

The first questions relate to you.

1. What is your **gender**?

- male female diverse

2. How **old** are you?

_____ years

3. In which **country** do you live and train?

4. What is your **highest level of education or professional training**?

- no qualifications high school
 primary school professional training / apprenticeship
 secondary school college / university

5. What do you do **in your everyday life**? (Please tick all answers that apply)

- work, _____ hours per week military service
 elite sport household with children or family members
 school / university / college household without children or family members
 vocational training hobbies
 other, please specify _____

The next questions relate to your sport.

6. At what **age** did you **start playing** golf?

_____ years

7. Are you **right or left handed**?

- in general right handed left handed
when I play golf right handed left handed

8. What is your **current golfing handicap**? _____

9. At which **level of golf** do you **currently compete**?

- elite (professional players competing on tour or amateurs competing in international/national amateur championships)
 sub-elite (PGA teaching professionals, amateurs competing in regional/county/state tournaments or with handicap 5 or less)
 recreational (handicap more than 5)
 I have never participated in any golf competition (please to Q11)

Player-No. _____

10. How many **golf competitions** have you played **in the last 12 months**?

international _____
 national _____
 regional _____
 within my golf club / college / university _____

11. How much have you **trained for golf** on average **in the last 12 months**?

Please state how many days **and** how many holes/balls/hours in total per week.

	days per week	total per week
golf course (excl. competitions)	days per week	holes played per week
driving range	days per week	balls hit per week
putting/short game	days per week	hours per week
fitness training for golf	days per week	hours per week
others, please specify	days per week	hours per week
	days per week	hours per week

12. Which of the following **activities** do you include in your **physical fitness training for golf**?

- I don't practise a specific fitness training for golf
 heavy load low volume resistance training (e.g. 3x3 back squats at 85%)
 low load/high volume resistance training (e.g. 3x10-15 lunges)
 weighted explosive training (e.g. weighted jump squats/medicine ball throws)
 body weight explosive work (e.g. box jumps/explosive press ups)
 resistance band exercises (e.g. crab walks)
 aerobic exercise (e.g. running/cycling/swimming)
 proprioception (e.g. balance/coordination)
 mobility (range of motion exercise/stretching)
 others, please specify _____

13. Are you currently working on a **technical change in your golf swing**?

- no yes

14. How often do you **practise on golf mats**?

- never rarely sometimes often always

15. Are you doing any specific **injury prevention** exercises or programmes?

- no yes, please specify for which body parts
- | | | |
|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> neck | <input type="checkbox"/> shoulder | <input type="checkbox"/> hip |
| <input type="checkbox"/> mid back | <input type="checkbox"/> elbow | <input type="checkbox"/> thigh |
| <input type="checkbox"/> low back | <input type="checkbox"/> wrist | <input type="checkbox"/> knee |
| | | <input type="checkbox"/> ankle |

16. How often do you warm up before the following activities?

	never	rarely	sometimes	often	always
playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
driving range, putting/short game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fitness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Player-No. _____

17. Which kind of exercises do you include in your **golf warm-up**?

- I never warm-up
 working through the clubs/pre-round golf practice
 explosive or strength exercises (e.g. weighted squats/jump squats)
 bodyweight resistance exercises (e.g. squats)
 resistance band exercises (e.g. crab walks)
 aerobic exercise (e.g. running/cycling/swimming)
 proprioception (e.g. balance/coordination)
 mobility (range of motion exercise/stretching)

18. Which **other** type(s) of **sports** do you practise on a **regular** basis?

- no other sport than golf
 general fitness training (e.g. gym)
 jogging
 biking
 soccer
 tennis
 ski / snowboarding
 other, please specify _____

19. How often and many hours per week did you **practice the other sport(s)** on average **in the last 12 months**?

- regularly, _____ times per week, in total _____ hours per week
 irregularly, on average _____ times per week, in total between _____ and _____ hours per week

The following questions refer to your **current complaints**.

20. Do you **currently** have **complaints, illnesses or injuries** that prevent you **training or playing golf as usual**?

- no yes What is the **diagnosis**? _____

How long have you had these complaints? _____ days / _____ weeks

How long overall do you think you will be unable to carry out your daily activities in everyday life and/or at work as usual or to **train and play golf as usual** due to these problems?

_____ days / _____ weeks

21. Overall, how severe were your **pain / complaints in the last 7 days**?

- no pain/complaints mild moderate severe very severe

Player-No. _____

22. How severe have your **pains / complaints** in the following body regions been **in the last 7 days** in **everyday life** and during / after **training or playing golf**?

(0= no complaints to 10= worst imaginable complaints)

	no										worst imaginable
headache											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
neck (cervical)											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
upper back (thoracic)											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
lower back (lumbar)											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
right shoulder											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
left shoulder											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
right elbow											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
left elbow											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
right hand / wrist											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
left hand / wrist											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
right knee											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
left knee											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
right hip											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10
left hip											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
maxim training or playing golf	0	1	2	3	4	5	6	7	8	9	10
other body parts, which? _____											
in everyday life	0	1	2	3	4	5	6	7	8	9	10
training or playing golf	0	1	2	3	4	5	6	7	8	9	10

Player-No. _____

The last questions refer to your **medical history**.23. Please state your **body height** and **weight**: _____cm _____kg24. Do you have any **disability**? no yes, please specify _____25. Have you ever had an **injury** that **prevented** you training or playing **golf as usually** for more than four weeks? no yes, please indicate the date of injury, the diagnosis and how long you had complaints.

when (month / year)	diagnosis	duration of complaints (in days)

26. Do you have **recurring complaints** that prevent you from training or playing golf **as usual**? no yes, please specify how often, type of complaints, and average duration of complaints

how often	type of complaints	duration (in days)

Player-No. _____

27. Have you ever been **diagnosed** with and/or treated for **arthrosis / osteoarthritis**?

- no yes, please specify for which body parts
- | | | |
|------------------------------|--------------------------------|-------------------------------|
| hip | <input type="checkbox"/> right | <input type="checkbox"/> left |
| knee | <input type="checkbox"/> right | <input type="checkbox"/> left |
| ankle | <input type="checkbox"/> right | <input type="checkbox"/> left |
| foot | <input type="checkbox"/> right | <input type="checkbox"/> left |
| shoulder | <input type="checkbox"/> right | <input type="checkbox"/> left |
| elbow | <input type="checkbox"/> right | <input type="checkbox"/> left |
| wrist | <input type="checkbox"/> right | <input type="checkbox"/> left |
| hand/finger joints | <input type="checkbox"/> right | <input type="checkbox"/> left |
| lumbar spine | <input type="checkbox"/> | |
| thoracic spine | <input type="checkbox"/> | |
| cervical spine (neck) | <input type="checkbox"/> | |
| others, please specify _____ | | |

28. Have you ever been **diagnosed** with and/or treated for the following **illnesses** or complaints?

	no	yes, previously	yes, currently
rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, anxiety, burnout or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
others, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Have you ever had any **surgery** upon your musculo-skeletal system (incl. bones, joints, muscles, tendon, facia)?

- no cervical spine elbow knee
- thoracic spine hand ankle
- lumbar spine wrist foot
- shoulder hip others, please specify _____

Please provide **details** on all operations upon your musculo-skeletal system.

when (month / year)	diagnosis / type of operation	duration until full recovery (in days)

Player-No. _____

30. How often have you taken the following **medications in the last 12 months**?

	(almost) daily	2-3 times per week	2-4 times per month	≤ 1x per months	never
pain killers (e.g. Aspirin, Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cortisone (pills / injections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medication for stress, anxiety, depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other medication, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. On average, how many hours do you **sleep** per night?

≤6 hours 7 hours 8 hours 9 hours >9 hours

32. Have there been any **special events** during the past 12 months that have altered your life or that have affected you (such as relocation, marriage, death, or illness among your close family or friends, separation, difficulties / problems in the club / team)?

no

yes, please specify _____

33. Would you like to **add anything** to the questionnaire?

Thank you for completing the questionnaire!