

**Supplementary material**

OSTRC-H2 Questionnaire with additional questions, as used in the Norwegian Olympic and Paralympic health monitoring programme since June 2018

	Question	Logic	Notes
<b>Q1</b>	<b>PARTICIPATION</b>		
	Have you had any difficulties participating in training and competition due to injury, illness or other health problems during the past 7 days?		
1.1	Full participation without health problems	Finished	
1.2	Full participation, but with a health problem	→ Q2	
1.3	Reduced participation due to a health problem	→ Q2	
1.4	Could not participate due to a health problem	→ Q5	
<b>Q2</b>	<b>MODIFIED TRAINING/COMPETITION</b>		
	To what extent have you modified your training or competition due to injury, illness or other health problems during the past 7 days?		
2.1	No modification	→ Q3	
2.2	To a minor extent	→ Q3	
2.3	To a moderate extent	→ Q3	
2.4	To a major extent	→ Q3	
<b>Q3</b>	<b>PERFORMANCE</b>		
	To what extent has injury, illness or other health problems affected your performance during the past 7 days?		
3.1	No effect	→ Q4	
3.2	To a minor extent	→ Q4	
3.3	To a moderate extent	→ Q4	
3.4	To a major extent	→ Q4	
<b>Q4</b>	<b>SYMPTOMS</b>		
	To what extent have you experienced symptoms/health complaints during the past 7 days?		
4.1	No symptoms/health complaints	→ Q5	
4.2	To a mild extent	→ Q5	
4.3	To a moderate extent	→ Q5	
4.4	To a severe extent	→ Q5	
<b>Q5</b>	Have you reported this problem previously?		
5.1	Yes	→ Q15	Respondent then selects problem from a list of previously reported cases
5.2	No	→ Q6	
<b>Q6</b>	<b>TYPE OF HEALTH PROBLEM</b>		
6.1	Acute injury	→ Q7	
6.2	Overuse injury	→ Q7	
6.3	Illness	→ Q13	
<b>Q7</b>	<b>INJURY LOCATION</b>		
	If you have multiple injuries, please complete a separate registration of each one		This is represented as an anterior & posterior body chart
7.1	Head	→ Q8	
7.2	Neck	→ Q8	

7.3	Shoulder	→ Q8	
7.4	Upper arm	→ Q8	
7.5	Elbow	→ Q8	
7.6	Forearm	→ Q8	
7.7	Wrist	→ Q8	
7.8	Hand/fingers	→ Q8	
7.9	Chest/ribs/upper back	→ Q8	
7.1	Abdomen	→ Q8	
7.11	Pelvis/low back	→ Q8	
7.12	Hip/groin	→ Q8	
7.13	Thigh	→ Q8	
7.14	Knee	→ Q8	
7.15	Lower leg	→ Q8	
7.16	Ankle	→ Q8	
7.17	Foot	→ Q8	
7.18	Other/unspecified	→ Q8	<i>Separate button next to body chart</i>
<b>Q8</b>	<b>BODY SIDE</b>		<i>Invisible to respondent: Coded automatically from body chart</i>
8.1	Left	→ Q9/Q10	
8.2	Right	→ Q9/Q10	
8.3	Not applicable	→ Q9/Q10	
<b>Q9</b>	<b>INJURY DATE</b>		<i>For acute injuries only (as defined in Q6)</i>
	When did the injury occur?		
9.1	<i>(Select from calendar)</i>	→ Q11	
<b>Q10</b>	<b>INJURY DATE</b>		<i>For overuse injuries only (as defined in Q6)</i>
	When did you first notice symptoms?		
10.1	<i>(Select from calendar)</i>	→ Q15	
<b>Q11</b>	<b>ACTIVITY</b>		<i>For acute injuries only (as defined in Q6)</i>
	What were you doing when the injury occurred?		
11.1	<i>(answer options populated from sport-specific customisable list)</i>	→ Q12	
<b>Q12</b>	<b>INJURY MECHANISM</b>		<i>For acute injuries only (as defined in Q6)</i>
	How did the injury occur?		
12.1	<i>(answer options populated from sport-specific customisable list)</i>	→ Q15	
<b>Q13</b>	<b>ILLNESS SYMPTOMS</b>		<i>Check box - multiple answers possible</i>
13.1	Fever	→ Q14	
13.2	Fatigue/malaise	→ Q14	
13.3	Swollen glands	→ Q14	
13.4	Sore throat	→ Q14	
13.5	Blocked nose/running nose/sneezing	→ Q14	
13.6	Cough	→ Q14	
13.7	Breathing difficulty/tightness	→ Q14	
13.8	Headache	→ Q14	
13.9	Nausea	→ Q14	
13.10	Vomiting	→ Q14	
13.11	Diarrhoea	→ Q14	
13.12	Constipation	→ Q14	
13.13	Fainting	→ Q14	

13.14	Rash/itchiness	→ Q14	
13.15	Irregular pulse/arrhythmia	→ Q14	
13.16	Chest pain/angina	→ Q14	
13.17	Abdominal pain	→ Q14	
13.18	Other pain	→ Q14	
13.19	Numbness/pins and needles	→ Q14	
13.20	Anxiety	→ Q14	
13.21	Depression/sadness	→ Q14	
13.22	Irritability	→ Q14	
13.23	Eye symptoms	→ Q14	
13.24	Ear symptoms	→ Q14	
13.25	Symptoms from urinary tract/genitalia	→ Q14	
13.26	Other. Please specify	→ Q14	<i>Free text box appears if this option selected</i>
<b>Q14</b>	<b>DATE</b>		
	When did you first notice symptoms?		
14.1	<i>(Select from calendar)</i>	→ Q15	
<b>Q15</b>	<b>TIME LOSS</b>		
	How many days over the past 7-day period have you had to completely miss training or competition due to this problem?		
15.1	1	→ Q16	
15.2	2	→ Q16	
15.3	3	→ Q16	
15.4	4	→ Q16	
15.5	5	→ Q16	
15.6	6	→ Q16	
15.7	7	→ Q16	
<b>Q16</b>	<b>CONTACT WITH MEDICAL TEAM</b>		
	I have reported this problem to:		
16.1	<i>(athlete selects from a list of all Olympic/Paralympic medical personnel registered to them)</i>	→ Q17	<i>Multiple-selections possible</i>
16.2	Other health professional (please specify whom)	→ Q17	<i>Free text input</i>
16.3	I have not reported it	→ Q17	
<b>Q17</b>	<b>COMMENTS</b>		
	Please use this field to send additional information about this problem to your Olympic/Paralympic medical team		
17.1	<i>(free text)</i>	→ Q18	
<b>Q18</b>	Have you experienced any other illnesses, injuries or other health problems during the past 7 days?		
18.1	Yes	→ Q1	<i>Questionnaire repeats itself to allow registration of multiple problems</i>
18.2	No	Finished	