



WORLD ANTI-DOPING AGENCY
play true



WORLD BRIDGE FEDERATION
International Sport Federation
recognized by the IOC



4th WORLD YOUTH OPEN BRIDGE CHAMPIONSHIPS
OPATIJA AUGUST 2015

Mind & Health play together

WBF Health Interview Survey

1. Methodology

WHY IS IT IMPORTANT?
Collecting data on Perceived Health-Related Quality of Life, Behavioural risk factors, Chronic Diseases and medication and supplement consumption among **Mind Sport Athletes** is of great importance because they have different characteristics compared to other athletes, such as a broader age range (going up to ages more prone to chronic diseases needing pharmaceutical treatment) and a focus on mental rather than physical performance.

Despite this, the WADA prohibited list and TUE procedures do not differ from those applied for sport disciplines mostly oriented on physical performance.

The results of this Survey will help WBF to inform IOC about the **health needs of bridge players** from many countries and from all continents and provide WADA with useful data to assist the revision and adaption procedures toward simplification of the TUE process.

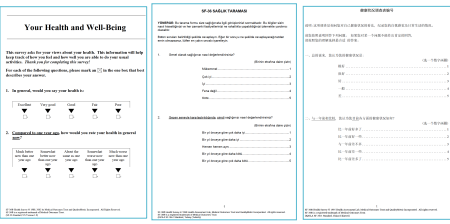
BACKGROUND
Following the **IOC mandate** for Sport Federations to **monitor Health status and promote a healthy lifestyle** among their athletes, the WBF President, with the advice of WBF Medical Commission, identified health monitoring among international athletes as a priority

PREVIOUS EXPERIENCES
One hundred and thirty-six Top Bridge Open and Women Players from 24 countries participated in this Survey during the 14th World Bridge Games in **2012 in Lille**, France, the 31st World Bridge Teams Championships in **2013 in Bali**, Indonesia and the 14th World Series in **2014 in Sanya**, China.
Ninety-seven Junior and Girls team players participated during the 14th World Youth Bridge Championship in **2014 in Istanbul**, Turkey.

WHO SHOULD PARTICIPATE TO THIS SURVEY?
Players in the **Teams Swiss/KO Championship**



WHAT ARE PARTICIPANTS SUPPOSED TO DO ?
1) Fill out an anonymous Health-Related perceived Quality of Life Questionnaire (**SF-36 v1®**)
• available in different languages
2) Take a brief (< 10 min) structured **Interview** in English
• on Behavioural risk factors, Chronic Diseases and Medication and Supplement consumption

The **SF-36 v1®**

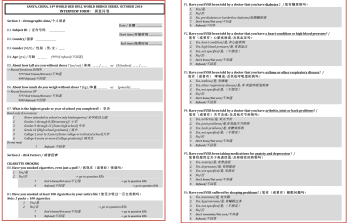


Completion of Doping Control Form

The athlete is asked to provide information about any prescription/non-prescription medications or supplements he or she has taken recently. These medications are recorded on the doping control form. The athlete should confirm that all of the information on the doping control form is correct, including the sample code number.

The **Interview**




IMPROVE YOUR AWARENESS!
One of the purposes of the Survey is to **motivate** bridge players:

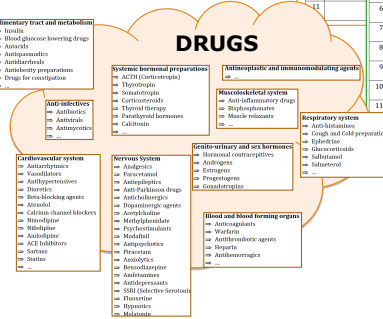
a) to be trained to remember all the substances they have used in the week before the interview
b) to be aware of the importance of an accurate reporting of drugs and dietary supplements

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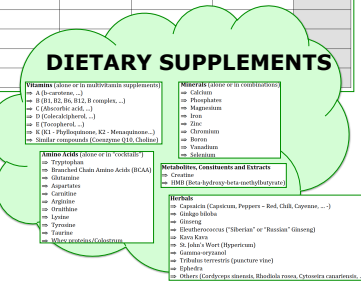
Giovanni CAPELLI
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DRUGS




DIETARY SUPPLEMENTS






WORLD BRIDGE FEDERATION
Medical & Prevention Commission

Giacinto PW (Chair), Aubrey T, Federico B, Capelli G, Jaimoni G, Mikhalson F, Stomphorst J, Dagouret F, Gudge A (Secr)




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2. Prescriptions and dietary supplements

CAN YOU REMEMBER WHAT SUBSTANCES YOU HAVE TAKEN LAST WEEK?
Remembering commercial names and substance content of any Prescription and Non-Prescription Drug or Dietary supplement that you assumed, for any reason, in the days before a competition may be VERY important in case you are selected for Doping Control.
This will help you to fill in the Doping Control Form in the most accurate and complete way.

DS1: Please write in CAPITAL LETTERS the names of each drug that you assumed in the last 7 days /
请写出您最近 7 天内所服用过的所有药物


N.	Commercial name 商业名称	Active substance 药物成分	Prescribed / Recommended by 药方来源	Reason for use 使用原因	ATC code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

DS2: Please write in CAPITAL LETTERS the names of each dietary supplement that you assumed in the last 7 days /
请写出您最近 7 天内所服用过的所有营养补充品

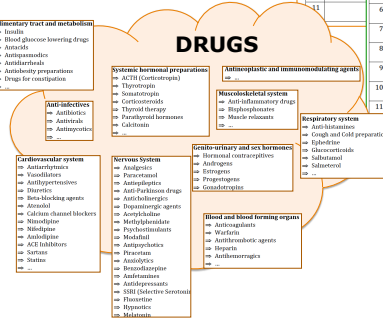
N.	Commercial name 商业名称	Active substance 药物成分	Prescribed / Recommended by 药方来源	Reason for use 使用原因	Substance code
1					
2					
3					
4					
5					
6					
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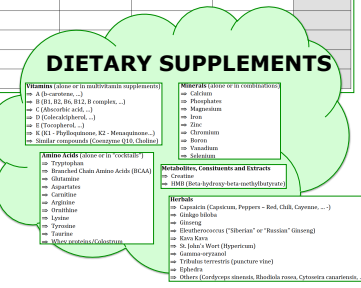
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