**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

1. 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.

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_