

Questionnaire for exertional rhabdomyolysis (Original text in Chinese)

No. _____

Date: ____ (year) ____ (month) ____ (day)

Instructions for investigation and integrity: This questionnaire is exclusively used for medical research. All personal information will never disclose. The figures you fill in may affect doctors' and health officers' understanding and treatment of the diseases. Please fill in the figures **seriously, truthfully and independently.**

Demographics

Name: _____ Gender: male female Ethnicity: _____

Unit: _____ academy _____ brigade _____ battalion _____ squad

Birthday: ____y____m____d Height: ____cm Weight: ____kg; ID No.: _____

Enlistment date: ____y____m____d Pre-enlistment residence: ____province____city____county
village

Military status: recruit private corporal (years of service ____) other type of personnel: _____

Unit before enrolling: school the Army the Navy the Air Force Others: _____

Work engaged before enrolling (only for the enlisted): Infantry Orderly Driver Canteen Worker Medic
Guard Warship soldiers Ground staff Other: _____

Enrolling date: ____y____m____d

Medical history

Symptoms (multiple) : fever/hyperthermia nausea vomit fatigue/weak dizzy faint amaurosis flushed
profuse sweating anhidrosis thirst muscle bulges muscle pains edema stiffness cramps
activity limitation nothing other symptoms _____

Color of the urine (the worst time): black (like soy sauce) brown (like black tea) deep yellow (like green
tea) light yellow colorless

Time of the darkest urine (Skip if normal all the time): ____y____m____d____h____min(24-hour)

Location(s) of muscle discomfort: upper limbs lower limbs chest abdomen back (Skip if normal)

Exercise-related factors

Training program: (1) long race ____performance____; (2) sprint ____performance____; (3) push-ups
performance____; (4) push-ups ____performance____; (5) horizontal bar ____performance____; (6)
parallel bars ____performance____; (7) leapfrog ____performance____; (8) crawl ____performance____;
(9) other training program _____, ____performance____

The most tiring program you think _____, occurrence time ____m____d____h____min ((24-hour),

Clothes worn in training: short-sleeved physical training uniform "long-short" mix long-sleeved combat
uniform other clothes _____

Extra weight for training: no yes (3kg5kg10kg15kg20kg and more)

Training field: indoor training ground tank cabins mountains forests water other (details)_____

Other health-related information

1. Mental and physical fitness before training (multiple) : fine a cold diarrhea fever (Temp___°C)
weak/fatigue return from vacation Stay up the night before anxiety insomnia other condition_____

2. Prior diseases: yes (details)_____ no;

Darkened urine which seemed obviously abnormal after exercise BEFORE enrolling: yes (details)_____ no;

Had ever any medication? no yes (details _____, _____, _____)

Average daily sleep hours in the week before training: <5h 5-6h 7-8h >8h

Subjective sleep quality: good in-between poor (insomnia dreaminess sleeping too shallow)

Diet before training: normal anorexia fasting

Dietary habit: not particular vegetarian carnivorous

The frequency of eating fruits: everyday 3-6 times a week once or twice a week <once a week

Cooling facility in the dormitory: air conditioner air fan no cooling facility

Hydrating habits: no hydration until thirsty extremely irregular hydrating initiatively

Daily water consumption in the week before training: <1L 1L~2L 2L~3L ≥3L

Water replenishment on training day: <1L 1L~2L 2L~3L ≥3L

Water replenishment within 1 hour before training: yes (100ml~500ml 500ml~1L 1L~2L ≥2L) no (<100ml);

Water replenishment during training: yes (100ml~500ml 500ml~1L 1L~2L ≥2L) no (<100ml)

3. Physical exercise:

Physical exercise regularly or not: yes, no

Physical exercise intensity in the past six months: Exercise every day for at least 0.5 hours a day; Exercise at least once a week for at least 1 hour; Exercise at least once a month for at least 1 hour; less than once a month, or less than 1 hour a month

The most frequent exercise: long race sprint hiking long distance bicycle ball games muscular training
boxing others_____ none

Subjective training intensity after enrolling: lower than the physical exercise intensity before equal to the physical exercise intensity before higher than the physical exercise intensity before

What are your thoughts on training and training-related injuries? (optional)

Signature: _____ **contact number:** (Telephone) _____ (Mobile) _____

Date: **y** **m** **d**