

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 |
|---|----------|--|
| Q1 PARTICIPATION | | |
| 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 | |
| Q2 MODIFIED TRAINING/COMPETITION | | |
| 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 | |
| Q3 PERFORMANCE | | |
| 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 | |
| Q4 SYMPTOMS | | |
| 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 | |
| Q5 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 | |
| Q6 TYPE OF HEALTH PROBLEM | | |
| 6.1 Acute injury | → Q7 | |
| 6.2 Overuse injury | → Q7 | |
| 6.3 Illness | → Q13 | |
| Q7 INJURY LOCATION | | |
| 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 | |

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| 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> |
| Q8 | BODY SIDE | | <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 | |
| Q9 | INJURY DATE | | <i>For acute injuries only (as defined in Q6)</i> |
| | When did the injury occur? | | |
| 9.1 | <i>(Select from calendar)</i> | → Q11 | |
| Q10 | INJURY DATE | | <i>For overuse injuries only (as defined in Q6)</i> |
| | When did you first notice symptoms? | | |
| 10.1 | <i>(Select from calendar)</i> | → Q15 | |
| Q11 | ACTIVITY | | <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 | |
| Q12 | INJURY MECHANISM | | <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 | |
| Q13 | ILLNESS SYMPTOMS | | <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 | |

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| 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> |
| Q14 | DATE | | |
| | When did you first notice symptoms? | | |
| 14.1 | <i>(Select from calendar)</i> | → Q15 | |
| Q15 | TIME LOSS | | |
| | 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 | |
| Q16 | CONTACT WITH MEDICAL TEAM | | |
| | 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 | |
| Q17 | COMMENTS | | |
| | Please use this field to send additional information about this problem to your Olympic/Paralympic medical team | | |
| 17.1 | <i>(free text)</i> | → Q18 | |
| Q18 | 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 | |