9th graders: MUSCULOSKELETAL HEALTH SURVEY

With this survey, information concerning the musculoskeletal symptoms, back pain as well as accidents and injuries reported by the 9th graders are gathered. Read the questions carefully and choose the most appropriate option or write your answer to the space reserved for it.

Your answers are equally as important even if you haven’t had back problems or haven’t had accidents or injuries.

A1. BACKGROUND INFORMATION

Name: _____________________________________________

Social security number: _____________________________________________

Address: __________________________________________________________________________________

Phone number: _____________________________________

E-mail: ____________________________________

2. Gender
   1. girl
   2. boy

3. Height   _____ cm

4. Weight   _____ kg

5. Do you have a chronic disease?
   1. No
   2. Allergy
   3. Asthma
   4. Diabetes
   5. Epilepsy
   6. Heart condition
   7. Other, what? _______________________________

6. Do you have regular medication? E.g. allergy medication in the spring time.
   1. No
   2. Contraceptives or other hormonal preparation
   3. Allergy medication
   4. Asthma medication
   5. Insulin
   6. Epilepsy medication
7. Heart or blood pressure medication
8. Other, what? ____________________________

7. Over the last month, have you used NSAID (nonsteroidal anti-inflammatory drugs) or pain killers? (e.g. Burana, Ibusal, Panadol, Pamol, Voltaren)
   - No
   - Yes

   (If you answered yes) 7b Why did you take NSAIDs? (e.g. headache, groin pain)
   - What was the dose? (e.g. Burana 400mgx3)
   - Who advised you to take it? (e.g. myself, coach, doctor, dad)

8. Do you follow a special diet?
   - No, I follow a regular diet
   - Yes, vegetarian
   - Yes, Low-carb
   - Yes, lactose free
   - Yes, dairy free
   - Yes, gluten free
   - Yes, other, What? _____________________________________________________

   (if you answered yes) 8b. Why do you have a special diet? (e.g. allergy)
   _______________________________________________________________________
   ________________________________________________________________

9. Do you use dietary supplements? (e.g. multivitamin, D-vitamin, Calcium, Omega-3, protein supplements, recovery drinks, amino acid products, creatine)
   - No
   - Yes, what products?
   _______________________________________________________________________
   ________________________________________________________________

10. Do you smoke?
    - No
    - I have stopped smoking or I try to stop (not smoking currently)
    - I smoke less than once a week
    - I smoke once a week or more, but not daily
    - I smoke daily, at least once

    The following four questions are directed for girls (if you are a boy, there is no need to answer)

11. Have you had your menarche?
    - No
    - Yes, at what age? (in numbers) __________________________

12. Typically, how long is your menstrual cycle? (Count it from the beginning of the most recent periods to the last day before the next periods) write the answer in numbers____________________

13. How many periods have you had over the last 12 months? Write the answer in numbers
14. Have your periods been heavier than usual?
   No
   Yes

A2. SPORT AND TRAINING INFORMATION

15. Are you involved in sports club activities?
   1. No (move to the question number 28)
   2. Yes

In this section, questions related to training and competing over the last 12 months are asked. Even if some questions are difficult, for example the training volume, please do not skip the question, but try to make as precise estimation as possible. If you have transferred to a lower level or changed sport, answer the questions in relation to the sport you were training for at the beginning of the season before the change.

16a. Your primary sport: ________________________________________________________

16b. If your sport is a team sport, what is the main position you play in the field?
   1. My sport is not a team sport
   2. Goalkeeper
   3. Defence
   4. Offence
   5. Other, what? __________________________________________________________

17. How old were you when you started? Write the answer in numbers __________________________

18. How many years you have trained actively (at least 2 times a week)? Write the answer in numbers __________________________

19. Do you also take part in other sports? (We mean taking part in other sports as sports that are not part of the training of your primary sport)
   1. No
   2. Yes, What? ____________________________________________________________

20. On average, how many times a week do you train (all sports in total) during the training season?
   For example, in ice hockey training season is typically from May to August. Training during competitive season is asked in another question. Write the answer in numbers, training times/week ______________

   On average, how many hours a week do you train (all sports in total) during the training season?
   Training during competitive season is asked in another question. Write the answer in numbers, training hours/week ______________

21. On average, how many times a week do you train (all sports in total) during the competitive season?
   For example, in ice hockey competitive season is from September to April. Training during training season was already asked. Write the answer in numbers, training times/week ______________

   On average, how many hours a week do you train (all sports in total) during the competitive season?
Training during competitive season is asked in another question. Write the answer in numbers, training hours/week ____________

22. How many competitions did you attend or how many games did you have over the last 12 months? Write the answer in numbers ____________

23. On average, how many rest days (when you don't have any planned training) do you have in a week during the training season? Write the answer in numbers ____________

24. On average, how many rest days (when you don't have any planned training) do you have in a week during the competitive season? Write the answer in numbers ____________

A3. ACCESSORY WORK

In this section information related to accessory work is investigated. In this case, by accessory work we mean warm up, cool down and stretching.

25. Do you do warm up exercises, before training or competition?
   1. No
   2. Sometimes
   3. Yes

26. Do you do cool down exercises, after training or competition?
   1. No
   2. Sometimes
   3. Yes

27. How often do you do stretching?
   1. Not at all
   2. Less than once a week
   3. 1-3 times a week
   4. Daily or almost daily

B. SYMPTOMS AND INJURIES

Questions concerning your symptoms and injuries consist of four sections: 1) symptoms, 2) traumatic injuries, 3) overuse injuries and 4) low back pain. Follow the instruction in each section.

B1. SYMPTOMS

28. Over the last 3 months, how often have you had the following symptoms?
   (Body parts A-I in the accompanying picture)
Upper extremity pain or ache (C)
Thoracic pain or ache (D)
Upper back pain or ache (E)
Low back pain or ache (F)
Stomach ache (G)
Groin pain (H)
Buttock pain or ache (I)
Lower extremity pain or ache (J)
Difficulty of getting to sleep
Waking up during night time

29. Over the last 12 months, have you had an injury to any of the previously mentioned body parts? (e.g. falling or tripping, sports injury etc.)
   1. No
   2. Yes, What part? (A-I) _______________________

B2. TRAUMATIC INJURIES

In this section, information related to traumatic injuries is investigated. Carefully read the following definition before continuing to answer the questions.

Traumatic injury happens suddenly or accidentally and results in discontinuing the training or sports performance. Overuse injuries are investigated separately in the section B3.

30. Over the last 12 months, have you had a traumatic injury or an accident?
   1. No (move to question 39)
   2. Yes
Choose maximum of three (3) traumatic injuries you have had over the last 12 months. Choose an option that describes the injury the most. Numbering in the questions stays the same. If you have had more than 3 injuries over the last 12 months, mark only the 3 most severe ones.

The most severe injury (injury 1) is the injury that resulted in longest time off from school, hobby/sport or competition/game or resulted in a permanent disability that resulted in you to stop playing sports. The second most severe injury is marked under injury 2 and 3th severe injury is marked under injury 3.

31. In which body part did the injury occur?

<table>
<thead>
<tr>
<th></th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Instep of the foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sole of the foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Heel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Achilles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Shin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Calf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Back of the thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Front of the thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Pelvis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Groin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Lower back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Upper back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Eye area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Head, other area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Collar bone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Shoulder area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Shoulder joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Upper arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Palm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Thump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Other fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

32. What type of traumatic injury was it? Mark injury 1 as the injury that was injury 1 also in the previous question and so on.
<table>
<thead>
<tr>
<th></th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Concussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Sprain, strain (e.g. knee, ankle, shoulder, finger)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Muscle cramp or tear (e.g. back, thigh)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Joint subluxation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Blow injury, contusion or bruise to face or head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Blow injury, contusion or bruise to other part of the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Eye injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Tooth injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Wound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Mental injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Other injury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. **In what kind of activity or sport did the traumatic injury occur?** Write the sport/activity to the corresponding columns with the injuries you have reported in the previous questions.

<table>
<thead>
<tr>
<th>Sport/activity where the injury 1 occurred. (For example: Trampoline jumping)</th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport/activity where the injury 2 occurred. (For example: Floorball)</th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport/activity where the injury 3 occurred. (For example: Walking)</th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

34. **What was the situation the traumatic injury occurred in?**

<table>
<thead>
<tr>
<th>Situation the injury occurred in</th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tackling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Kick from a fellow player</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Coalition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Falling, tripping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Slipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Running</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Stepping to the side/turning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Slowing down/changing direction
9. Take off
10. Landing
11. Pass/throw
12. Shot
13. Dropping/falling
14. Technical error
15. Excessive stress
16. Someone hitting with a hand or fist
17. Someone hitting with a stick or similar
18. Blocking
19. Reaching or a playing equipment
20. Stretching

35. Where did the injury occur?

<table>
<thead>
<tr>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During my spare time hobby, not in competitive sport (e.g. in skateboarding, trampoline, jogging, gym, riding, walking snowboarding, skiing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. On my way to/from school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical activity lessons at school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. During break/recess at school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Some other time during school hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Competitive sport: Self-directed training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Competitive sport: coach-directed training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. On my way to the training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. During game/competition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. During warm up/cool down</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. Try to estimate how long of a break did you have to take from training, due to the traumatic injuries in total over the last 12 months?

All injuries in total

__________ months __________ weeks ___________ days

37. How was the traumatic injury treated?

**Note:** In this question you can choose several options. Immediate first aid means ice, compression or elevated position of the injured body part, performed by yourself or by someone else.

<table>
<thead>
<tr>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I didn’t receive treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Treatment independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Immediate first aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. NSAID e.g. Burana, Panadol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I visited a public health nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I visited a doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Support/taping or other aid equipment
9. Physical therapy
10. I was checked in to a hospital ward
11. I got a plaster cast or a splint
12. I needed a surgery

38. Over the last 12 months, have you had any accidents on your way to or from school or hobbies? (Not during school hours or during the hobby itself)

1. No
2. Yes, How many? _______________

How long was the break from your hobby, or sport due to the accident? I had to take a break from my hobby/sport for ____months _______ days

Please tell us in more detail, what type of accident was it? (E.g. fell over while riding a bike to school)

________________________________________________________________________________
________________________________________________________________________________

B3. OVERUSE INJURIES

In this section information related to overuse injuries is investigated. Carefully read the following definition before continuing to answer the questions.

**Overuse injury** is an injury that results in pain during stress without any observable injury. Overuse injury becomes worse, progressively and results in pain that is felt during or after exertion. Pain gets worse when continuing the stress and may result in you having to stop the performance or playing the sport.

39. Over the last 12 months, have you had an overuse injury?

1. No (Continue to the question number 48)
2. Yes, How many (separate) overuse injuries? ____________

Choose maximum 3 overuse injuries you have had over the last 12 months. Choose an option that describes the injury the most. Numbering in the questions stays the same. If you have had more than 3 injuries over the last 12 months, mark only the 3 most severe ones.

The most severe injury (injury 1) is the injury that resulted in longest time off from school, hobby/sport or competition/game or resulted in a permanent disability that resulted in you to stop playing the sport. The second most severe injury is marked under injury 2 and 3th severe injury is marked under injury 3.

40. In which body part did the injury occur?

<table>
<thead>
<tr>
<th></th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Instep of the foot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Sole of the foot
4. Heel
5. Achilles
6. Ankle
7. Shin
8. Calf
9. Knee
10. Back of the thigh
11. Front of the thigh
12. Hip
13. Buttocks
14. Pelvis
15. Groin
16. Stomach
17. Lower back
18. Chest
19. Upper back
20. Neck
21. Face
22. Teeth
23. Eye area
24. Head, other area
25. Collar bone
26. Shoulder area
27. Shoulder joint
28. Upper arm
29. Elbow
30. Forearm
31. Wrist
32. Palm
33. Thump
34. Other fingers
35. Mental injury

41. Which tissue was affected?

<table>
<thead>
<tr>
<th></th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Muscle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tendon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Bone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Joint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Ligament</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Nerve tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. What kind of overuse injury was it?

<table>
<thead>
<tr>
<th></th>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pain in the muscle</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Overuse pain in heel
3. Overuse pain in knee
4. Overuse pain in buttock
5. Overuse pain in groin
6. Overuse pain in upper arm
7. Overuse pain in back
8. Pain in tendon
9. Bursitis
10. Nerve impingement
11. Stress facture
12. Other, what?

43. In what kind of activity or sport did the overuse injury present itself? Write the sport/activity to the corresponding columns with the injuries you have reported in the previous questions.

<table>
<thead>
<tr>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport/activity where the injury 1 occurred. (For example: running)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sport/activity where the injury 2 occurred. (For example: Floorball)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sport/activity where the injury 3 occurred. (For example: Swimming)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

44. Try to estimate how long of a break did you have to take from training, due to the overuse injuries in total over the last 12 months?

All injuries in total ___________ months ___________ weeks ___________ days

45. How was the overuse injury treated? Note: In this question you can choose several options.

<table>
<thead>
<tr>
<th>Injury 1</th>
<th>Injury 2</th>
<th>Injury 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. I didn’t receive treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Treatment independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Ice, elevated position and compression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. NSAID e.g. Burana, Panadol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Other medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. I visited a public health nurse
19. I visited a doctor
20. Support/taping or other aid equipment
21. Physical therapy
22. I was checked in to a hospital ward
23. I got a plaster cast or a splint
24. I needed a surgery

46. Do you feel that the overuse injury occurred partly due to environmental factors? (e.g. floor material, location of sports performance, weather?)
   1. No
   2. Yes, what kind of environmental factors?

47. Do you feel that your shoes were involved with the occurrence of the overuse injury?
   1. No
   2. Yes, what kind of shoes?

48. In school, have you been informed about the prevention of leisure-time traumatic and overuse injuries?
   1. No
   2. Yes

49. In the sport club, have you been informed about the prevention of leisure-time traumatic and overuse injuries?
   1. No/ I don’t participate in organized sport club activities
   2. Yes

50. Have you been doing exercises with the purpose for preventing injuries in your sports club?
   1. No/ I don’t participate in organized sport club activities
   2. Yes

**B4: LOW BACK PAIN**
This survey continues for few more questions that investigate the function and possible problems of your low back.

Low back pain is ache or pain in your lower back and pain referring to your buttocks, lower extremity (one or both) might also be present.

Choose the option that describes your situation the best.
51. Have you ever experienced problems in your lower back?  
(area illustrated by a picture) (pain, ache or feeling of discomfort etc.)

   No (move to the last question)  
   Yes

52. Have you had low back pain during the previous seven days?  
   No  
   Yes

53. In total, how many days have you had low back pain over the last 12 months?  
   0 days  
   1-7 days  
   8-30 days  
   More than 30 days, but not daily  
   Daily

54. Have you experienced low back pain that has required consultation or treatments by a physician, physiotherapist, or chiropractor in the previous 12 months?  
   No  
   Yes

55. Have you ever had sleeping difficulties because of the low back pain?  
   No  
   Yes, how often? __________________

56. Have you ever had low back pain that radiates to your lower extremity/ies? You can choose more than one option.  
   No  
   Yes, to buttocks  
   Yes, to thigh  
   Yes, to knee  
   Yes, to shin, calf or foot
57. Have you ever had surgery because of low back pain?
   No
   Yes

58. How did your low back pain start?
   Suddenly after a back injury
   Over time, without an injury
   Both

59. Do the symptoms present themselves during some specific training or sport?
   No, not in any specific situation
   Yes, during my own sport/hobby
   Yes, during strength training
   Yes, during plyometric training (jumps and hops)
   Yes, in some other situation. What? ________________________________

60. How many days of school have you missed due to low back pain in the previous 12 months?
   0 days
   1-7 days
   8-30 days
   Over 30 days

61. How many days have you had to take a break from playing sports or competitions/games due to low back pain in the previous 12 months?
   0 days
   1-7 days
   8-30 days
   Over 30 days

62. Have you used nonsteroidal anti-inflammatory drugs (NSAIDs) or pain killers for your low back?
   No
Yes

**How often and with what dose did you take NSAIDs or pain killers** (e.g. Burana 400mgx3, longer treatment, daily, weekly) and **who advised you to take it**? (e.g. my self, coach, doctor, dad)

Medication and dose: __________________
How often: ___________________________
Who advised to use: ____________________

THANK YOU FOR YOUR ANSWERS!