QUESTIONNAIRE: Musculoskeletal injuries report for Brazilian athletes.

Name: __________________________________________________________.
Sports training centres or competitions: ________________________________.
Phone and e-mail: ________________________________________________.
Date: __/__/______.

Part 1 - General information:
1. Sex: (  ) Female (  ) Male Date of birth: __/__/______.
2. Weight: __________kg. Height: __________cm.
3. Level of schooling: (  ) Middle school. (  ) High school. (  ) University education.
4. Self-classification skin colour (according to the classification scheme of the Brazilian official census – IBGE):
5. Family income (according to the classification scheme of the Brazilian official census - IBGE):
   (  ) A. (  ) B. (  ) C. (  ) D.
6. Do you have professional nutritional monitoring due to your sport career?
   (  ) No. (  ) Yes.
7. Do you consume alcohol? (  ) No. Skip to question 8. (  ) Yes.
   If yes, what is the frequency of alcohol consumption?
   (  ) Low (< 7 doses/week). (  ) Moderate (7 to 12 doses/week). (  ) High (high: > 21 doses/week).
   If yes, what are the type and frequency of smoking?

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency (number of times per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette</td>
<td>(  ) ≤ 10 (  ) 11 to 20 (  ) 21 to 30 (  ) &gt; 30</td>
</tr>
<tr>
<td>Hand-rolled</td>
<td>(  ) ≤ 10 (  ) 11 to 20 (  ) 21 to 30 (  ) &gt; 30</td>
</tr>
<tr>
<td>Pipe</td>
<td>(  ) ≤ 10 (  ) 11 to 20 (  ) 21 to 30 (  ) &gt; 30</td>
</tr>
<tr>
<td>Cigar</td>
<td>(  ) ≤ 10 (  ) 11 to 20 (  ) 21 to 30 (  ) &gt; 30</td>
</tr>
<tr>
<td>Hookah</td>
<td>(  ) ≤ 10 (  ) 11 to 20 (  ) 21 to 30 (  ) &gt; 30</td>
</tr>
</tbody>
</table>

Part 2 - Sports and training information:
9. Sport modality: ________________________________________________.
10. Side of dominance (for sports): (  ) Left. (  ) Right. (  ) Bilateral.
11. Coach: ( ) Physical educator/ Certified athletic trainer. ( ) Former professional athlete. ( ) Both. ( ) Other (please specify): ____________________________________________.

12. Age at the beginning of sport practice: ________ years old.

13. Years of training: ____________________________ years.

14. Weekly training hours: _______________________ hours per week.

Part 3 - MSK-I-specific information:

15. Joint injury

15.1. Have you ever had any joint injury? ( ) No. Skip to question 16. ( ) Yes.

15.2. Did the joint(s) injury(ies) occur during:

( ) Training. ( ) Competition. ( ) Other (please specify): ________________________.

15.3. What was the cause of the joint(s) injury(ies)? ( ) Overuse. ( ) Trauma.

15.4. Was the joint(s) injury(ies) caused by contact: ( ) No. ( ) Yes.

15.5. How many episodes of joint(s) injury(ies) have you experienced?

( ) ≤ 3. ( ) 4 to 9. ( ) 10 to 15. ( ) > 15.

15.6. Date of joint(s) injury(ies): ____________________________.

15.7. Joint(s) injury(ies) involved (mark all that apply):


( ) Ankle. ( ) Other (please specify): ____________________________.

15.8. Side of body joint(s) injury(ies):

( ) Left. ( ) Right. ( ) Bilateral. ( ) Not applicable.

15.9. Did you withdraw from sports activities for joint(s) injury(ies)?

( ) No. Skip to question 16.

( ) Yes. Please specify the period ________________________ days. Skip to question 16.

 DIAGNOSIS OF JOINT(S) INJURY(IES): (this space is to be filled up only by specialized Orthopaedists Members)

( ) Physical exam. ( ) Imaging: ____________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Signature: ____________________________ Reviewed by: ____________________________
16. Muscle injury

16.1. Have you ever had a muscle injury? ( ) No. Skip to question 17. ( ) Yes.

16.2. Did the muscle(s) injury(ies) occur during:
( ) Training. ( ) Competition. ( ) Other (please specify): ____________________________.

16.3. What was the cause of the muscle(s) injury(ies)? ( ) Overuse. ( ) Trauma.

16.4. Was the muscle(s) injury(ies) caused by contact: ( ) No. ( ) Yes.

16.5. How many episodes of muscle(s) injury(ies) have you experienced?
( ) ≤ 3. ( ) 4 to 9. ( ) 10 to 15. ( ) > 15.

16.6. Date of muscle(s) injury(ies):
__________________________________________________

16.7. Muscle(s) injury(ies) involved (mark all that apply):
( ) Other (please specify): ________________________________

16.8. Side of body muscle(s) injury(ies):
( ) Left. ( ) Right. ( ) Bilateral. ( ) Not applicable.

16.9. Did you withdraw from sports activities for muscle(s) injury(ies)?
( ) No. Skip to question 17.
( ) Yes. Please specify the period ____________________________ days. Skip to question 17.

➢ Diagnosis of muscle(s) injury(ies): (this space is to be filled up only by specialized Orthopaedists Members)
( ) Physical exam. ( ) Imaging: ________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signature: ______________________ Reviewed by: ______________________________

17. Tendinopathy

17.1. Have you ever had a tendinopathy? ( ) No. The end of questionnaire. ( ) Yes.

17.2. Did the tendinopathy(ies) occur during:
( ) Training. ( ) Competition. ( ) Other (please specify): ____________________________.

17.3. What was the cause of the tendinopathy(ies)? ( ) Overuse. ( ) Trauma.

17.4. Was the tendinopathy(ies) caused by contact: ( ) No. ( ) Yes.

17.5. How many episodes of tendinopathy(ies) have you experienced?
( ) ≤ 3. ( ) 4 to 9. ( ) 10 to 15. ( ) > 15.
17.6. Date of tendinopathy(ies):

17.7. Injury(ies) body part involved (mark all that apply):

( ) Ankle  ( ) Other (please specify): ________________________________

17.8. Side of tendinopathy(ies):

( ) Left.  ( ) Right.  ( ) Bilateral.  ( ) Not applicable.

17.9. Did you withdraw from sports activities for tendinopathy(ies)?

( ) No. The end of questionnaire.
( ) Yes. Please specify the period __________________________ days. The end of questionnaire.

➢ Diagnosis of tendinopathy(ies): (this space is to be filled up only by specialized Orthopaedists Members)

( ) Physical exam.  ( ) Imaging: __________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature: ___________________________________ Reviewed by: _______________________________

This is the end of the questionnaire, thank you for participating.

Signature: __________________________ Reviewed by: _______________________________

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