

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?

☐no ☐yes, on the knee when? _____
☐yes, on the Achilles tendon when? _____
☐yes, on the ankle joint when? _____
☐yes, other operations when? _____

Section C

History of training

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

☐Al Arabi ☐Al Fahaheel ☐Al Jahra ☐Al Kuwait ☐Al Naser
☐Al Salmiya ☐Al Shabab ☐Al Qadsia ☐Al Yarmouk ☐Kazma
☐Khaitan SC ☐Sulaibikhat ☐Sahel ☐Tadamon ☐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) _____

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/clavicle | <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"/> tendinitis/bursitis | <input type="checkbox"/> nerve injury |
| <input type="checkbox"/> sprain/ligament injury | | <input type="checkbox"/> dental injury |

Other injury (please specify) _____

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/clavicle | <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?

☐concussion (with or without loss of consciousness)

☐lesion of meniscus or cartilage

☐contusion/bruise/haematoma

☐fracture

☐muscle rupture/strain/tear/cramps

☐abrasion

☐other bone injury

☐tendon injury/rupture

☐laceration

☐dislocation

☐tendinitis/bursitis

☐nerve injury

☐sprain/ligament injury

☐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/clavicle | <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"/> tendinitis/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/clavicle | <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"/> tendinitis/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

