



SURVEY ON PRE-EXISTING INJURIES AND ILLNESSES

Dear Athlete,

In order to gain knowledge on how IAAF can contribute to the prevention and early detection of injuries in athletics, we would like to learn more about what **injuries or physical complaints** (such as pain, ache, stiffness, swelling, instability/giving way, locking or other symptoms) you have had **in the 4 weeks prior to this championship**, even if this has not had major consequences for your participation in normal training and/or competition. All of the personal information you give on this form will be treated 100% anonymously. The compiled data and results will be published according to scientifically acceptable standards in order to help each participating nation improve their care for track and field athlete and to prevent injury. We encourage you to participated by filling in the requested information and answer the following questions. If you do not want to take part in this survey, please check the box “Do not want to participate”.

- Yes, I want to participate**
 No, I do not want to participate

Date of birth: dd/mm/yy		Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Event:		Country:		
Height (cm):		Weight (kg):		
Average # hours of training before championships (in hours per week):	1 Week before:	2 Weeks before:	3 Weeks before:	4 Weeks before:

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

- No (*in this case, you do not need to answer further questions*)
- Yes, full participation (training or competition), but with injury/physical complaints
- Yes, reduced participation (training or competition) due to injury/physical complaints
- Yes, I cannot participate (training or competition) due to injury/physical complaints

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

Did you have more than one problem? Yes No;
If yes, how many? 2 3 4 5 or more

2. What was your worst problem? (Please describe):

And please tick the **location of injury/physical complaint** referred to above

<input type="checkbox"/> Head/face <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder (including clavicle) <input type="checkbox"/> Upper arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist	<input type="checkbox"/> Hand/fingers <input type="checkbox"/> Chest/ribs <input type="checkbox"/> Abdomen <input type="checkbox"/> Thoracic spine <input type="checkbox"/> Lumbar spine <input type="checkbox"/> Pelvis and buttock <input type="checkbox"/> Hip and groin	<input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/toes <input type="checkbox"/> Other (Specify _____)
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3. In the period of 4 weeks prior to this championship, ...	Please tick the appropriate box
3.1....how much did you reduce your training volume due to this injury/physical complaint?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No training
3.2....how much did you modify the content / intensity of training due to this injury/physical complaint?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No training
3.3....how much did this injury/physical complaint affect your performance during training or competition?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No participation
3.4.... how severe was this complaint during training or competition?	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No participation
3.5....on how many days was your performance affected (you was not at your best) by this injury /complaint?	_____ days in the past 4 weeks

4. How did this injury/physical complaint first occur?

Due to a clearly identifiable injury event, e.g. a collision or a fall or external object that hit you

Suddenly while performing normal training or competition (no obvious trauma)

Gradual onset, over several consecutive training sessions (no single event)

Other incident, not related to training or competing in athletics

5. For how long have you been suffering from this injury/complaint?

Less than 1 week 1-2 weeks 2-4 weeks More than 4 weeks

6. Now, at the start of your competition at this championship ...

6.1.... how severe was this complaint during training or competition?	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No participation
6.2....how much was your performance affected due to this injury/physical complaint?	<input type="checkbox"/> Not at all <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> No participation

7. During the period of 4 weeks prior to this championship, did you have any illness (such as infection, allergy, gastroenteritis, flu, dehydration, etc.) that affected your preparations for this championship?

Yes No

What was your **worst** illness? (Please, describe):

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7.1. If Yes, how many days did you have to adjust your training?	_____ days in the past 4 weeks
7.2. If Yes, how many days did you completely stop your training?	_____ days in the past 4 weeks

Please ask the IAAF researchers for additional forms, if needed, and return the filled in forms to the IAAF researchers or in the research drop box in the Warm-up Area.

Thank you very much for your participation in this survey!