Injury Surveillance Questionnaire

Start of Block: Athlete Identifier

Name of Athletic Therapist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete First Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Last Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Eligibility:

* 1st year (1)
* 2nd year (2)
* 3rd year (3)
* 4th year (4)
* 5th year (5)

Athlete Age:

▼ 16 (1) ... 30 (92)

Athlete Weight (pounds):

▼ 50 (1) ... 420 (814)

Athlete Height (inches):

▼ 36 (1) ... 96 (117)

Date of injury occurrence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of injury occurrence (if known):

* AM (HH:MM) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PM (HH:MM) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Athlete Identifier

Start of Block: Sport Identifier

Select Sport:

* Football (5)
* Basketball (4)
* Volleyball (9)
* Hockey (10)
* Soccer (6)
* Track and Field (7)
* Cross Country (8)

Men's or Women's Team:

* Men's (1)
* Women's (2)

Select Season:

* Fall (1)
* Winter (2)

Injury occurred during:

* Preseason (before first regular-season match) (1)
* Regular season (2)
* Postseason (after final regular-season match) (3)
* Other: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury occurred in:

* Competition-varsity (1)
* Practice (2)
* Other: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Injury occurred in: = Competition-varsity

Where did this injury occur during competition?

* Home (1)
* Away (2)
* Neutral Site (3)
* Other: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Injury occurred in: = Practice

Injury occurred during:

* A triple session day (1)
* A double session day (2)
* A single session day (3)
* During workout (6)
* 1st game of the week (week starts Monday) (4)
* 2nd game of the week (week starts Monday) (7)
* Other: (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the athlete lift the day of the injury?

* Yes (1)
* No (2)

Display This Question:

If Injury occurred in: = Practice

Describe the drill that the athlete was performing when they got injured.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Sport Identifier

Start of Block: Hockey Specific

Display This Question:

If Select Sport: = Hockey

And Injury occurred in: = Competition-varsity

Injury occurred during:

* Warm-up (1)
* Period 1 (2)
* Period 2 (3)
* Period 3 (4)
* Cool-down (5)
* Unknown (6)

Display This Question:

If Select Sport: = Hockey

And Injury occurred in: = Competition-varsity

Injury occurred during:

* Offensive play (1)
* Defensive play (2)
* Neither (3)

Display This Question:

If Select Sport: = Hockey

Injury was caused by: (e.g. contact with another player, contact with apparatus, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Select Sport: = Hockey

Injured player's activity:

* Passing the puck (10)
* Shooting the puck (1)
* Blocking a shot (2)
* Skating with puck (3)
* Skating (without puck) (4)
* Hitting (5)
* Fighting (11)
* Conditioning (13)
* Other: (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Select Sport: = Hockey

And Injury occurred in: = Competition-varsity

Position played at time of injury

* Goalie (1)
* Left defence (2)
* Right defence (3)
* Left wing (4)
* Centre (5)
* Right wing (6)

Display This Question:

If Select Sport: = Hockey

And Injury occurred in: = Competition-varsity

Assuming the athlete plays for Team A, which number best represents where the injury occurred while he/she was playing the puck?

* Area 1 (on ice, defensive zone) (1)
* Area 2 (on ice, neutral zone) (2)
* Area 3 (on ice, offensive zone) (3)
* Area 4 (off ice, on the bench) (4)

End of Block: Hockey Specific

Start of Block: Environmental Conditions

Type of playing surface where injury occurred:

* Grass (1)
* Turf (2)
* Wood (3)
* Concrete (6)
* Synthetic (e.g. rubber, latex, mondo, composite) (7)
* Ice (11)
* Other: (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Select Sport: = Football

Or Select Sport: = Soccer

Or Select Sport: = Track and Field

Or Select Sport: = Cross Country

The activity was held:

* Indoors (1)
* Outdoors (2)

Display This Question:

If The activity was held: = Outdoors

What were weather conditions?

* Raining (2)
* Snowing (4)
* Slippery Conditions (5)
* Hot and Humid (6)
* Dry Conditions (8)
* Cold Conditions (9)

Display This Question:

If The activity was held: = Outdoors

Do you know the environmental conditions at the time of injury?

* Yes (1)
* No (2)

Display This Question:

If Do you know the environmental conditions at the time of injury? = Yes

Q20 What were the environmental conditions at the time of injury?

* Temperature (degrees Celsius) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relative Humidity (%) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Wind Speed (km/h) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Environmental Conditions

Start of Block: Injury Information I

This injury is a:

* New Injury (1)
* Recurrence of injury from this season (2)
* Recurrence of injury from previous season (this sport) (3)
* Complication of previous injury (this sport) (4)
* Recurrence of other-sport injury (5)
* Recurrence of non-sport injury (6)
* Complication of other-sport injury (7)

Display This Question:

If This injury is a: = Recurrence of injury from this season

Or This injury is a: = Recurrence of injury from previous season (this sport)

Or This injury is a: = Complication of previous injury (this sport)

Or This injury is a: = Recurrence of other-sport injury

Or This injury is a: = Recurrence of non-sport injury

Or This injury is a: = Complication of other-sport injury

Please list the related injuries:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has athlete had an unrelated injury recorded this season?

* Yes (1)
* No (4)

Display This Question:

If Has athlete had an unrelated injury recorded this season? = Yes

Please list the unrelated injuries:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Injury Information I

Start of Block: Injury Information II

On which side of the body did the injury occur?

* Left (1)
* Right (2)
* Midline (4)

Principal body part injured:

* Head (1)
* Eye(s) (2)
* Ear(s) (3)
* Nose (4)
* Face (5)
* Chin (6)
* Jaw (TMJ) (7)
* Mouth (8)
* Teeth (9)
* Tongue (10)
* Neck (11)
* Shoulder (12)
* Clavicle (13)
* Scapula (14)
* Upper Arm (15)
* Elbow (16)
* Forearm (17)
* Wrist (18)
* Hand (19)
* Thumb (20)
* Finger(s) (21)
* Upper back (22)
* Spine (23)
* Lower back (24)
* Ribs (25)
* Sternum (26)
* Stomach (27)
* Pelvis, hips, groin (28)
* Buttocks (29)
* Upper leg (30)
* Knee (31)
* Patella (32)
* Lower leg (33)
* Ankle (34)
* Heel/Achilles' tendon (35)
* Foot (36)
* Toe(s) (37)
* Spleen (38)
* Kidney (39)
* External genitalia (40)
* Coccyx (41)
* Breast (42)
* Other: (43) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Principal body part injured: = Head

Or Principal body part injured: = Eye(s)

Or Principal body part injured: = Ear(s)

Or Principal body part injured: = Nose

Or Principal body part injured: = Face

Or Principal body part injured: = Chin

Or Principal body part injured: = Jaw (TMJ)

Or Principal body part injured: = Mouth

Or Principal body part injured: = Teeth

Or Principal body part injured: = Tongue

Was the athlete diagnosed with a concussion?

* Yes (1)
* No (6)

Display This Question:

If Principal body part injured: = Head

Or Principal body part injured: = Eye(s)

Or Principal body part injured: = Ear(s)

Or Principal body part injured: = Nose

Or Principal body part injured: = Face

Or Principal body part injured: = Chin

Or Principal body part injured: = Jaw (TMJ)

Or Principal body part injured: = Mouth

Or Principal body part injured: = Teeth

Or Principal body part injured: = Tongue

Was a mouthpiece (MP) worn?

* MP worn - dentist fitted (1)
* MP worn - self-fitted (2)
* MP not worn (3)

Display This Question:

If Principal body part injured: = Head

Or Principal body part injured: = Eye(s)

Or Principal body part injured: = Ear(s)

Or Principal body part injured: = Nose

Or Principal body part injured: = Face

Or Principal body part injured: = Chin

Or Principal body part injured: = Jaw (TMJ)

Or Principal body part injured: = Mouth

Or Principal body part injured: = Teeth

Or Principal body part injured: = Tongue

Type of eye injury:

* Orbital fracture (1)
* Cornea (2)
* Ruptured globe (3)
* Soft tissue (4)
* Other: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Principal body part injured: = Knee

Or Principal body part injured: = Patella

Select ALL knee structures injured:

* Collateral (1)
* Anterior cruciate (2)
* Posterior cruciate (3)
* Torn cartilage (meniscus) (4)
* Patella and/or patella tendon (5)
* None (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Injury Information II

Start of Block: Injury Information III

Primary type of injury:

* Abrasion (1)
* Contusion (2)
* Laceration (3)
* Puncture wound (4)
* Bursitis (5)
* Tendinitis (6)
* Ligament sprain (incomplete tear) (7)
* Ligament sprain (complete tear) (8)
* Muscle-tendon strain (incomplete tear) (9)
* Muscle-tendon strain (complete tear) (10)
* Torn cartilage (11)
* Hyperextension (12)
* AC separation (13)
* Dislocation (partial) (14)
* Dislocation (complete) (15)
* Fracture (16)
* Stress fracture (17)
* Concussion (18)
* Heat exhaustion (19)
* Heatstroke (20)
* Burn (21)
* Inflammation (22)
* Infection (23)
* Hemorrhage (24)
* Internal injury (nonhemorrhage) (25)
* Nerve injury (26)
* Blisters (27)
* Boil(s) (28)
* Hernia (29)
* Foreign object in body orifice (30)
* Avulsion (tooth) (31)
* Other: (32) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a laceration or wound that resulted in oozing or bleeding occur as part of the injury?

* Yes (1)
* No (2)

End of Block: Injury Information III

Start of Block: Additional Information

Additional comments (optional):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Additional Information

Start of Block: Post-Injury Survey

How long did this injury keep the athlete from participating in the sport?

* 1 - 2 days (1)
* 3 - 6 days (2)
* 7 - 9 days (3)
* 10 days or more (4)
* Catastrophic, non-fatal (5)
* Fatal (6)

Injury assessment (best assessment procedure):

* Clinical exam by athletic trainer (1)
* Clinical exam by M.D./D.D.S. (2)
* X-ray (3)
* MRI (4)
* Surgery (6)
* Blood work/lab test (7)
* Ultrasound (9)
* Bone Scan (10)
* Other: (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did this injury require surgery?

* Yes, in-season (1)
* Yes, post-season (2)
* No (3)

Display This Question:

If Did this injury require surgery? != No

Describe the joint surgery?

* Arthrotomy (1)
* Diagnostic arthroscopy (2)
* Operative arthroscopy (3)
* No joint surgery (4)
* Other: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Post-Injury Survey