

Questionnaire

Participant Number _____

- 1) Your Age: _____ years
- 2) Your Gender: ☐ female ☐ male ☐ non-binary
- 3) Your Height: _____ feet _____ inches
- 4) Dominant Hand: ☐ right handed ☐ left handed

5) Prior Experience with Basketball (please check one)

- ☐ I play once a week.
- ☐ I play once a month.
- ☐ Last time I played was ca. 1 year ago.
- ☐ Last time I played was between 2-5 years ago.
- ☐ Last time I played was 10 years ago or more.
- ☐ I have never played basketball.

6) Do you play any other ball sports?

- ☐ yes ☐ no

If you answered yes, which ones do you play and how often?

Ball sport 1:	name: _____	how often you play it: _____
Ball sport 2:	name: _____	how often you play it: _____
Ball sport 3:	name: _____	how often you play it: _____