

## Appendix # 1. Pre-existing Injury Survey

**BCN 2013  
BCN JO13**

BARCELONA 2013  
15<sup>th</sup> FINA WORLD  
CHAMPIONSHIPS  
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# SURVEY ON PRE-EXISTING INJURY



Date of birth: <small>dd/mm/yy</small>		Gender:	<input type="checkbox"/> Female	<input type="checkbox"/>
			Male	
Sport/Event:		Country:		

Dear Athlete,

FINA would like to learn more about **injuries or physical complaints** such as pain, ache, stiffness, swelling, instability/giving way, locking or other symptoms, you had in **the 4 weeks prior to this championship**, regardless of whether or not they have had major consequences for your participation in normal training and/or competition. Please answer the following questions. The results will help to improve the care for aquatic athlete and to prevent injury.

**1. Did you have any injury/physical complaints in the 4 weeks prior to this championship?**

- no (*you do not need to answer further questions*)
- yes, full participation, but with injury/physical complaints
- yes, reduced participation due to injury/physical complaints
- yes, Cannot participate due to injury/physical complaints

*If you had several injuries/physical complaints, please begin with your worst problem, and describe the other problems separately on extra forms.*

**2. Please tick the location of injury/physical complaint referred to above**

<input type="checkbox"/> Head/face	<input type="checkbox"/> Hand/fingers	<input type="checkbox"/> Thigh
<input type="checkbox"/> Neck	<input type="checkbox"/> Chest/ribs	<input type="checkbox"/> Knee
<input type="checkbox"/> Shoulder (including clavicle)	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower leg
<input type="checkbox"/> Upper arm	<input type="checkbox"/> Thoracic spine	<input type="checkbox"/> Ankle
<input type="checkbox"/> Elbow	<input type="checkbox"/> Lumbar spine	<input type="checkbox"/> Foot/toes
<input type="checkbox"/> Forearm	<input type="checkbox"/> Pelvis and buttock	<input type="checkbox"/> Other (Specify _____)
<input type="checkbox"/> Wrist	<input type="checkbox"/> Hip and groin	

**3. How did this injury/physical complaint first occur?**

- Due to a clearly identifiable injury event, e.g. a collision or a fall
- Suddenly while performing normal training or competition (no obvious trauma)
- Gradual onset, no single event
- Other, not related to training or competing in aquatics

**4. For how long have you been suffering from this injury/complaint?** \_\_\_\_\_ years  
\_\_\_\_\_ months \_\_\_\_\_ weeks

<b>5. In the 4 weeks prior to this championship, ...</b>	<b>Please tick the appropriate box</b>
...how much did you <b>reduce your training volume</b> due to this injury/physical complaint?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> not at all    minor    moderate    major    no training
...how much did you modify the <b>content / intensity of training</b> due to this injury/physical complaint?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> not at all    minor    moderate    major    no training
...how much did this injury/physical complaint affect your <b>performance</b> during training or competition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> not at all    minor    moderate    major    no participation
... <b>how severe</b> was this complaint during training or competition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> none          minor    moderate    major    no participation
... <b>on how many days</b> was your performance affected by this injury /complaint?	_____ days in the past 4 weeks

<b>6. At the start of your competition at this championship ...</b>	
... <b>how severe</b> was this complaint during training or competition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> none          minor    moderate    major    no participation
...how much was <b>your performance affected</b> due to this injury/physical complaint?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> not at all    minor    moderate    major    no participation

Please ask the FINA researcher for additional forms, if needed, and return the filled in forms to the FINA research assistant or in the research drop box in the medical stations.

**Thank you very much for your participation in this survey!**