

Supplementary file 1 : Questionnaire on risk of sport participation

1. Past medical history, have you had:

- 1.1 Severe cardiac arrhythmia?
- 1.2 Myocardial infarction?
- 1.3 Heart surgery?
- 1.4 Intracardiac catheter?
- 1.5 Coronary angioplasty (dilatation by balloon, stenting)?
- 1.6 Pacemaker or heart defibrillator?
- 1.7 Cardiac insufficiency?
- 1.8 Heart transplantation?
- 1.9 Congenital heart defect?

2. Past and present complaints

- 2.1 Chest pain / discomfort during physical exertion?
- 2.2 Dyspnea (uncommon breathlessness)?
- 2.3 Dizziness/unconsciousness?
- 2.4 Palpitations, tachycardia, pulse irregularities?
- 2.5 Intake of any cardiac drugs?

3. Other disorders

- 3.1 Muscular or articular complaints?
- 3.2 Other drugs?
- 3.3 Insecurity during physical exertion?
- 3.4 For females: Pregnancy?

4. Cardiovascular risk factors

- 4.1 Are you male over 45 years?
- 4.2 Are you female over 55 years or you have had a hysterectomy or you are menopausal?
- 4.3 Smoker (active / in the past 10 years)?
- 4.4 Your blood pressure is over 140/90 mmHg or you take antihypertensive drugs?
- 4.5 Your cholesterol level is over 240 mg/dl?
- 4.6 Myocardial infarction, stroke, marfan disease or sudden cardiac death in the family ?
(Father resp. brother before age of 55 years/ Mother resp. sister before 65 years)?
- 4.7 You are diabetic or you take antidiabetic drugs?
- 4.8 Sports activity less than 90 min/week?
- 4.9 You have a Body Mass Index (BMI) over 30 ?