Appendix

Item 1-Demographic Questionnaire to be completed during the screening of participants.

Demographic Questionnaire

**To be completed by the investigator**

Height:\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_ Leg Length:\_\_\_\_\_\_\_\_\_\_

**To be completed by the injured participant as soon as possible after the injury.**

1. Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Ankle Injury:\_\_\_\_\_\_\_\_\_ Approximate Time of Injury:\_\_\_\_\_\_\_\_\_\_
3. What side is the injury on? Left Right
4. Have you ever injured your ankle before? Yes No
   1. If so, how many times? Left: \_\_\_\_\_\_\_\_\_\_\_ Right:\_\_\_\_\_\_\_\_\_\_\_
5. Do you usually have any feelings of your ankle “giving way” during normal activity? Yes No
   1. If so, which leg or both? Left Right Both
   2. If so, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you usually have any swelling in your ankle after physical activity? Yes No
   1. If so, which leg, or both? Left Right Both
7. Age:\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female
8. Have you ever injured a joint before? (knee, ankle, shoulder, etc) Yes No
   1. If so, which one and what side? (List all that apply)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. If so, when was this injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Have you ever had surgery? Yes No
10. If so, what joint and what side? (List all that apply)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. If so, when was the surgery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Have you had a concussion within the past 6 months? Yes No
    1. If so, what was the date of injury? \_\_\_\_\_\_\_\_\_\_\_\_
13. Do you presently have any visual/vestibular problems? Yes No
    1. If so, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Do you presently have an inner ear infection? Yes No
15. Do you presently have an upper respiratory infection? Yes No
16. Are you physically active? Yes No

**Modified Godin Leisure-Time Exercise Questionnaire\***

1. During a typical **7-Day period** (a week), how many times on the average do you do the following kinds of exercise for **more than 20 minutes** during your free time?

**a) STRENUOUS EXERCISE TIMES PER WEEK \_\_\_\_\_\_\_\_\_\_**

(e.g., walking at a very, very brisk pace, running, jogging, hockey, football, soccer, basketball game, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling, tennis singles, competitive volleyball)

During a typical **7-Day period** (a week), how many times on the average do you do the following kinds of exercise for **more than 30 minutes** during your free time?

**b) MODERATE EXERCISE TIMES PER WEEK \_\_\_\_\_\_\_\_\_\_**

(e.g., fast walking, tennis doubles, easy bicycling, volleyball (non-competitive), badminton, easy swimming, basketball (shooting around), golf)

\* Modified using the AHA’s & ACSM’s physical activity classification and recommendations (Physical activity and public health: Updated recommendations for adults from the American College of Sports Medicine and American Heart Association)



