

Supplementary File 8. Injury reporting mechanisms used across included studies.

Table 1. Women's amateur football studies

	Injury reporting mechanisms (from article)
McNoe & Chalmers (2010)	<p>“Throughout the winter competitive season (April to September), players were contacted each week and a “weekly” questionnaire administered. The necessity to call back players because of unavailability was minimized by prearranging call times; no systematic record was kept of the number of call-backs made. If contact was not made in a given week, no attempt was made to collect the data retrospectively”</p> <p>The players were asked to recall information for the week leading up to and including the most recent Sunday before data collection. Prompts were provided on the response categories for each question. The players were asked to report the number and duration of training sessions and matches in which they participated, injuries sustained, the circumstances of injury, and behavior in relation to injury prevention measures promoted by NZS”</p> <p>SUMMARY: Player self-report</p>
Jacobson & Tegner (2006)	<p>“Individual participation in club/team scheduled practice and game sessions (presence/time loss) as well as injuries were registered by the respective trainer/coach, using standardized attendance protocols and reported once a week”</p> <p>“The reported injured players were interviewed by telephone shortly after the injury by the first author, a sports medicine specialist, using a standardized protocol that included location of injury, injury mechanism, type of injury, occasion of injury, playing position, dominant foot, ball contact, foul play, re-injury, medical consultation, treatment, etc. No clinical examinations were made”</p> <p>SUMMARY: Player self-report</p>

Table 2. Women's elite football studies

	Injury reporting mechanisms (from article)
Ibikunle et al (2019)	<p>“The researcher contacted the various clubs by visiting each of the selected clubs in their camps. During those visits, the researcher educated the medical personnel in various clubs on the purpose of the research, how to make use of the various forms. The researcher also recruited eight physiotherapists to serve as research assistants. The purpose, procedures and ethical components of the research were duly explained to the various participants including the footballers. The researcher and the research assistants frequently visited the clubs, supervised and monitored the filling of these forms regularly. The injury forms were completed on ad hoc basis as and when injuries arose. At the end of every month, the researcher retrieved the forms from various clubs”</p> <p>“The UEFA Injury Report Forms was used for data collection”</p> <p>SUMMARY: Medical staff registration</p>
Babwah (2014)	<p>“The teams' trainers, coaches or physiotherapists provided anonymized injury data when contacted via telephone on the Monday after games”</p> <p>SUMMARY: Trainer, coach AND Medical staff registration</p>
Nilstad et al (2014)	<p>Individual registration: “All players (n = 228) were carefully informed on the data collection procedure prior to the start of the study. They reported injuries and exposure individually using text messaging (SMS) based on an SMS-tracking system (New Agenda Solutions Aps, Copenhagen, Denmark). The registration was conducted on a weekly basis through the automatic generation of three text messages sent every Sunday evening. One SMS was sent out for each of the three questions and the players replied to each of these: 1. How many minutes of match play did you do last week? Sum up all matches and report the total number of minutes played. 2. How many hours of training did you do last week? Sum up your total hours of football practice, rounding up to nearest full hour. 3. Have you had any injury or illness that has restricted you from full participation in one or more training sessions and/or matches last week? Answer yes or no. The responses were recorded in a system-generated database. If the players forgot to reply to one or more of the text messages, they automatically received a first reminder after 2 days and a second reminder after another 2 days. If an injury or illness was reported, the player was contacted by telephone to complete the injury form and collect information regarding the injury circumstances. The injured player was followed-up until she answered “no” on the injury question and was subsequently contacted to establish the correct number of days of absence. Injuries occurring before the start of the injury registration or those occurring in activities other than football training or match were not included. All telephone interviews were conducted by the principal investigator (AN) and the interviews were done within 1–4 days after an injury was reported”</p> <p>Medical staff registration: “Concurrent with the individual SMS registration, a member of the medical staff from all 12 teams reported injuries and exposure on the team level. Prior to the start of the study, they received detailed information and a manual on how to record injuries and exposure. The team physiotherapist performed the prospective injury registration and also recorded team training and match</p>

	<p>exposure in cooperation with the coach. Injuries were reported using the same injury form as for the individual registration. Exposure data were reported on a monthly basis using a separate form. This exposure form was designed as a calendar, collecting information on type of activity (training or match), playing surface (natural grass, artificial turf, or other), the duration of each session (number of minutes), and the number of players attending each session. The medical staff submitted their exposure and injury forms every month. If necessary, they were reminded by telephone or e-mail by the principal investigator. If information was missing or unclear, we contacted the medical staff members to complete the registration”</p> <p>SUMMARY: Player-self report AND Medical staff registration</p>
Giza et al (2012)	<p>“Injuries in this study were defined as those conditions which were reported to and evaluated by the team physician or athletic trainer. Each injury was subsequently reported to the league insurance company via a standardised ‘first report of injury’ form which is completed by the team trainer. All injury reports were verified by an examination by the team physician.</p> <p>SUMMARY: Medical staff registration</p>
Ekstrand et al (2011)	<p>“Report forms were sent to the study group on a monthly basis, and clubs were provided with regular feedback to improve accuracy and consistency in reporting. Player exposure and surface type were registered for all training sessions and matches (including matches with national teams and reserve teams) on a standard exposure form (Hägglund et al., 2005) by a member of the squad, who was present at all training sessions and matches. The team medical staff recorded all injuries on a standard injury form (Hägglund et al., 2005) immediately after the event”</p> <p>SUMMARY: Medical staff registration</p>
Gaulrapp et al (2010)	<p>“Along with the name of the player, team physicians recorded the mechanism, region, and type of the injury. They also noted whether the injury occurred during a game (minute of play) and the month of practice within the season”</p> <p>SUMMARY: Medical staff registration</p>
Hägglund et al (2009)	<p>“A club representative recorded individual playing time in training and friendly and competitive matches on a standard exposure form. This included first and second team, as well as national team exposure for all players, and was returned on a monthly basis”</p> <p>“The club medical staff documented all time loss injuries that occurred during the study period on a standard injury form”</p> <p>SUMMARY: Medical staff registration</p>
Tegnander et al (2008)	<p>“The team coaches recorded the type and duration of all training sessions and the number of players participating”</p> <p>“In accordance with the consensus statement on injury definitions and data collection procedures, the team physiotherapists recorded all injuries that caused the player to be unable to fully take part in the next match or training session (“time loss” injury)”</p> <p>SUMMARY: Medical staff registration</p>

Jacobson & Tegner (2007)	<p>“Participation in club/team-scheduled practice and game sessions as well as injuries were registered by the respective trainer/coach, using standardized attendance protocols (Ekstrand, 1982). Individual participation and injuries in the national women’s and U-21 teams were registered by the physiotherapist for each team. The attendance protocol was reported once a week from the club teams, or after every national gathering, to the first author”</p> <p>“The reported injured players were interviewed by telephone by the first author using a standardized protocol that included location of injury, injury mechanism, type of injury, occasion of injury, playing position, dominant foot, ball contact, foul play, re-injury, medical consultation, treatment, etc. (Ekstrand, 1982)”</p> <p>SUMMARY: Player-self report</p>
Faude et al (2005)	<p>“During the season, the team coach recorded the amount of time spent in training and matches, as well as the reason for and duration of any absences for each individual player, on a weekly basis. The team physical therapists reported all injuries with regard to their type, location, and circumstances of occurrence. All information was documented on specially designed forms”</p> <p>SUMMARY: Medical staff registration</p>

Table 3. Women's international football studies

	Injury reporting mechanisms (from article)
Hägglund et al (2009) U-19 European Championship 2006	“The team physician documented individual player training exposure and time loss injuries that occurred during the tournament on standard forms” SUMMARY: Medical staff registration
Hägglund et al (2009) U-19 European Championship 2007	“The team physician documented individual player training exposure and time loss injuries that occurred during the tournament on standard forms” SUMMARY: Medical staff registration
Hägglund et al (2009) U-19 European Championship 2008	“The team physician documented individual player training exposure and time loss injuries that occurred during the tournament on standard forms” SUMMARY: Medical staff registration
Junge et al (2004) World Cup 1999	“The physicians of all participating teams were asked to report all injuries after each match on a specially designed injury report form” SUMMARY: Medical staff registration
Junge & Dvorak (2007) World Cup 2003	“At a pre-tournament instructional meeting, doctors of all attending teams were asked to report the details of every injury that occurred during a match in an injury report form” SUMMARY: Medical staff registration
Junge et al (2004) Olympic Games 2000	“The physicians of all participating teams were asked to report all injuries after each match on a specially designed injury report form” SUMMARY: Medical staff registration
Junge et al (2006) Olympic Games 2004	“For each match, the physicians of both teams were instructed to return the completed form of their team to the medical representative of their IF” SUMMARY: Medical staff registration
Junge & Dvorak (2007) U-19 World Championship 2002	“At a pre-tournament instructional meeting, doctors of all attending teams were asked to report the details of every injury that occurred during a match in an injury report form” SUMMARY: Medical staff registration
Junge & Dvorak (2007)	“At a pre-tournament instructional meeting, doctors of all attending teams were asked to report the details of every injury that occurred during a match in an injury report form”

U-19 World Championship 2004	SUMMARY: Medical staff registration
Junge & Dvorak (2007) U-20 World Championship 2006	“At a pre-tournament instructional meeting, doctors of all attending teams were asked to report the details of every injury that occurred during a match in an injury report form” SUMMARY: Medical staff registration
Waldén et al (2007) European Championship 2005	“The national team physician documented each injury immediately after the event on a standard injury card. The injury card provided information on the date of injury, activity (training or match), injury type, injury location, injured side, injury circumstance and injury mechanism” SUMMARY: Medical staff registration