**

**First section: (demographics)**

1.General Information:

1. Gender: ( ) Male ( ) Female
2. Age: \_\_\_\_\_\_\_\_\_\_\_\_ years

2. Marital Status:

1. ( ) Single
2. ( ) Married
3. ( ) Divorced
4. ( ) Widower

3. Level of educationHigh school or lower

1. Bachler degree
2. Master degree or higher
3. other ( \_\_\_\_\_\_\_\_\_\_\_\_ )

**Second section: (Training habits)**

4. How long have you been training in the gym?

1. ( ) Less than 6 months
2. ( ) more than 6 months up to 1 year
3. ( ) more than 1 year up to 3 years
4. ( ) More than 3 years

5. What period do you usually train normally?

* 1. ( ) Morning b. ( ) Afternoon c. ( ) Night

6. How often do you train?

* 1. ( ) 2 times or less per week
  2. ( ) 3 times a week
  3. ( ) 4 times a week
  4. ( ) 5 or more times a week

7. How many hours do you train during the WEEK?

* 1. ( ) up to 1h on average
  2. ( ) from 1 to 3h on average
  3. ( ) from 3 to 5h on average
  4. ( ) More than 5h on average

8. What is the main purpose of your training? (you can score more than one)?

a. ( ) Muscle building

b. ( ) Weight loss

c. ( ) General fitness

d. ( ) Professional competitions

e. ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third section: (nutritional habits)**

9. Do you have any nutritional monitoring?

* 1. ( ) Yes b. ( ) No

10. by whom?

1. certified nutritionist
2. fitness coach
3. other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you use dietary supplements?

1. ( ) Yes B. ( ) No

12. If “YES”. which one do you use: (can mark more than one)?

a. ( ) Protein

b. ( ) Amino Acid

c. ( ) Vitamins

d. ( ) Creatine

e. ( ) Anabolic Steroids

f. ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

13. If “YES”. How many days a week?

a. ( ) Up to 3 days

b. ( ) Up to 5 days

c. ( ) Up to 6 days

d. ( ) Daily

14. Regarding the use of anabolic steroids, (currently):

a. ( ) Have you used it in the past and stopped

b. ( ) Currently use it

c. ( ) I Think about using it in the future

d. ( ) Does not use any

e. ( ) Not aware of what anabolic steroids are

15. if you answered yes at any point, When was the last time you used anabolic steroids?

a. ( ) this month

b. ( ) less than 3 months ago

c. ( ) between 3 - 6 months ago

d. ( ) More than 6 months ago

e. ( ) a year or more

f. ( ) non applicable

16. Started using at what age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Have you tried or still using any type of stimulants or prescription drugs for training purposes?

1. amphetamine stimulants
2. insulin
3. thyroxin
4. Caffeine
5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Did not try any

18. When was the last time you used it?

a. ( ) this month

b. ( ) less than 3 months ago

c. ( ) between 3 - 6 months ago

d. ( ) More than 6 months ago

e. ( ) a year or more

f. ( ) non applicable

19. Started using at what age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. What source of information and / or indication did you use for the use of any of the above (you can check more than one)?

a. ( ) Instructor / Personal Trainer recommendation

b. ( ) Friend recommendation

c. ( ) Doctor recommendation

d. ( ) Internet

e. ( ) Other. Which:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. How did you get them (you can score more than one)?

a. ( ) In Pharmacy, with prescription

b. ( ) In Pharmacy, without prescription

c. ( ) Friends

d. ( ) Others.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Have you experienced any side symptoms during your period of use?

* 1. ( ) Yes b. ( ) No

If “YES”. Which (can mark more than one)?

a. ( ) High pressure

b. ( ) Headaches

c. ( ) Nausea / Vomiting

d. ( ) Irritability / Aggressiveness

e. ( ) Acne

f. ( ) Dependency

g. ( ) Depression

h. ( ) Voice thickening

i. ( ) Increased libido

j. ( ) Decreased libido

k. ( ) Amenorrhea

l. ( ) Gynecomastia

m. ( ) Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Did you stop using them?

1. ( ) yes
2. ( ) no

24. After stopping did all the symptoms disappear?

* 1. ( ) Yes b. ( ) No c. ( ) Some. Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. did you seek any medical advice for any drug use?

a. ( ) Yes. What specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. ( ) No

26. Why did you use the above medication (you can check more than one)?

a. ( ) to improve body physique d. ( ) Therapeutic

b. ( ) increase my performance e. ( ) Curiosity

c. ( ) Body building competition f. ( ) Other Which:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fourth section: ( life style)**

27. What type of housing do you live in?

1. apartment
2. house
3. dorm
4. compound
5. other: \_\_\_\_\_\_\_

28. How much income do you have per month: ( estimated income)

1. less than 5000 Saudi Riyal
2. 5000 - 10000 Saudi Riyal
3. more than 10000 Saudi Riyal

29. Who do you live with?

1. Alone
2. with a spouse
3. with family
4. with a friend
5. Other: \_\_\_\_\_\_\_

30. How much do you pay for your gym fees per 3 months:

1. 500 -1000 Saudi Riyal
2. 1000 - 3000 Saudi Riyal
3. More than 3000 Saudi Riyal

31. Do you train alone or use the help of a trainer:

1. Alone
2. supervised by a trainer
3. Other: \_\_\_\_\_\_\_\_