Supplementary Material

**ARVD/C Sports Questionnaire**

1. Did you regularly exercise prior to VT ablation?  
2. What kind(s) of sports were you doing prior to VT ablation?  
3. Please quantify the estimated volume of sports activities prior to (the last) VT ablation (years of activity, hours per week)  
4. What kind(s) of sports were you doing prior to VT ablation?  
5. Did you have a sedentary lifestyle prior to VT ablation?  
6. Did you regularly participate in recreational/leisure time sports (<5 h/week) prior to VT ablation?  
7. Did you regularly participate in competitive or intensive leisure time sports (≥5 h/week with regular intensity bouts) prior to VT ablation?  

8. What kind(s) of sports were you doing after the (last) ablation therapy?  
9. Please quantify the estimated volume of sports activities after the ablation (years of activity, hours per week)  
10. Do you have a sedentary lifestyle after the ablation therapy?  
11. Do you regularly participate in recreational/leisure time sports after the ablation therapy?  
12. Do you regularly participate in competitive or intensive leisure time sports (≥5 h/week with intensity bouts) after the ablation therapy?