

Additional file 1: Appendix. Reported Condition Inquiry

Identification: Gender: () Male () Female
 Date of birth:
 Height: Weight: BMI:
 City:
 Duration of Training: Hours of practice per week:

Have you changed your training routine at any time in the current season due to an injury suffered during the practice of the sport?
 () Yes () No

If you answered **Yes**,
 Fill in the following chart on the characteristics of the injury/injuries (anatomic site, mechanism and moment of injury), with the respective numeric identification listed in the second chart.

Characteristics of Injury/Injuries

	1 st	2 nd	3 rd	4 th	5 th
A – Anatomic site					
B – Injury mechanism					
C – Moment of injury					

Codes for Variables

A – Anatomic site	B – Injury mechanism	C – Moment of injury
1 – Shoulder	1 – Direct contact	1 – Training
2 – Arm	2 – Contactless	2 – Competition
3 – Elbow	3 – Overuse	
4 – Forearm		
5 – Wrist		
6 – Hand		
7 – Anterior thigh		
8 – Posterior thigh		
9 – Knee		
10 – Leg		
11 – Calf		
12 – Ankle		
13 – Foot		
14 – Thorax		
15 – Abdomen		
16 – Head		
17 – Cervical spine		
18 – Lumbar spine		
19 – Pelvic girdle		
20 – Other		

Comment: (B – annotate action involved)

OBS: _____

