

Section 1

The next section is about your sport participation and information about you.

- 1. These first questions are about organized, competitive sports that you play, either in school or as part of a club team.**

In the last 12 months, which of the following organized, competitive sports have you played? Please check all that apply.

- | | | | |
|---|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheer or Dance | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Swimming or Diving | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis | |

- 2. Your primary sport is the organized, competitive sport that is most important to you.**

Which of the following would you say is your primary sport? Please choose one.

- | | | | |
|--------------------------------------|----------------------------------|--|----------------------------------|
| <input type="radio"/> Baseball | <input type="radio"/> Football | <input type="radio"/> Soccer | <input type="radio"/> Track |
| <input type="radio"/> Basketball | <input type="radio"/> Gymnastics | <input type="radio"/> Softball | <input type="radio"/> Volleyball |
| <input type="radio"/> Cheer or Dance | <input type="radio"/> Ice Hockey | <input type="radio"/> Swimming or Diving | <input type="radio"/> Wrestling |
| <input type="radio"/> Cross Country | <input type="radio"/> Lacrosse | <input type="radio"/> Tennis | |

- 3. How old were you when you started playing organized, competitive sports?**

- | | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5 or
less | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 4. How old were you when you started playing your primary sport?**

- | | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5 or
less | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 5. In the last 12 months, in which of the following months did you play your primary sport? Please check all that apply**

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

- 6. In the last 12 months, in which following months did you play any organized, competitive sports, including your primary sport? Please check all that apply.**

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

7. The next questions are about the amount of time you spend participating – both practicing and playing – in organized, competitive sports.

During the season for your primary sport, about how many days a week do you participate in your primary sport?

- 1 2 3 4 5 6 7

8. During the season for your primary sport, about how many hours each day do you participate in your primary sport?

- 1 2 3 4 5 6 7 8 9 10 11 12

9. For the next questions think about all of the organized, competitive sports you play, including your primary sport.

In the last 12 months, about how many days a week did you play any organized, competitive sports, including your primary sport?

- 1 2 3 4 5 6 7

10. In the last 12 months, about how many hours each day did you play in any organized, competitive sports, including your primary sport?

- 1 2 3 4 5 6 7 8 9 10 11 12

11. Unorganized sports activities include things like playing sports with friends outside of school or playing sports in gym class.

In the last 12 months, about how many hours each week did you participate in unorganized sports?

- | | | | |
|-------------------------------|--------------------------------|--------------------------------|--|
| <input type="radio"/> 0 hours | <input type="radio"/> 6 hours | <input type="radio"/> 12 hours | <input type="radio"/> 18 hours |
| <input type="radio"/> 1 hour | <input type="radio"/> 7 hours | <input type="radio"/> 13 hours | <input type="radio"/> 19 or more hours |
| <input type="radio"/> 2 hours | <input type="radio"/> 8 hours | <input type="radio"/> 14 hours | |
| <input type="radio"/> 3 hours | <input type="radio"/> 9 hours | <input type="radio"/> 15 hours | |
| <input type="radio"/> 4 hours | <input type="radio"/> 10 hours | <input type="radio"/> 16 hours | |
| <input type="radio"/> 5 hours | <input type="radio"/> 11 hours | <input type="radio"/> 17 hours | |

12. These next questions are just about your primary sport.

Do you play your primary sport in an organized league outside of school?

- Yes
 No

13. Thinking about all of the time that you spent practicing in organized, competitive sports about how much time did you spend practicing in your primary sport?

- Less than 75% of the time
- 75% or more of the time

14. In the last 12 months, did you ever miss time with friends because you were practicing to improve your skill in your primary sport?

- Yes
- No

15. Have you quit other sports to focus on one sport?

- Yes
- No

16. Do you consider your primary sport more important than the other sports?

- Yes
- No

17. Do you regularly travel out of state for your primary sport?

- Yes
- No

18. Do you train more than eight months a year in your primary sport?

- Yes
- No

19. Are you male or female?

- Male
- Female

20. How old are you?

Age

21. What grade are you currently in?

- | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4 th | 5 th | 6 th | 7 th | 8 th | 9 th | 10 th | 11 th | 12 th |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 2

The next section is about any sports related injuries you may have had in the last 12 months.

In the last 12 months, have you ever injured your:	What kind of injury was it?	How did this injury happen?	Did you see a doctor because of this injury?	How many days of your sport did you miss?	What sport were you playing when this injury happened?	In what month did you have this injury?	Have you fully recovered from this injury?
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1. Head?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Concussion <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other? Please tell us: _____	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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2. Neck?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Disc injury <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other? Please tell us: _____	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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3. Back?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Disc injury <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other? Please tell us: _____	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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In the last 12 months, have you ever injured your:	What kind of injury was it?	How did this injury happen?	Did you see a doctor because of this injury?	How many days of your sport did you miss?	What sport were you playing when this injury happened?	In what month did you have this injury?	Have you fully recovered from this injury?
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4. Shoulder?							
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
				Number of days	Name of Sport	Month	

5. Elbow?							
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
				Number of days	Name of Sport	Month	

6. Wrist or Hand?							
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
				Number of days	Name of Sport	Month	

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In the last 12 months, have you ever injured your:	What kind of injury was it?	How did this injury happen?	Did you see a doctor because of this injury?	How many days of your sport did you miss?	What sport were you playing when this injury happened?	In what month did you have this injury?	Have you fully recovered from this injury?
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7. Hip?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No

8. Upper Leg?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No

9. Knee?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No

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In the last 12 months, have you ever injured your:	What kind of injury was it?	How did this injury happen?	Did you see a doctor because of this injury?	How many days of your sport did you miss?	What sport were you playing when this injury happened?	In what month did you have this injury?	Have you fully recovered from this injury?
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10. Lower Leg?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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11. Ankle?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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12. Foot?

<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Muscle strain <input type="radio"/> Joint sprain <input type="radio"/> Tendonitis <input type="radio"/> Fracture <input type="radio"/> Bruise <input type="radio"/> Other: Please tell us:	<input type="radio"/> Overuse from playing or practicing too much or too often <input type="radio"/> Direct contact with another player or object <input type="radio"/> Non-contact injury not caused by contact with another player or object	<input type="radio"/> Yes <input type="radio"/> No	_____ Number of days	_____ Name of Sport	_____ Month	<input type="radio"/> Yes <input type="radio"/> No
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