

## Section A

### Sociodemographic information

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Height: \_\_\_\_\_ cm      Weight: \_\_\_\_\_ kg

## Section B

### General health

1. Are you a smoker?

yes      no      previous smoker

2. Do you have any medical problems (e.g. allergy, asthma, high blood pressure, diabetes)?

no      yes, please specify \_\_\_\_\_

3. Number of diagnosed musculoskeletal injuries (by a doctor) since being a football player:

none      1-2      3-5      5+

4. Have you ever had an operation on the musculoskeletal system?

<input type="checkbox"/> no	<input type="checkbox"/> yes, on the knee	when? _____
	<input type="checkbox"/> yes, on the Achilles tendon	when? _____
	<input type="checkbox"/> yes, on the ankle joint	when? _____
	<input type="checkbox"/> yes, other operations	when? _____

## Section C

### History of training

1. What is the name of the national football club you are playing for?

<input type="checkbox"/> Al Arabi	<input type="checkbox"/> Al Fahaheel	<input type="checkbox"/> Al Jahra	<input type="checkbox"/> Al Kuwait	<input type="checkbox"/> Al Naser
<input type="checkbox"/> Al Salmiya	<input type="checkbox"/> Al Shabab	<input type="checkbox"/> Al Qadsia	<input type="checkbox"/> Al Yarmouk	<input type="checkbox"/> Kazma
<input type="checkbox"/> Khaitan SC	<input type="checkbox"/> Sulaibikhat	<input type="checkbox"/> Sahel	<input type="checkbox"/> Tadamon	<input type="checkbox"/> Burgan SC

2. Years playing football as a contracted player in the national club \_\_\_\_\_

3. Did you play for Kuwait national football team?  
 no       yes, for \_\_\_\_\_ months/years

4. On average, how many hours per week do you train for football?  
 Pre-season \_\_\_\_\_ hrs./week      during the season \_\_\_\_\_ hrs./week

5. How many days per week do you train for football? \_\_\_\_\_ days/week

6. What is your current playing position in the team?  
 Goalkeeper       Striker       Midfielders       Defenders

7. Do you train the entire year or have breaks?  
 no breaks       \_\_\_\_\_ weeks break

8. Which sport(s) do you frequently practice?  
 no sports       \_\_\_\_\_  
 How many hours per week on average? \_\_\_\_\_

9. Do you do anything to prevent injury or complaints?  
 no       yes, stretching  
 yes, massage  
 yes, other \_\_\_\_\_

#### Section D

##### Injuries and complaints during The Last Match

1. When was the last match you played \_\_\_\_\_ (dd/mm/yy)

2. Did you have any of the following complaints prior, during or after your last match?

headache	<input type="checkbox"/> no	<input type="checkbox"/> yes
neck pain	<input type="checkbox"/> no	<input type="checkbox"/> yes
low back pain	<input type="checkbox"/> no	<input type="checkbox"/> yes
pain in the hip joint(s)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the groin region(s)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the inner thigh muscles (adductors)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the front thigh muscles (quadriceps)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the back thigh muscles (hamstrings)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the knee joint(s)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the front lower leg	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the back lower leg (calf)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the Achilles tendon(s)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left
pain in the ankle joint(s)	<input type="checkbox"/> no	<input type="checkbox"/> right <input type="checkbox"/> left

pain in the foot no right left  
Other (please specify) \_\_\_\_\_

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3. Did you incur an injury during your last match?

no (please continue with **section E**)  
yes (please describe injury on **3.1**)

### **3.1 Injury during your last match**

In case of multiple injuries in your last match, please fill in one page for each injury.

1. Which body part was injured?

<input type="checkbox"/> head / face	<input type="checkbox"/> shoulder/clavicula	<input type="checkbox"/> hip
<input type="checkbox"/> neck/cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> groin
<input type="checkbox"/> sternum / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> thigh
<input type="checkbox"/> upper back	<input type="checkbox"/> forearm	<input type="checkbox"/> knee
<input type="checkbox"/> lower back	<input type="checkbox"/> wrist	<input type="checkbox"/> lower leg
<input type="checkbox"/> stomach	<input type="checkbox"/> hand	<input type="checkbox"/> Achilles tendon
<input type="checkbox"/> pelvis / tailbone	<input type="checkbox"/> fingers/thumb	<input type="checkbox"/> ankle
		<input type="checkbox"/> foot/toe

2. At what time point during the match play did the injury occur?

at the start of the match at the middle towards the end

3. Where in the football season did the above injury occur?

start of the season middle towards the end

4. What was the type of injury?

<input type="checkbox"/> concussion (with or without loss of consciousness)	<input type="checkbox"/> lesion of meniscus or cartilage	<input type="checkbox"/> contusion/bruise/haematoma
<input type="checkbox"/> fracture	<input type="checkbox"/> muscle rupture/strain/tear/cramps	<input type="checkbox"/> abrasion
<input type="checkbox"/> other bone injury	<input type="checkbox"/> tendon injury/rupture	<input type="checkbox"/> laceration
<input type="checkbox"/> dislocation	<input type="checkbox"/> tendinosis/bursitis	<input type="checkbox"/> nerve injury
<input type="checkbox"/> sprain/ligament injury		<input type="checkbox"/> dental injury

Other injury (please specify) \_\_\_\_\_

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5. Have you had a previous injury of the same type at the same site (recurrence)?

no yes (and I was still suffering the complaints)  
yes (but I had returned to full participation, since \_\_\_\_\_)

6. Was the injury caused by overuse (i.e., overtraining) or trauma?

Overuse Trauma (contact/non-contact)

7. Did you see a family doctor, a specialist (traumatologist, orthopaedist...) or a physio?

no      yes (family)      yes (specialist)      yes (physio)

8. How long did you suffer complaints from this injury? \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months  
until now

9. How long were you absent from regular training? \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months  
no modification or stop of regular training

10. How long were you absent from match play? \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months  
no absence

The following section is concerned with sports injuries that the player has sustained in the past **three football seasons (2024, 2023, 2022)**, if you haven't sustained any injury, please do not complete the following section(s).

*Please do not report injuries that occurred outside the training session(s) or match play*

#### Section E (Football season 2024)

##### Injuries and complaints

1. Did you suffer any injury caused by playing a football match or preparing training during the 2024 football season?

no (please do not complete **this section and proceed with the following, if applicable**)

yes, how many? \_\_\_\_\_

2. Have you had any pain, discomfort or complaints caused by playing football match or training you do prepare for match play during the 2024 season?

	NO	A LITTLE	MODERATE	SEVERELY	VERY SEVERELY
Headache					
Neck pain					
Low back pain					
Pain in the hip joint(s)					
Pain in the groin region(s)					
Pain in the front thigh muscles (quadriceps)					
Pain in the back thigh muscles (hamstrings)					
Pain in the inner thigh muscles (adductors)					

Pain in the knee joint(s)					
Pain in the Achilles tendon(s)					
Pain in the back lower leg (calf)					
Pain in the front lower leg					
Pain in the ankle joint(s)					
Pain in the foot					
Other (please specify)					

### ***Injury during 2024 football season***

In case of multiple injuries during 2024 football season, please fill in one page for each injury.

Please specify any injuries below. Where cases of multiple injuries per site occurs, please fill in the text box giving details for each injury?

3. Which body part was injured?

<input type="checkbox"/> head / face	<input type="checkbox"/> shoulder/clavicula	<input type="checkbox"/> hip
<input type="checkbox"/> neck/cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> groin
<input type="checkbox"/> sternum / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> thigh
<input type="checkbox"/> upper back	<input type="checkbox"/> forearm	<input type="checkbox"/> knee
<input type="checkbox"/> lower back	<input type="checkbox"/> wrist	<input type="checkbox"/> lower leg
<input type="checkbox"/> stomach	<input type="checkbox"/> hand	<input type="checkbox"/> Achilles tendon
<input type="checkbox"/> pelvis / tailbone	<input type="checkbox"/> fingers/thumb	<input type="checkbox"/> ankle
		<input type="checkbox"/> foot/toe

Example: Knee meniscal damage occurred 3 times in season 1 (month 1, month 3 etc)

4. Did the injury occur during a training session or a match play?

training session      match play

5. At what time point of training session/match play did the injury occur?

at the start      middle      towards the end

6. Where in the football season did the above injury occur?

start of the season

middle

towards the end

7. What was the type of injury?

<input type="checkbox"/> concussion (with or without loss of consciousness)	<input type="checkbox"/> lesion of meniscus or cartilage	<input type="checkbox"/> contusion/bruise/haematoma
<input type="checkbox"/> fracture	<input type="checkbox"/> muscle rupture/strain/tear/cramps	<input type="checkbox"/> abrasion
<input type="checkbox"/> other bone injury	<input type="checkbox"/> tendon injury/rupture	<input type="checkbox"/> laceration
<input type="checkbox"/> dislocation	<input type="checkbox"/> tendinosis/bursitis	<input type="checkbox"/> nerve injury
<input type="checkbox"/> sprain/ligament injury		<input type="checkbox"/> dental injury

Other injury (please specify) \_\_\_\_\_

8. Have you had a previous injury of the same type at the same site (recurrence)?

no

yes (and I was still suffering the complaints)

yes (but I had returned to full participation, since \_\_\_\_\_)

9. Was the injury caused by overuse (i.e., overtraining) or trauma?

Overuse

Trauma (contact/non-contact)

10. Did you see a family doctor, specialists (traumatologist, orthopaedist...) or a physio?

no

yes (family)

yes (specialist)

yes (physio)

11. How long did you suffer complaints from this injury (for example did you train but not effectively)? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

until now

12. How long were you absent from regular training? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

no modification or stop of regular training

13. How long were you absent from match play? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

## Section E (Football season 2023)

### Injuries and complaints

1. Did you suffer any injury caused by playing a football match or preparing training during the 2023 football season?

no (please do not complete **this section and proceed with the following, if applicable**)

yes, how many? \_\_\_\_\_

2. Have you had any pain, discomfort or complaints caused by playing football match or training you do prepare for match play during the season?

	NO	A LITTLE	MODERATE	SEVERELY	VERY SEVERELY
Headache					
Neck pain					
Low back pain					
Pain in the hip joint(s)					
Pain in the groin region(s)					
Pain in the front thigh muscles (quadriceps)					
Pain in the back thigh muscles (hamstrings)					
Pain in the inner thigh muscles (adductors)					
Pain in the knee joint(s)					
Pain in the Achilles tendon(s)					
Pain in the back lower leg (calf)					
Pain in the front lower leg					
Pain in the ankle joint(s)					
Pain in the foot					
Other (please specify)					

### ***Injury during 2023 football season***

In case of multiple injuries during 2023 football season, please fill in one page for each injury.

Please specify any injuries below. Where cases of multiple injuries per site occurs, please fill in the text box giving details for each injury?

3. Which body part was injured?

<input type="checkbox"/> head / face	<input type="checkbox"/> shoulder/clavicula	<input type="checkbox"/> hip
<input type="checkbox"/> neck/cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> groin
<input type="checkbox"/> sternum / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> thigh
<input type="checkbox"/> upper back	<input type="checkbox"/> forearm	<input type="checkbox"/> knee
<input type="checkbox"/> lower back	<input type="checkbox"/> wrist	<input type="checkbox"/> lower leg
<input type="checkbox"/> stomach	<input type="checkbox"/> hand	<input type="checkbox"/> Achilles tendon
<input type="checkbox"/> pelvis / tailbone	<input type="checkbox"/> fingers/thumb	<input type="checkbox"/> ankle
		<input type="checkbox"/> foot/toe

Example: Knee meniscal damage occurred 3 times in season 1 (month 1, month 3 etc)

4. Did the injury occur during a training session or a match play?

training session       match play

5. At what time point of training session/match play did the injury occur?

at the start       middle       towards the end

6. Where in the football season did the above injury occur?

start of the season       middle       towards the end

7. What was the type of injury?

<input type="checkbox"/> concussion (with or without loss of consciousness)	<input type="checkbox"/> lesion of meniscus or cartilage	<input type="checkbox"/> contusion/bruise/haematoma
<input type="checkbox"/> fracture	<input type="checkbox"/> muscle rupture/strain/tear/cramps	<input type="checkbox"/> abrasion
<input type="checkbox"/> other bone injury	<input type="checkbox"/> tendon injury/rupture	<input type="checkbox"/> laceration
<input type="checkbox"/> dislocation	<input type="checkbox"/> tendinosis/bursitis	<input type="checkbox"/> nerve injury
<input type="checkbox"/> sprain/ligament injury		<input type="checkbox"/> dental injury

Other injury (please specify) \_\_\_\_\_

8. Have you had a previous injury of the same type at the same site (recurrence)?

No       yes (and I was still suffering the complaints)  
 yes (but I had returned to full participation, since \_\_\_\_\_)

9. Was the injury caused by overuse (i.e., overtraining) or trauma?

Overuse      Trauma (contact/non-contact)

10. Did you see a family doctor, specialists (traumatologist, orthopaedist...) or a physio?

no      yes (family)      yes (specialist)      yes (physio)

11. How long did you suffer complaints from this injury (for example did you train but not effectively)? \_\_\_ days \_\_\_ weeks \_\_\_ months

until now

12. How long were you absent from regular training? \_\_\_ days \_\_\_ weeks \_\_\_ months

no modification or stop of regular training

13. How long were you absent from match play? \_\_\_ days \_\_\_ weeks \_\_\_ months

#### Section E (Football season 2022)

##### Injuries and complaints

1. Did you suffer any injury caused by playing a football match or preparing training during the 2022 football season?

no (please do not complete **this section**)

yes, how many? \_\_\_\_\_

2. Have you had any pain, discomfort or complaints caused by playing football match or training you do prepare for match play during the season?

	NO	A LITTLE	MODERATE	SEVERELY	VERY SEVERELY
Headache					
Neck pain					
Low back pain					
Pain in the hip joint(s)					
Pain in the groin region(s)					
Pain in the front thigh muscles (quadriceps)					
Pain in the back thigh muscles (hamstrings)					
Pain in the inner thigh muscles (adductors)					
Pain in the knee joint(s)					
Pain in the Achilles tendon(s)					

Pain in the back lower leg (calf)					
Pain in the front lower leg					
Pain in the ankle joint(s)					
Pain in the foot					
Other (please specify)					

## ***Injury during 2022 football season***

In case of multiple injuries during **2022 football season**, please fill in one page for each injury.

Please specify any injuries below. Where cases of multiple injuries per site occurs, please fill in the text box giving details for each injury. In case of multiple injuries, please fill in one page for each injury.

1. Which body part was injured?

<input type="checkbox"/> head / face	<input type="checkbox"/> shoulder/clavicula	<input type="checkbox"/> hip
<input type="checkbox"/> neck/cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> groin
<input type="checkbox"/> sternum / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> thigh
<input type="checkbox"/> upper back	<input type="checkbox"/> forearm	<input checked="" type="checkbox"/> knee
<input type="checkbox"/> lower back	<input type="checkbox"/> wrist	<input type="checkbox"/> lower leg
<input type="checkbox"/> stomach	<input type="checkbox"/> hand	<input type="checkbox"/> Achilles tendon
<input type="checkbox"/> pelvis / tailbone	<input type="checkbox"/> fingers/thumb	<input type="checkbox"/> ankle
		<input type="checkbox"/> foot/toe

Example: Knee meniscal damage occurred 3 times in season 1 (month 1, month 3 etc)

2. Did the injury occur during a training session or a match play?

training session       match play

3. At what time point of training session/match play did the injury occur?

at the start       middle       towards the end

4. Where in the football season did the above injury occur?

start of the season       middle       towards the end

5. What was the type of injury?

<input type="checkbox"/> concussion (with or without loss of consciousness)	<input type="checkbox"/> lesion of meniscus or cartilage	<input type="checkbox"/> contusion/bruise/haematoma
<input type="checkbox"/> fracture	<input type="checkbox"/> muscle rupture/strain/tear/cramps	<input type="checkbox"/> abrasion
<input type="checkbox"/> other bone injury	<input type="checkbox"/> tendon injury/rupture	<input type="checkbox"/> laceration
<input type="checkbox"/> dislocation	<input type="checkbox"/> tendinosis/bursitis	<input type="checkbox"/> nerve injury
<input type="checkbox"/> sprain/ligament injury		<input type="checkbox"/> dental injury

Other injury (please specify) \_\_\_\_\_

6. Have you had a previous injury of the same type at the same site (recurrence)?

no                           yes (and I was still suffering the complaints)  
yes (but I had returned to full participation, since \_\_\_\_\_)

7. Was the injury caused by overuse (i.e., overtraining) or trauma?

Overuse                   Trauma (contact/non-contact)

8. Did you see a family doctor, specialists (traumatologist, orthopaedist...) or a physio?

no                           yes (family)                   yes (specialist)                   yes (physio)

9. How long did you suffer complaints from this injury (for example did you train but not effectively)? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months  
until now

10. How long were you absent from regular training? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months  
no modification or stop of regular training

11. How long were you absent from match play? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

**End of Survey**

