Appendix 1	
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Section 1 The next sectio	n is at	oout you	ur spor	t parti	cipation	n and i	informa	tion ab	out you.						
1. These fi part of a	-		are ab	out org	anized,	, comp	oetitive s	ports tl	hat you p	lay, e	either in	ı schoo	ol or as		
In the la	In the last 12 months, which of the following organized, competitive sports have you played? Please check all that apply.														
□ Baseb □ Baske □ Cheer □ Cross	all tball or Da	nce		ootball Symnas Se Hock acrosse	tics key		□ Socc □ Softl □ Swir □ Tenr	or Diving		Frack Volleyb Wrestlin					
2. Your <u>pr</u>	<u>imary</u>	<u>sport</u> i	is the o	rganize	ed, com	petitiv	ve sport	that is	most imp	orta	nt to yo	u.			
⊖Baseb ⊖Baske ⊖Cheer	Which of the following would you say is your primary sport? Please choose one.O BaseballO FootballO SoccerO TrackO BasketballO GymnasticsO SoftballO VolleyballO Cheer or DanceO Ice HockeyO Swimming or DivingO WrestlingO Cross CountryO LacrosseO Tennis														
3. How old	3. How old were you when you started playing organized, competitive sports?														
5 or less	6 〇	7 〇	8 〇	9 O	10 〇	11 O	12 O	13 O	14 O	15 O	16 〇	17 O	18 O		
4. How old	l were	you wł	ien you	ı starte	d playi	ng you	ır prima	ry spoi	rt?						
5 or less	6 〇	7 〇	8 〇	9 O	10 〇	11 O	12 〇	13 〇	14 〇	15 O	16 〇	17 O	18 〇		
5. In the la Please c				ich of t	he follo	owing	months	did you	ı play yoı	ır pri	imary s	port?			
🗆 Februa	Please check all that apply January April July October February May August November March June September December												_		
6. In the la includin			<i>c</i>		0		•	- ·	any orga	nized	, compo	etitive	sports,		
□ Januar □ Februa □ March	ary			lay			a ll that apply. July August September 				□ October □ November □ 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 <u>days a week</u> do you participate in your primary sport?														
1		2		3	4		5		6		7				
0		0		0	C)	\bigcirc		\bigcirc		\bigcirc				
8. During t your prin		-	ur prim	ary spor	rt, about	how ma	any <u>hours</u>	each d	<u>av</u> do yo	ou partic	ipate in				
1	2	3	4	5	6	7	8	9	10	11	12				
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	0	\bigcirc				
	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 <u>days a week</u> did you play any organized, competitive sports, including your primary sport?														
1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$														
0															
	10. In the last 12 months, about how many <u>hours each day</u> did you play in any organized, competitive sports, including your primary sport?														
1	2	3	4	5	6	7	8	9	10	11	12				
0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc				
	sports i	oorts activ n gym cla onths, abo	ISS.				-								
sports?	5t 12 m	ontins, ab	out now	many <u>n</u>	iours cav	<u>n week</u>	ulu you p	ai ticip	ate in ui	101 541112	cu				
$\bigcirc 0$ hour	s	(⊖6 houı	ſS		○12 ho	urs		○18 ho	urs					
$\bigcirc 1$ hour			⊖7 hou			$\bigcirc 13 \text{ ho}$			0	more how	urs				
$\bigcirc 2$ hour			$\bigcirc 8$ hour			$\bigcirc 14 \text{ ho}$			0						
\bigcirc 3 hour			⊖ ⊖9 houi			○15 ho									
\bigcirc 4 hour			⊃10 hoi			○16 ho									
\bigcirc 5 hour)]11 hou			○17 ho									
12. These ne	ext ques	stions are	just abo	out your	· primar	sport.									
Do vou r	olav voi	ur primar	v sport	in an or	ganized	league o	outside of	school	?						
		F	J ~P 51 €		3										
⊖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?

 \bigcirc Less than 75% of the time \bigcirc 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?

OYes

ONo

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

OYes

⊖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?

OYes

ONo

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

C)	Y	es
()	N	0

19. Are you male or female?

OMale

⊖Female

20. How old are you?	
Age	
21. What grade are you currently in?	

21. What g	grade are y	ou currentiy	111 •						
4 th	5 th	6 th	7^{th}	8 th	9 th	10 th	11 th	12^{th}	
0	0	0	\bigcirc	0	0	\bigcirc	\bigcirc	0	

	ectio `he n		ion is about any <u>spor</u>	ts rel	<u>ated injuries</u> you may h	nave had in t	the <u>last 12 months.</u>			
m yo	In the last 12 months, have you ever injured your:		What kind of injury was it?		w did this injury open?	Did you so a doctor because of this injury	days of your f sport did you	What sport were you playing when this injury happened?	In what month did you have this injury?	Have you fully recovered from this injury?
1.	He	ead?								
	0	Yes No	 Concussion Fracture Bruise Other? Please tell us: 	0	Overuse from playing or practicing too much or too often Direct contact with another player or object Non-contact injury not caused by contact with	○ Yes○ No	Number of days	Name of Sport	Month	YesNo
2.	Ne	ck?			another player or object					
	0	Yes No	 Muscle strain Disc injury Fracture Bruise 	0	Overuse from playing or practicing too much or too often Direct contact with another player or object	⊖ Yes ⊖ No	Number of days	Name of Sport	Month	○ Yes○ No
			Other? Please tell us:	0	Non-contact injury not caused by contact with another player or object					
3.	Ba	ck?								
	0	Yes No	 Muscle strain Disc injury 	0	Overuse from playing or practicing too much or too often	O Yes O No				○ Yes○ No
			 Fracture Bruise 	0	Direct contact with another player or object		Number of days	Name of Sport	Month	
			Other? Please tell us:		Non-contact injury not caused by contact with another player or object					

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m ye	In the last 12 months, have you ever injured your:		What kind of injury was it?		How did this injury happen?		a (be	d you see doctor ecause of is 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?	ful rec fro	ive you ly covered om this ury?
4	. Sl	houlder?											
	0) Yes	0	Muscle strain	0	Overuse from playing	0	Yes				0	Yes
) No	0	Joint sprain		or practicing too much or too often	0	No				0	No
			0	Tendonitis	0	Direct contact with			Number of days	Name of Sport	Month		
	Ì		0	Fracture		another player or object							
			0	Bruise	0	Non-contact injury not							
			0	Other: Please tell us:		caused by contact with another player or object							
5	. E	lbow?			•		•		•	•	·		
	0) Yes	0	Muscle strain	0	Overuse from playing	0	Yes				0	Yes
) No	0	Joint sprain		or practicing too much or too often	0	No				0	No
			0	Tendonitis	0	Direct contact with			Number of days	Name of Sport	Month		
			0	Fracture		another player or object							
			0	Bruise	0	Non-contact injury not							
			0	Other: Please tell us:		caused by contact with another player or object							
6	. W	Vrist or H	and	!?									
	0) Yes	0	Muscle strain	0	Overuse from playing	0	Yes				0	Yes
) No	0	Joint sprain		or practicing too much or too often	0	No				0	No
			0	Tendonitis	0	Direct contact with			Number of days	Name of Sport	Month		
			0	Fracture		another player or object							
			0	Bruise	0	Non-contact injury not							
			0	Other: Please tell us:		caused by contact with another player or object							

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m yo	the la onths, ou ever jured y	, have r		hat kind of ury was it?		w did this injury open?	a o be	id you see doctor ecause of is 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?	ful rec fro	ive you ly covered om this ury?
7.	. Hip?	?											
	0	Yes	0	Muscle strain	0	Overuse from playing	0	Yes				0	Yes
		No	0	Joint sprain		or practicing too much or too often	0	No				0	No
			0	Tendonitis	0	Direct contact with			Number of days	Name of Sport	Month		
			0	Fracture		another player or object							
			0	Bruise	0	Non-contact injury not							
			0	Other: Please tell us:		caused by contact with another player or object							
	Unn	er Leg	.9	us									
0.		0		Muscle strain	0	Overuse from playing		Yes					V
		Yes	0	Joint sprain		or practicing too much	0					0	Yes
		No	0	Tendonitis		or too often	O No	No	Number of days	Name of Sport	Month	\circ	No
			$\left \right\rangle$	Fracture	0	Direct contact with another player or object			Number of days	Name of Sport	wonth		
				Bruise		Non-contact injury not							
			0	Other: Please tell	$ \circ $	caused by contact with							
			0	us:		another player or object							
▼ 9.	. Kne	e?											
	0	Yes	0	Muscle strain	0	Overuse from playing	0	Yes				0	Yes
	-	No	0	Joint sprain		or practicing too much or too often	0	No				0	No
			0	Tendonitis	0	Direct contact with			Number of days	Name of Sport	Month		
			0	Fracture		another player or object							
			0	Bruise	0	Non-contact injury not							
			0	Other: Please tell us:		caused by contact with another player or object							

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m yo	the last 12 onths, have ou ever jured your:	What kind of injury was it?		ow did this injury ppen?	a be	id you see doctor ecause of is 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?	ful rec fro	ive you ly covered om this ury?
10	. Lower Leg	<u>g</u> ?									
	O Yes	O Muscle strain	0	Overuse from playing	0	Yes				0	Yes
	O No	 Joint sprain 		or practicing too much or too often	0	No				0	No
		 Tendonitis 		Direct contact with			Number of days	Name of Sport	Month		
		⊖ Fracture		another player or object							
		O Bruise	0	Non-contact injury not							
		O Other: Please tell us:		caused by contact with another player or object							
11	. Ankle?										
	O Yes	O Muscle strain	0	Overuse from playing	0	Yes				0	Yes
	O No	 Joint sprain 		or practicing too much or too often	0	No				0	No
		 Tendonitis 	0	Direct contact with			Number of days	Name of Sport	Month		
		⊖ Fracture		another player or object							
		O Bruise	0	Non-contact injury not							
		O Other: Please tell us:		caused by contact with another player or object							
12	. Foot?										
	O Yes	O Muscle strain	0	Overuse from playing	0	Yes				0	Yes
	O No	 Joint sprain 		or practicing too much or too often	0	No				0	No
		 Tendonitis 	0	Direct contact with			Number of days	Name of Sport	Month		
		O Fracture		another player or object							
		O Bruise	0	Non-contact injury not							
		O Other: Please tell us:		caused by contact with another player or object							