

Weekly Self-Report of Health Complaints and Exposure to Golf

Note: Users can change the questionnaire title to suit the aims and context of the study. Epidemiological studies that collect information directly from athletes are likely to use electronic questionnaires. This document can be used to creating an electronic questionnaire with logic (i.e. athletes' path through the questionnaire is determined by their answers). All questions should have single select answers, except otherwise noted. Questionnaire logic and other notes are written in red and blue. Electronic questionnaires with logic should not present red and blue text to athletes. For paper-based questionnaires red notes should be deleted but blue notes kept to guide the athlete through the questionnaire.

Athlete identification:

Date of report:

Please answer all questions regardless of whether you have experienced health problems in the past 7 days. Select the alternative that is most appropriate for you, and in the case that you are unsure, try to answer as best you can anyway.

A health problem is any condition that you consider to be a reduction in your normal state of full health, irrespective of its consequences on your golf participation or performance, or whether you have sought medical attention. This may include, but is not limited to, injury, illness, pain or mental health conditions.

If you have several health problems, please begin with your worst problem in the past 7 days, and then fill in another questionnaire for each other problems.

1. Have you had any difficulties **participating in training, practice or competition** due to injury, illness or other health problems during the past 7 days?

- full participation without health problems (please continue with question 22)
- full participation, but with a health problem
- reduced participation due to a health problem
- could not participate due to a health problem (please continue with question 4)

2. To what extent have you **modified your training, practice or competition** due to injury, illness or other health problems during the past 7 days?

- no modification
- to a minor extent
- to a moderate extent
- to a major extent

3. To what extent has injury, illness or other health problems **affected your performance** during the past 7 days?

- no effect
- to a minor extent
- to a moderate extent
- to a major extent

4. To what extent have you **experienced symptoms/health complaints** during the past 7 days?

- no symptoms/health complaints
- to a minor extent
- to a moderate extent
- to a severe extent

5. **When** did this health problem occur or when did you **first** notice **symptoms**?

If this is a recurrent problem, please refer to the most recent episode.

_____ dd/mm/yy *(Enter date or select from calendar.)*

6. Have you **reported** this health problem **previously**?

no

yes *(Athlete chooses from a list of previously reported problems and continues with question 17.)*

7. Is your health problem an **injury** or an **illness**?

injury defined as tissue damage or other reduction of normal physical function, resulting from rapid or repetitive transfer of kinetic energy

illness defined as complaint or disorder not related to injury. Illnesses include health-related problems in physical (e.g. influenza), mental (e.g. depression) or social well-being, or removal or loss of vital elements (air, water, warmth) *(please continue with question 16)*

8. What **body part** was/is injured?

(Body part can be recorded using either the list below or a body chart.)

head

shoulder

hip / groin

neck / cervical spine

upper arm

thigh

chest / ribs (incl. chest organs)

elbow

knee

upper back / thoracic spine

forearm

lower leg / Achilles tendon

low back / lumbo-sacral spine / buttock

wrist

ankle

abdomen (incl. abdominal organs)

hand /finger / thumb

foot

others, please specify _____ *(Free text entry can be added here.)*

9. Which **body side** (except for head neck, chest, spine, abdomen) was/is injured?

(If a body chart is used the injured body side should be recorded automatically.)

right

left

not applicable

10. Has a **qualified medical practitioner** provided a **diagnosis** for your injury?

no *(please continue with question 12)*

yes

11. What is the **type of your injury**?

bone fracture

contusion / bruise

concussion / brain injury

muscle strain / rupture / tear

abrasion / laceration / cut

nerve / spinal cord injury

tendon rupture

tendinosis / tendinopathy

internal organ trauma

joint sprain / ligament tear

joint arthritis

growth plate (physis) injury

meniscus or cartilage injury

bursitis/ synovitis

dental injury

others, please specify _____ *(Free text entry can be added here.)*

12. Did the injury occur **suddenly** or **gradually**?

suddenly, i.e. in a single instant or over several seconds

gradually *(please continue with question 14)*

13. What were you doing when the injury occurred?

- | | |
|---|---|
| <input type="checkbox"/> golf competition | <input type="checkbox"/> fitness training for golf |
| <input type="checkbox"/> golf course (excl. competitions) | <input type="checkbox"/> warm-up or cool-down for golf or similar |
| <input type="checkbox"/> driving range | <input type="checkbox"/> other training activities for golf |
| <input type="checkbox"/> putting / short game | <input type="checkbox"/> not related to golf |
| | <input type="checkbox"/> unknown, or not specified |

14. Was the injury caused by a clearly identifiable, single event (e.g. a fall or a collision)?

- yes
- no (*please continue with question 17*)

15. How did the injury happen?

- single event without contact (e.g. pain in the low back while making a swing without hitting anything other than the ball)
- direct contact with an object (e.g. hit by another players golf ball)
- direct contact ground (e.g. stumble and fall)
- indirect contact with an object (e.g. hitting tree root with club while hitting shot)
- indirect contact with ground (e.g. hitting the ground with club while taking shot/ divot)

Please continue with question 17.

16. What kind of illness complaints or symptoms do/did you have?

(multiple selections possible)

- | | | |
|---|---|---|
| <input type="checkbox"/> fever | <input type="checkbox"/> diarrhoea | <input type="checkbox"/> numbness/pins and needles |
| <input type="checkbox"/> fatigue/malaise | <input type="checkbox"/> constipation | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> symptoms of hay fever | <input type="checkbox"/> depression/sadness |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> muscle cramps | <input type="checkbox"/> irritability |
| <input type="checkbox"/> blocked /running nose/sneezing | <input type="checkbox"/> fainting | <input type="checkbox"/> sleep problems |
| <input type="checkbox"/> cough | <input type="checkbox"/> rash/itchiness | <input type="checkbox"/> eye symptoms |
| <input type="checkbox"/> breathing difficulty/tightness | <input type="checkbox"/> irregular pulse/arrhythmia | <input type="checkbox"/> ear symptoms |
| <input type="checkbox"/> headache | <input type="checkbox"/> chest pain/angina | <input type="checkbox"/> urinary tract/genitalia symptoms |
| <input type="checkbox"/> nausea | <input type="checkbox"/> abdominal/menstrual pain | |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> Other pain | |
| <input type="checkbox"/> others, please specify _____ (<i>Free text entry can be added here.</i>) | | |

17. Have you seen a **physician, physiotherapist, psychologist or another qualified medical practitioner** because of this health problem in the past 7 days?

- no yes, physician yes, other

18. On **how many** of the past 7 **days**, would you have been **completely unable to train, practice or compete** due to this health problem?

Please consider all 7 days, even if no training, practice or competition was planned.

_____ days of the past 7 days (*A number between 0 and 7 should be entered here.*)

19. On **how many** of the past 7 **days**, did you have to **modify or reduce your normal training, practice or competition** due to this health problem?

Please consider all 7 days, even if no training, practice or competition was planned.

_____ days of the past 7 days (*A number between 0 and 7 should be entered here.*)

20. Would you like to add any **additional information** about this problem that you think may be important?

(Free text entry can be added here.)

21. Have you had any **other health problems** during the past 7 days?

no

yes *(please describe your other health problems using another questionnaire)*

(The electronic questionnaire loops back to question 1 as many times as is necessary to record all the athlete's health problems. In subsequent rounds, question 1 should begin with "Please refer your second-worst health problem" or third worst etc. depending on the loop.)

For optimal internal consistency, questions 22 and 23 should not be presented to athletes who reported complete inability to participate in question 1 and 7 days of time loss in question 18.

22. Have you played a **golf competition** in the past 7 days?

no

yes, please state **how many competitive rounds** have you played in golf tournaments.

	competitive rounds in golf tournaments in the past 7 days
international	
national	
regional	
within my golf club / college / university	

23. Have you played a **golf course**, or **practiced or trained for golf** in the past 7 days?

no

yes, please state on how many days **and** how many holes/balls/hours in total.

	days in the past 7 days	total in the past 7 days
golf course (excl. competitions)	days	_____ holes played hours
driving range	days	_____ balls hit hours
putting / short game	days	hours
fitness training for golf	days	hours
others, please specify	days	total hours

Thank you for taking the time to fill in the questionnaire!