GYM students   
for Development and injury prevention

## Questionnaire

|  |  |
| --- | --- |
| Demographics information |  |
| Location: |  |
| Male or female: | Male  Female |
| Age: | < 25  25—30  31—40  41—50  > 50 |
| Nationality: |  |
| Experience (how long have you been going gym) | Less than a month  1-6 months  1 year  2 years  3 years + |

|  |  |
| --- | --- |
| Usage information |  |
| Do you train by yourself or with others? | Yourself  others |
| What’s your motive to go GYM? |  |
| Do you take any form of Dietary enhancements on listed days? | Yes  No  If yes specify which dietary enhancements: |
| What Parts of the body do you work out throughout the week? |  |
| Do you wear any supporting gear? | Yes  No  If yes, which one? |
| Have you had any previous injuries? | Yes  No  If yes, what happened and are they reoccurring? |
| Do you stretch before and after your workouts? |  |