

Appendix

Please indicate **with an "X"** how often you performed each activity in your healthiest and most active state, **in the past year.**

	Never or less than once a month	Once a month	Once a week	More than once a week	Daily
Carrying objects 8 pounds or heavier by hand (such as a bag of groceries)					
Handling objects overhead					
Weight lifting or weight training with arms					
Swinging motion (as in hitting a tennis ball, golf ball, baseball, or similar object)					
Lifting objects 25 pounds or heavier (such as 3 gallons of water) NOT INCLUDING WEIGHT LIFTING					

For each of the following questions, please **circle the letter** that best describes your participation in that particular activity.

- 1) Do you participate in contact sports (such as, but not limited to, American football, rugby, soccer, basketball, wrestling, boxing, lacrosse, martial arts, etc.)?
  - A No
  - B Yes, **without** organized officiating
  - C Yes, **with** organized officiating
  - D Yes, at a professional level (i.e. paid to play)
  
- 2) Do you participate in sports that involve hard overhand throwing (such as baseball, cricket, or quarterback in American football), overhead serving (such as tennis or volleyball), or lap/distance swimming?
  - A No
  - B Yes, **without** organized officiating
  - C Yes, **with** organized officiating
  - D Yes, at a professional level (i.e. paid to play)