

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	

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	

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	