Eligibility
The NCSF online quizzes are open to any currently certified fitness professional, 18 years or older.

Deadlines
Course completion deadlines correspond with the NCSF Certified Professionals certification expiration date. Students can obtain their expiration dates by reviewing either their certification diploma or certification ID card.

Cancellation/Refund
All NCSF continued education course studies are non-refundable.

General Quiz Rules
- You may not have your quiz back after sending it in.
- Individuals can only take a specific quiz once for continued education units.
- Impersonation of another candidate will result in disqualification from the program without refund.

Disqualification
If disqualified for any of the above-mentioned reasons you may appeal the decision in writing within two weeks of the disqualification date.

Reporting Policy
You will receive your scores within 4 weeks following the quiz. If you do not receive the results after 4 weeks please contact the NCSF Certifying Agency.

Re-testing Procedure
Students who do not successfully pass an online quiz have the option of re-taking. The fees associated with this procedure total $15 (U.S) per request. There are no limits as to the number of times a student may re-test.

Special Needs
If special needs are required to take the quiz please contact the NCSF so that appropriate measures can be taken for your consideration.
Quiz Rules

What Do I Mail Back to the NCSF?
Students are required to submit the quiz answer form.

What do I Need to Score on the Quiz?
In order to gain the .5 NCSF continued education units students need to score 80% (8 out of 10) or greater on the CEU quiz.

Where Do I Mail My Quiz Answer Form?
You will mail your completed answer form to:

NCSF
Attn: Dept. of Continuing Education
5915 Ponce de Leon Blvd., Suite 60
Coral Gables, FL 33146

How Many CEUs Will I Gain?
Professionals who successfully complete the any continuing education quiz will gain .5 NCSF CEUs per quiz.

How Much does each quiz cost?
Each quiz costs the student $15.00.

What Will I Receive When The Course Is Completed?
Students who successfully pass any of the NCSF online quizzes will receive their exam scores, and a confirmation letter.

How Many Times Can I Take The Quizzes For CEUs?
Individuals can take each NCSF quiz once for continuing education credits.
ANABOLIC ANDROGENIC STEROIDS (AAS) have become commonplace in sports as an extremely effective means for performance enhancement. In the sixties and seventies the drugs were far less common, and use centered on bodybuilding and resistance-based sports; although some documents suggest Olympic athletes were already using them with some level of consistency. In gyms, dianabol was the secret serum of the time, producing significant results for users. In the eighties the word got out that these drugs had dramatic affects on key characteristics for success in anaerobic sports, and AAS popularity and use among athletes grew significantly. Although doping dates back to the early 1900s, the Olympics of 1988 are likely viewed as the most scandalous to date due to the purported rampant use among athletes and obvious controversies in the track events surrounding Ben Johnson and Carl Lewis.

Today it seems that there is a steroid scandal every month among professional athletes, and while baseball has fielded the brunt of the media frenzy, other leagues experience the same issues; they simply manage the press more effectively. Steroid use among professional athletes though should not be a surprise as their careers, legacy, and bank account depend on performance. The reality is steroids do not make professional athletes, they make professional athletes better. This aspiration for greatness however explains why high school and college student athletes use steroids. In fact, surveys of high school students suggest steroid use is as high as 4-6%, depending on the state being surveyed. This is among all students, not just athletes; which if measured independently would likely result in an alarming increase in the percentage. Surprisingly, females represent roughly 1.5%; and this is through self-admitted surveys suggesting the numbers may be higher. Equally surprising is the number of non-athletes who use the drugs, with the most common stated goal being gains in muscle mass. Psychologists often cite body dysmorphia and psycho-emotional insecurities with non-performance based use.

While these numbers are alarming, the use of steroids among fitness enthusiasts is far more dramatic than ever before. Bodybuilding, fitness, figures, and now exercise competitions have driven steroid...
use up significantly among this population. What is surprising though is how steroids have become mainstream and socially acceptable. If fitness is for health, then illegal steroids would have no place; but new “cultural hiccups” surround this once social taboo. Doctor-prescribed hormone replacement therapy, hormone optimization, hormone management and other market buzz words are now part of the culture. Feel tired? Not motivated? Reduced sex drive? Gained weight since you were twenty? Must be low testosterone.

Evidently cash for steroids has become part of the doctor-patient relationship. The interesting question that may come to mind is why do many hormone replacement clinics not accept insurance for the services if there are true medical conditions? And why were twenty professional baseball players recently linked to a hormone clinic scandal; maybe they had a reduced sex drive?

According to recent surveys of elite athletes, most consider doping substances “effective” in improving performance; while at the same time acknowledge that they constitute cheating, can endanger health, and predispose risk of significant sanction. The surveys also identified the primary reasons why athletes start to take performance enhancing substances in the first place; among the responses: to achieve athletic success, to improve performance, financial gain, to improve recovery, to prevent nutritional deficiencies and “because other athletes also use them.” Interestingly related research from Mikel Zabala and Jaime Morente-Sánchez from the Department of Physical and Sports Education at the University of Granada suggests a “widespread belief among elite athletes that the fight against doping is inefficient and biased, and that the sanctions imposed are not severe enough.”

Therefore, if elite athletes who risk disqualification, public shame, and professional sanctioning continue to use AAS, what would deter a fitness enthusiast without the threat of sanction from doing the same? For fitness professionals this creates quite a conundrum; the easiest way to get in top shape is to use steroids; the easiest way to improve fitness performance and exercise output is to use steroids; the easiest way to improve fitness performance and exercise output is to use steroids; the easiest way to improve fitness performance and exercise output is to use steroids. But isn’t it unethical and immoral to present an impressive physique or perform better than peers in competition by using illegal drugs? Likewise, isn’t it professional false-representation to use steroids without disclosing that one’s personal fitness and appearance were attained with the help of drugs? Many consumers believe that all people in the fitness magazines attain that excellent form naturally. Void of the ethical consideration, from a moral perspective one has to ask themselves is it fair to the profession, clients, and related stakeholders to...
take illegal steroids and more specifically to do so without disclosure?

While using illegal drugs is certainly inappropriate and an offense that would justify dismissal from a job, there is a greater concern associated with steroids abuse (use denotes physician-prescribed for a diagnosed medical condition). There are significant psycho-emotional and physical side effects that can be irreversible, and even deadly. What is worse is the drugs may be fake, tainted or counterfeit-concoctions as distributors other than medical doctors are not regulated (because they are illegal). Another consideration is the way the drugs are administered. While pill forms exist, many AAS are injected. Intramuscular injections are not benign applications by any means. When compared to other illegal injected drugs, where users are often in a significant state of mental disparity, steroid abuse is fairly unique. Most injected drug abuse is a consequence of psycho-emotional issues and years of gateway drug use and addiction; steroids on the other hand are injected as an introduction in many cases and on a fairly frequent basis. Injecting illegal drugs of any kind is demonstrative of serious problems and steroids abuse should be categorized accordingly.

Regardless of the ethics and morals associated with steroid use, there are serious considerations that go beyond right or wrong. AAS have both short- and long-term effects and may even result in death. While numerous physical side effects have been reported there are also mental risks. Aggressiveness, irritability, emotional highs and lows, depression, and even thoughts of suicide have been associated with steroid use. Perhaps even more alarming are the long-term effects. In studies of elite athletes, residual mental health problems have been documented. Researchers published in British Journal of Sports Medicine proposed a link between use of AAS and mental health consequences later in life. University of Gothenburg’s Centre for Education and Research on Addiction along with investigators from Sahlgrenska University Hospital, found a connection between abuse of AAS and mental health problems many years later. Of the 700 former elite athletes surveyed (weightlifters, wrestlers and throwers), 20% admitted to using AAS between 1960 and 1979.

Upon analysis of the admitted former steroid users, researchers found a clear link between the use of AAS and depression, concentration problems, and distinct behavioral irregularities. Additionally, researchers found that users were more likely to

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**Summary of negative physical side effects associated with AAS abuse:**

- **Increased risk for cardiovascular/organ disease or related issues:**
  - Heart disease, myocardial and left ventricular hypertrophy, heart attack, stroke, hypertension and atherosclerosis, increased LDL cholesterol, drastic reduction in HDL cholesterol
  - Liver damage, hepatic neoplasms and carcinoma, liver tumors
  - Kidney stones, jaundice, bloody stool, nausea and vomiting, difficulty breathing
  - Increased risk of sudden death due to cardiac events

- **Hematological (blood related) issues:**
  - Blood clotting dysfunction, high risk of blood poisoning, risk of contracting blood-borne pathogens

- **Musculoskeletal system issues or damage:**
  - Increased susceptibility to injury, cramps, tremors, tendon damage, muscle tears

- **Reproductive, dermatological, and endocrine-related issues or disorders:**
  - Male-specific issues: shrinkage of testicles, prostate enlargement with increased risk of cancer, sexual dysfunction, loss of fertility, gynecomastia (development of male breast tissue)
  - Female-specific issues: loss of menstruation and fertility, permanent enlargement of external genitalia, breast atrophy, masculinization, irreversible deepening of the voice
  - Greasy skin, severe acne vulgaris, mouth and tongue soreness, male-pattern hair loss, increased growth of face and body hair
  - Reduced/halted production of testosterone from the gonads during and for months after use

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have addiction issues and had abused other illicit drugs/alcohol, which is common of most drug users. However, it still remains unclear whether the steroid use was the actual cause of the mental health problems or whether pre-existing mental health problems promoted the steroid use. In either case, it seems psychiatric symptoms and the abuse of steroids and other drugs tend to reinforce each other in a vicious cycle. Clearly, steroid abuse must be considered within the same category of other addictive drugs, and concerns should be elevated for long-term mental consequences.

The physical side effects of steroids tend to be more of the focus as they are often impressive and generally considered positive. Gains in mass, strength, and power provide clear benefits in anaerobic sports.

Injecting illegal drugs of any kind is demonstrative of serious problems and steroids abuse should be categorized accordingly.

Likewise, the cycling circuit has demonstrated they can be very helpful in endurance activities as well. What most users fail to realize are the negative physical side effects, which can lead to deleterious cardiovascular problems including premature coronary artery disease (CAD), heart attack, stroke and even death. High blood pressure, peripheral clots and changes in blood chemistry are also relevant problems that can lead to long-term damage. Acute side effects may be reversible whereas many of the androgenic side effects can be permanent, particularly in women.

Regardless of the personal justification for the use of AAS and other illegal performance enhancement drugs, the fact stands that use is both illegal and unethical unless a true medical purpose exists. As previously detailed, these drugs can have significant long-term side effects, have been associated with premature death from physical problems, and may even increase risk of suicide. Fitness professionals should promote health and embody the natural benefits of exercise and a proper diet. Individuals who sell themselves as experts in the ability to help others attain health and fitness through training instruction should educate clients to safe and effective wellness techniques while remaining transparent in their own physical regimens. Fitness professionals have a fiduciary responsibility to educate clients to the risks of steroids and to help prevent their use in society.

Keep clients SAFE

The NCSF Professional Career Center is full of employers with something in common – they are all seeking qualified NCSF professionals.

The Career Center provides job opportunities from around the country and is updated everyday.

Go online to review, apply, and get the job you are looking for today.
CEU Quiz
Anabolic Steroids

1. During the 1960s and 1970s ________ was one of the first anabolic steroids to become popular in bodybuilding gyms.
   a. Testolactone
   b. Dianabol
   c. Stanozolol
   d. None of the above are correct

2. Current surveys of high school students suggest steroid use is as high as 4-6% depending on the state being surveyed; surprisingly, females represent roughly ________ of users.
   a. 1.0%        b. 1.5%
   c. 2.0%        d. 3.0%

3. True or False? Psychologists often cite body dysmorphia and psycho-emotional insecurities with non-performance based use of AAS.
   a. True        b. False

4. Which of the following is a potential negative psychological side effect of AAS abuse?
   a. Depression and/or suicidal thoughts
   b. Concentration problems
   c. Emotional instability
   d. All of the above

5. Researchers published in British Journal of Sports Medicine proposed that there is a clear link between use of AAS and ________ later in life.
   a. Infertility
   b. Musculoskeletal issues
   c. Mental health issues
   d. All of the above

6. Which of the following male-specific side effects are associated with long-term AAS abuse?
   a. Prostate shrinkage
   b. Gynecomastia
   c. Testicular edema
   d. All of the above

7. Which of the following female-specific side effects are associated with long-term AAS abuse?
   a. Breast atrophy
   b. Loss of fertility
   c. Irreversible deepening of the voice
   d. All of the above

8. Surveys have identified the primary reasons why elite athletes start taking performance enhancing substances in the first place; the chief responses include:
   a. Financial gain
   b. To improve recovery
   c. "Because other athletes use them"
   d. All of the above

9. Which of the following organ-related issues are directly associated with AAS abuse?
   a. Liver carcinomas
   b. Right ventricular atrophy
   c. Lung tumor growth
   d. All of the above

10. According to survey data, the most common goal behind abuse of AAS among non-athletes or recreational lifters is:
    a. Improvements in energy and libido
    b. Body fat loss and improved muscle "tone"
    c. Increased muscle mass
    d. None of the above

CEU Quiz Answer Sheet
Anabolic Steroids

Directions: Fill in each blank with the correct choice on the answer sheet. To receive 0.5 CEUs, you must answer 8 of the 10 questions correctly. Mail a copy of the completed quiz with a check or money order for $15 to NCSF, Attn: CEU department, P.O. Box 163908, Miami, FL 33116.

1.____  2.____  3.____  4.____
5.____  6.____  7.____  8.____
9.____  10.____

Name_____________________________________________________________
Address________________________________________________________________
City, State, Zip _______________________________________________________
Phone_________________________________________________________________
Member# ____________________________________________________________

Questions? 800-772-NCSF
Quiz Answer Form

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☐ Discover  ☐ Visa  ☐ Mastercard  ☐ Amex  ☐ Check/Money Order

Account No. ___________________________ Exp. Date ___________ Security Code ___________

Signature ___________________________ Date ___________

Quiz Answers

1. _____  6. _____  
2. _____  7. _____  
3. _____  8. _____  
4. _____  9. _____  
5. _____  10. _____  

Fill in each blank with the correct choice on the answer sheet. To receive 0.5 CEUs, you must answer 8 of the 10 questions correctly.

Please mail this Quiz answer form along with the proper enclosed payment to:

NCSF
5915 Ponce de Leon Blvd., Suite 60
Coral Gables, FL 33146

Questions? 800-772-NCSF