

## HeadCount-12 month



1. At what level do you currently and actively play soccer? Please check all that apply.
  - High School
  - Intercollegiate (Division 1, Division 2, Division 3 etc)
  - Collegiate Intramural
  - Organized League Play (non-school related)
  - Pick Up
  
2. [text box, number] At what age did you first start heading the ball in soccer? (Enter '0' if you do not usually head the ball)

The following questions ask about various aspects of organized competitive soccer in which you have participated over the past 12 months. Please note that the various sections and questions ask separately about competitive soccer GAMES versus soccer PRACTICE and about INDOOR versus OUTDOOR play. For this reason, it may seem that same questions are asked more than once. This is not an error, but is because we want to learn about aspects of your soccer play in different contexts. Please pay careful attention to the instructions in order to be sure you are answering the specific question that is asked.

For GAMES, consider competitive games between your team and another team.

For PRACTICE, consider any sessions of organized team practice, including practice games (e.g., scrimmages).

### OUTDOOR GAMES

The following set of questions asks about GAMES played OUTDOORS.

3. Did you play any GAMES OUTDOORS over the past 12 months? *(For OUTDOOR GAMES, consider any competitive games between your team and another team played outdoors.)*
  - Yes
  - No [skip to question 16]

### OUTDOOR GAMES

4. [dropdown; 'Less than 1 on average', 1...to 12] On average, how many total months did you play GAMES OUTDOORS in the past 12 months?
  
5. [dropdown; 'Less than 1 on average', 1...to 7] On average, how many days per week did you play GAMES OUTDOORS? *(Please note the distinction between number of DAYS played per week vs.*

*number of GAMES played per week. For example, in one day you could play 2 games, but in 2 days, you cannot play one game.)*

6. **[dropdown; 'Less than 1 on average', 1...to 20]** On average, how many GAMES did you play per week OUTDOORS? *(Please note the distinction between number of DAYS played per week vs. number of GAMES played per week. For example, in one day you could play 2 games, but in 2 days, you cannot play one game.)*
  
7. During OUTDOOR GAMES, what was your MAIN POSITION, the position you played most often in the past 12 months?
  - Forward
  - Midfield
  - Defense
  - Goaltender
  
8. How often did you play in this MAIN POSITION in all OUTDOOR GAMES during the past 12 months? Check one.
  - Less than half the time
  - More than half the time
  - Most of the time
  - Always or almost always
  
9. **[dropdown; 0 to 50+]** While playing in your MAIN POSITION, about how many times did you head the ball during a single game in OUTDOOR GAMES? **[if response for #8 was 'Always or almost always' skip to question 12]**
  
10. When you were not playing in your MAIN POSITION, what ALTERNATE POSITION did you play most often in the past 12 months in OUTDOOR GAMES?
  - Forward
  - Midfield
  - Defense
  - Goaltender
  
11. Would you say the amount of heading you did in your MAIN POSITION compared to your ALTERNATE POSITION for OUTDOOR GAMES was:
  - Much more frequent
  - More frequent
  - About the same
  - Less frequent
  - Much less frequent

Usually heading is unremarkable. Sometimes, though, heading is not quite right and may cause dizziness, confusion or other feelings. Referring to the scale and examples below, please indicate how often you experience different severities of heading.

Best Heading > > > > > > > > > > > > > Worst Heading				
Very Low Impact	Mild Impact	Moderate Impact	Severe Impact	Very Severe Impact
<p>Did not notice</p> <p>No pain</p> <p>Headed it just right</p>	<p>Noticed it</p> <p>Slight pain</p> <p>Did not head it quite right</p>	<p>Stopped playing a few seconds</p> <p>Moderate pain / some dizziness</p> <p>Definitely headed it wrong</p>	<p>Needed medical attention</p> <p>Stopped playing</p> <p>Felt dazed or injured</p>	<p>Knocked out unconscious</p>

12. How often did MILD IMPACT happen in the past 12 months during OUTDOOR GAMES?

- Never
- Once in a while
- Every 4<sup>th</sup> to 6<sup>th</sup> game
- Every 2<sup>nd</sup> to 3<sup>rd</sup> game
- 1-2 times per game
- 3+ times per game

13. How often did MODERATE IMPACT happen in the past 12 months during OUTDOOR GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

14. How often did SEVERE IMPACT happen in the past 12 months during OUTDOOR GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game

- 3+ times per game

15. How often did VERY SEVERE IMPACT happen in the past 12 months during OUTDOOR GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

**OUTDOOR PRACTICE**

The next set of questions asks about OUTDOOR soccer PRACTICE

16. Did you PRACTICE OUTDOORS over the past 12 months?

- Yes
- No [if response to #3 was ‘Yes’ skip to question 26; if response to #3 was ‘No’ skip to question 32]

**OUTDOOR PRACTICE**

17. [dropdown; ‘Less than 1 on average’, 1...to 7] On average, how many days per week did you PRACTICE OUTDOORS?

18. [dropdown; 0 to 50+] On average, how many times did you head the ball during a single OUTDOOR PRACTICE?

Usually heading is unremarkable. Sometimes, though, heading is not quite right and may cause dizziness, confusion or other feelings. Referring to the scale and examples below, please indicate how often you experience different severities of heading.

Best Heading > > > > > > > > > > > > Worst Heading				
<b>Very Low Impact</b>	<b>Mild Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Very Severe Impact</b>
Did not notice  No pain	Noticed it  Slight pain	Stopped playing a few seconds	Needed medical attention	Knocked out unconscious

<p><b>Headed it just right</b></p>	<p><b>Did not head it quite right</b></p>	<p><b>Moderate pain / some dizziness</b></p> <p><b>Definitely headed it wrong</b></p>	<p><b>Stopped playing</b></p> <p><b>Felt dazed or injured</b></p>	
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19. How often did MILD IMPACT happen in the past 12 months during OUTDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

20. How often did MODERATE IMPACT happen in the past 12 months during OUTDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

21. How often did SEVERE IMPACT happen in the past 12 months during OUTDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

22. How often did VERY SEVERE IMPACT happen in the past 12 months during OUTDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

## OUTDOOR PRACTICE

During soccer practice, it is common for players to perform drills to improve heading accuracy and technique. Drills could involve a coach or partner tossing the ball in the air, even at very low velocity, for the practicing player to head, or other techniques such as kicking balls in the air. These drills typically consist of “sets” of multiple “repetitions”, where each heading is a “repetition” and multiple headings are grouped into “sets” of headings performed one after the other, often with little or no time before the next “repetition”. For the following questions, please think about heading drills that you typically perform during OUTDOOR PRACTICE.

23. How often did you do heading drills during OUTDOOR PRACTICE in the past 12 months?
- Never [\[skip to question 26\]](#)
  - Once in a while
  - Every 4th to 6th game
  - Every 2nd to 3rd game
  - 1-2 times per game
  - 3+ times per game
24. How many repetitions do you typically perform in a single set during OUTDOOR PRACTICE?
- 5 or less
  - 6 - 10
  - 11 - 20
  - 21 - 30
  - More than 30
25. How many sets do you perform in a typical OUTDOOR PRACTICE?
- 1
  - 2
  - 3
  - 4 or more

For these next questions, please consider both competitive soccer **GAMES** and soccer **PRACTICE** played OUTDOORS in the past 12 months

How many times during OUTDOOR soccer in the past 12 months did you:

26. Get hit in the back of the head by a ball?
- 0
  - 1
  - 2+
27. Hit your head against a goalpost?
- 0

- 1
- 2+

28. Hit your head against another player's head?

- 0
- 1
- 2+

29. Fall and hit your head on the ground?

- 0
- 1
- 2+

30. Hit your head against a player's elbow, knee, etc.?

- 0
- 1
- 2+

31. Have your head stepped on or kicked by another player?

- 0
- 1
- 2+

## INDOOR GAMES

The following questions ask about GAMES played INDOORS

32. Did you play any GAMES INDOORS over the past 12 months? *(For INDOOR GAMES, consider any competitive games between your team and another team played indoors.)*

- Yes
- No [\[skip to question 45\]](#)

33. **[dropdown; 'Less than 1 on average', 1...to 12]** On average, how many total months did you play GAMES INDOORS in the past 12 months?

34. **[dropdown; 'Less than 1 on average', 1...to 7]** On average, how many days per week did you play GAMES INDOORS? *(Please note the distinction between number of DAYS played per week vs. number of GAMES played per week. For example, in one day you could play 2 games, but in 2 days, you cannot play one game.)*

35. [dropdown; 'Less than 1 on average', 1...to 20] On average, how many GAMES did you play per week INDOORS? (Please note the distinction between number of DAYS played per week vs. number of GAMES played per week. For example, in one day you could play 2 games, but in 2 days, you cannot play one game.)
36. During INDOORS GAMES, what was your MAIN POSITION, the position you played most often in the past 12 months?
- Forward
  - Midfield
  - Defense
  - Goaltender
37. How often did you play in this MAIN POSITION in all INDOORS GAMES during the past 12 months? Check one.
- Less than half the time
  - More than half the time
  - Most of the time
  - Always or almost always
38. [dropdown; 0 to 50+] While playing in your MAIN POSITION, about how many times did you head the ball during a single game in INDOORS GAMES? [if response for #37 was 'Always or almost always' skip to question 41]
39. When you were not playing in your MAIN POSITION, what ALTERNATE POSITION did you play most often in the past 12 months in INDOORS GAMES?
- Forward
  - Midfield
  - Defense
  - Goaltender
40. Would you say the amount of heading you did in your MAIN POSITION compared to your ALTERNATE POSITION for INDOORS GAMES was:
- Much more frequent
  - More frequent
  - About the same
  - Less frequent
  - Much less frequent



Usually heading is unremarkable. Sometimes, though, heading is not quite right and may cause dizziness, confusion or other feelings. Referring to the scale and examples below, please indicate how often you experience different severities of heading.

Best Heading > > > > > > > > > > > > > Worst Heading				
Very Low Impact	Mild Impact	Moderate Impact	Severe Impact	Very Severe Impact
<p>Did not notice</p> <p>No pain</p> <p>Headed it just right</p>	<p>Noticed it</p> <p>Slight pain</p> <p>Did not head it quite right</p>	<p>Stopped playing a few seconds</p> <p>Moderate pain / some dizziness</p> <p>Definitely headed it wrong</p>	<p>Needed medical attention</p> <p>Stopped playing</p> <p>Felt dazed or injured</p>	<p>Knocked out unconscious</p>

41. How often did MILD IMPACT happen in the past 12 months during INDOORS GAMES?

- Never
- Once in a while
- Every 4<sup>th</sup> to 6<sup>th</sup> game
- Every 2<sup>nd</sup> to 3<sup>rd</sup> game
- 1-2 times per game
- 3+ times per game

42. How often did MODERATE IMPACT happen in the past 12 months during INDOORS GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

43. How often did SEVERE IMPACT happen in the past 12 months during INDOORS GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

44. How often did VERY SEVERE IMPACT happen in the past 12 months during INDOORS GAMES?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

**INDOOR PRACTICE**

45. Did you PRACTICE INDOORS over the past 12 months?

- Yes
- No [if response to #32 was 'Yes' skip to question 55; if response to #32 was 'No' skip to question 61]

**INDOOR PRACTICE**

46. [dropdown; 'Less than 1 on average', 1...to 7] On average, how many days per week did you PRACTICE INDOORS?

47. [dropdown; 0 to 50+] On average, how many times did you head the ball during a single INDOOR PRACTICE?

Usually heading is unremarkable. Sometimes, though, heading is not quite right and may cause dizziness, confusion or other feelings. Referring to the scale and examples below, please indicate how often you experience different severities of heading.

Best Heading > > > > > > > > > > > > Worst Heading				
Very Low Impact	Mild Impact	Moderate Impact	Severe Impact	Very Severe Impact
Did not notice No pain Headed it just right	Noticed it Slight pain Did not head it quite right	Stopped playing a few seconds	Needed medical attention Stopped playing	Knocked out unconscious

		<p><b>Moderate pain / some dizziness</b></p> <p><b>Definitely headed it wrong</b></p>	<p><b>Felt dazed or injured</b></p>	
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48. How often did MILD IMPACT happen in the past 12 months during INDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

49. How often did MODERATE IMPACT happen in the past 12 months during INDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

50. How often did SEVERE IMPACT happen in the past 12 months during INDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

51. How often did VERY SEVERE IMPACT happen in the past 12 months during INDOOR PRACTICE?

- Never
- Once in a while
- Every 4th to 6th game
- Every 2nd to 3rd game
- 1-2 times per game
- 3+ times per game

## INDOOR PRACTICE

During soccer practice, it is common for players to perform drills to improve heading accuracy and technique. Drills could involve a coach or partner tossing the ball in the air, even at very low velocity, for the practicing player to head, or other techniques such as kicking balls in the air. These drills typically consist of “sets” of multiple “repetitions”, where each heading is a “repetition” and multiple headings are grouped into “sets” of headings performed one after the other, often with little or no time before the next “repetition”.

For the following questions, please think about heading drills that you typically perform during INDOOR PRACTICE.

52. How often did you do heading drills during INDOOR PRACTICE in the past 12 months?
- Never [[skip to question 55](#)]
  - Once in a while
  - Every 4th to 6th game
  - Every 2nd to 3rd game
  - 1-2 times per game
  - 3+ times per game
53. How many repetitions do you typically perform in a single set during INDOOR PRACTICE?
- 5 or less
  - 6 - 10
  - 11 - 20
  - 21 - 30
  - More than 30
54. How many sets do you perform in a typical INDOOR PRACTICE?
- 1
  - 2
  - 3
  - 4 or more

For these next questions, please consider both competitive soccer **GAMES** and soccer **PRACTICE** played INDOORS in the past 12 months

55. Get hit in the back of the head by a ball?
- 0
  - 1
  - 2+
56. Hit your head against a goalpost?
- 0

- 1
- 2+

57. Hit your head against another player's head?

- 0
- 1
- 2+

58. Fall and hit your head on the ground?

- 0
- 1
- 2+

59. Hit your head against a player's elbow, knee, etc.?

- 0
- 1
- 2+

60. Have your head stepped on or kicked by another player?

- 0
- 1
- 2+

## **SOCCER HISTORY**

**You just told us about your soccer play over the last 12 months. For the following questions, please consider your soccer play and practice before that time.**

61. [\[dropdown; 1 to 55\]](#) How many years have you played or practiced soccer at a similar frequency?

62. Prior to the period indicated above, did you play soccer?

- Yes
- No [\[skip to question 65\]](#)

63. Prior to the period indicated above, did you play?

- Much less frequently/intensely
- Less frequently/intensely
- About the same
- More frequently/intensely
- Much more frequently/intensely

64. Prior to the period indicated above, did you head the ball?
- Much less
  - Less
  - About the same
  - More
  - Much more

### CONCUSSION HISTORY

The following section asks about any time, during your entire life that you have experienced a concussion. Consider a concussion to be a head injury for which you received or were advised to seek medical attention, whether or not you actually lost consciousness.

65. Have you ever experienced a concussion?
- Yes
  - No [\[skip to question 107\]](#)
66. [\[dropdown; 1 to 10\]](#) How many concussions have you experienced in your lifetime? [\[complete concussion history sections based on how many concussions have been experienced \(i.e. if response to question 66 is '3', answer Concussion #1, #2, and #3\)\]](#)

### CONCUSSION HISTORY

Please answer the questions below for each time you experienced a concussion? Start with the most recent injury.

#### Concussion #1

67. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago
68. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident
  - Fall
  - Assault
  - Other

69. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

70. Were you hospitalized?

- Yes
- No

### Concussion #2

71. When did the concussion occur?

- Within the last 6 months
- More than 6 months up to 1 year
- More than 1 year to 2 years
- More than 2 years to 5 years
- More than 5 years ago

72. What was the cause of the injury?

- Heading the ball
- Collision with another soccer player
- Other sports
- Car accident
- Fall
- Assault
- Other

73. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

74. Were you hospitalized?

- Yes
- No

**Concussion #3**

75. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago
76. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident
  - Fall
  - Assault
  - Other
77. Check the one that best describes what happened?
- I was dazed but not unconscious
  - I was unconscious for less than 1 minute
  - I was unconscious for 1 - 20 minutes
  - I was unconscious for more than 20 minutes
  - I do not remember
78. Were you hospitalized?
- Yes
  - No

**Concussion #4**

79. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago
80. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident



- Fall
- Assault
- Other

81. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

82. Were you hospitalized?

- Yes
- No

#### Concussion #5

83. When did the concussion occur?

- Within the last 6 months
- More than 6 months up to 1 year
- More than 1 year to 2 years
- More than 2 years to 5 years
- More than 5 years ago

84. What was the cause of the injury?

- Heading the ball
- Collision with another soccer player
- Other sports
- Car accident
- Fall
- Assault
- Other

85. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

86. Were you hospitalized?

- Yes
- No

**Concussion #6**

87. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago
88. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident
  - Fall
  - Assault
  - Other
89. Check the one that best describes what happened?
- I was dazed but not unconscious
  - I was unconscious for less than 1 minute
  - I was unconscious for 1 - 20 minutes
  - I was unconscious for more than 20 minutes
  - I do not remember
90. Were you hospitalized?
- Yes
  - No

**Concussion #7**

91. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago

92. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident
  - Fall
  - Assault
  - Other
93. Check the one that best describes what happened?
- I was dazed but not unconscious
  - I was unconscious for less than 1 minute
  - I was unconscious for 1 - 20 minutes
  - I was unconscious for more than 20 minutes
  - I do not remember
94. Were you hospitalized?
- Yes
  - No

**Concussion #8**

95. When did the concussion occur?
- Within the last 6 months
  - More than 6 months up to 1 year
  - More than 1 year to 2 years
  - More than 2 years to 5 years
  - More than 5 years ago
96. What was the cause of the injury?
- Heading the ball
  - Collision with another soccer player
  - Other sports
  - Car accident
  - Fall
  - Assault
  - Other
97. Check the one that best describes what happened?
- I was dazed but not unconscious
  - I was unconscious for less than 1 minute
  - I was unconscious for 1 - 20 minutes

- I was unconscious for more than 20 minutes
- I do not remember

98. Were you hospitalized?

- Yes
- No

### Concussion #9

99. When did the concussion occur?

- Within the last 6 months
- More than 6 months up to 1 year
- More than 1 year to 2 years
- More than 2 years to 5 years
- More than 5 years ago

100. What was the cause of the injury?

- Heading the ball
- Collision with another soccer player
- Other sports
- Car accident
- Fall
- Assault
- Other

101. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

102. Were you hospitalized?

- Yes
- No

### Concussion #10

103. When did the concussion occur?

- Within the last 6 months
- More than 6 months up to 1 year

- More than 1 year to 2 years
- More than 2 years to 5 years
- More than 5 years ago

104. What was the cause of the injury?

- Heading the ball
- Collision with another soccer player
- Other sports
- Car accident
- Fall
- Assault
- Other

105. Check the one that best describes what happened?

- I was dazed but not unconscious
- I was unconscious for less than 1 minute
- I was unconscious for 1 - 20 minutes
- I was unconscious for more than 20 minutes
- I do not remember

106. Were you hospitalized?

- Yes
- No

#### PROTECTIVE HEAD GEAR USAGE

107. Do you wear protective head gear when you play soccer?

- No [\[skip to question 109\]](#)
- Yes, all the time
- Yes, most of the time
- Yes, some of the time
- Yes, rarely

108. Comparing your soccer play with and without headgear, do you tend to head more frequently or play more aggressively when wearing the headgear?

- I head about the same
- I head more frequently and more aggressively
- I head less frequently and less aggressively

#### PAYMENT

109. During the past year have you received payment for soccer play?
- Yes
  - No [\[skip to end of questionnaire\]](#)

110. **[text box]** What were you paid for?

**End of Questionnaire**

**Please proceed to the next questionnaire.**