

Health Questionnaire

Concussion & Orthopaedic History:

1. Have you ever sustained a concussion injury? Yes / No
 - If yes, how many have been diagnosed?
 - Indicate *the date* of your *most recent* concussion injury.
 - How *much time* did it take to return to sport/achieve full recovery from this injury? (e.x., days, weeks, or months)

2. Please list any *significant lower body injuries or conditions* that may affect/impair your ability to maintain standing balance or walking. (ex: ligament sprains/tears, fractures, muscle strains, chronic ankle instability, leg length discrepancy, arthritic conditions, etc).
 - Indicate *which side* is affected and *what year the injury/condition* occurred.
 - Does this injury affect your ability to stand comfortably, walk, or jog?

3. Please list any other *significant injuries or conditions affecting other regions of the body* including the neck/back and upper extremities (ex: ligament sprains/tears, fractures, muscle strains, arthritic conditions, etc).

- Indicate *which side* is affected and *what year the injury/condition* occurred.

Health & Vision History:**Age:****Height (ft):****Weight (lbs):**

1. Have you ever been diagnosed with a neurological conditions or disease? (ex: congenital conditions, traumatic brain injury, tumour, neuromuscular disease, etc)

Yes / No

If yes, please indicate the type/name of condition and date of diagnosis.

Have you ever been diagnosed with a vestibular (ie: inner ear) or visual condition and/or dysfunction? Yes / No

If yes, please indicate the type of condition and date of diagnosis.

2. Do you have corrected vision? Yes / No

Please indicate whether you currently wear glasses, contact lenses, etc.

3. Have you been diagnosed with a learning disability and/or attention deficit hyperactivity disorder (i.e. ADHD)? Yes / No

If yes, please indicate the name of the condition diagnosed.

4. Are you currently taking any prescribed medications? If yes, please list below.

Activity & Sport History:

1. Please list any sports and/or activities that you've participated in competitively in the past for > 1 year in your lifetime.

- Sport/Years of Participation:

2. Please list any organized and/or recreational sports/activities that you are *currently* participating in.

- Sport/Years of Participation:

3. Please indicate how many days and hours per week for how many months of the year you participate in the following categories of physical activity and sport-specific training.

i) Sport-Specific Training (primary sport):

- Days & hours per week:
- Months of the year:

ii) Gym- Fitness/Strength Training

- Days & hours per week:

- Months of the year:

iii) Cross Training (other sports/activities)

- Days & hours per week:

- Months of the year: