**HeadCount-2w**

**IMPORTANT: PLEASE READ**

**The following questions ask about various aspects of organized competitive soccer in which you have participated over the past 2 weeks. 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).**

1. Have you played any soccer over the past 2 weeks?
* Yes
* No [skip to question 47]
1. Did the past 2 weeks coincide with the active season of your soccer team/club/group?
* Yes
* No

**OUTDOOR GAMES**

1. Did you play any GAMES OUTDOORS over the past 2 weeks? (For OUTDOOR GAMES, consider any competitive games between your team and another team played outdoors.)
* Yes
* No [skip to question 12]

**OUTDOOR GAMES**

1. [dropdown; 1 to 14] How many GAMES did you play OUTDOORS during the past 2 weeks?
2. During OUTDOOR GAMES, what was your MAIN POSITION, the position you played most often in the past 2 weeks?
* Forward
* Midfield
* Defense
* Goaltender
1. When you were not playing in your MAIN POSITION, what ALTERNATE POSITION did you play most often in the past 2 weeks in OUTDOOR GAMES? (Select 'None' if you did not play in an ALTERNATE POSITION.)
* None
* Forward
* Midfield
* Defense
* Goaltender
1. [dropdown; 1 to 50+] On average, how many times did you head the ball per OUTDOOR GAME played during the past 2 weeks?

**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****Moderate pain / some dizziness****Definitely headed it wrong** | **Needed medical attention****Stopped playing****Felt dazed or injured** | **Knocked out unconscious** |

1. How often did MILD IMPACT happen in the past 2 weeks during OUTDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did MODERATE IMPACT happen in the past 2 weeks during OUTDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did SEVERE IMPACT happen in the past 2 weeks during OUTDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did VERY SEVERE IMPACT happen in the past 2 weeks during OUTDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+

**OUTDOOR PRACTICE**

The next set of questions asks about OUTDOOR soccer PRACTICE

1. Did you PRACTICE OUTDOORS over the past 2 weeks?
* Yes
* No [skip to question 22]

**OUTDOOR PRACTICE**

1. [dropdown; 1 to 14] How many days did you PRACTICE OUTDOORS over the past 2 weeks?
2. On average, how many sets of heading drills did you do per OUTDOOR PRACTICE during the past 2 weeks?
* 0 [skip to question 16]
* 1
* 2
* 3
* 4
* 5+
1. On average, how many times did you head the ball ("reps") in each "set" during OUTDOOR PRACTICE over the past 2 weeks?
* Less than 10
* 10-19
* 20-29
* 30-39
* 40+
1. [dropdown; 1 to 50+] On average, how many times did you head the ball during OUTDOOR PRACTICE, including drills and all other instances of heading?
2. Did you experience any symptoms (headache, nausea, confusion, dizziness) related to heading drills during OUTDOOR PRACTICE over the past 2 weeks?
* Yes
* No

**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****Moderate pain / some dizziness****Definitely headed it wrong** | **Needed medical attention****Stopped playing****Felt dazed or injured** | **Knocked out unconscious** |

1. How often did MILD IMPACT happen in the past 2 weeks during OUTDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did MODERATE IMPACT happen in the past 2 weeks during OUTDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did SEVERE IMPACT happen in the past 2 weeks during OUTDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did VERY SEVERE IMPACT happen in the past 2 weeks during OUTDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+

**INDOOR GAMES**

1. Did you play any GAMES INDOORS over the past 2 weeks? (For INDOOR GAMES, consider any competitive games between your team and another team played indoors.)
* Yes
* No [skip to question 31]

**INDOOR GAMES**

1. [dropdown; 1 to 14] How many GAMES did you play INDOORS during the past 2 weeks?
2. What is your MAIN POSITION, the position did you play most often in the past 2 weeks in INDOOR GAMES?
* Forward
* Midfield
* Defense
* Goaltender
1. When you were not playing in your MAIN POSITION, what ALTERNATE POSITION did you play most often in the past 2 weeks in INDOOR GAMES? (Select 'None' if you did not play in an ALTERNATE POSITION.)
* None
* Forward
* Midfield
* Defense
* Goaltender
1. [dropdown; 1 to 50+] On average, how many times did you head the ball per INDOOR GAME played during the past 2 weeks?

**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****Moderate pain / some dizziness****Definitely headed it wrong** | **Needed medical attention****Stopped playing****Felt dazed or injured** | **Knocked out unconscious** |

1. How often did MILD IMPACT happen in the past 2 weeks during INDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did MODERATE IMPACT happen in the past 2 weeks during INDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did SEVERE IMPACT happen in the past 2 weeks during INDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did VERY SEVERE IMPACT happen in the past 2 weeks during INDOOR GAMES?
* 0
* 1
* 2
* 3
* 4
* 5+

**INDOOR PRACTICE**

1. Did you PRACTICE soccer INDOORS over the past 2 weeks?
* Yes
* No [skip to question 41]

**INDOOR PRACTICE**

1. [dropdown; 1 to 14] How many days did you PRACTICE INDOORS during the past 2 weeks?
2. On average, how many sets of heading drills did you do per INDOOR PRACTICE during the past 2 weeks?
* 0 [skip to question 35]
* 1
* 2
* 3
* 4
* 5+
1. On average, how many times did you head the ball ("reps") in each "set" during INDOOR PRACTICE over the past 2 weeks?
* Less than 10
* 10-19
* 20-29
* 30-39
* 40+
1. [dropdown; 1 to 50+] On average, how many times did you head the ball during INDOOR PRACTICE, including drills and all other instances of heading?
2. Did you experience any symptoms (headache, nausea, confusion, dizziness) related to heading drills during INDOOR PRACTICE over the past 2 weeks?
* Yes
* No

**Most** **of the time a ball is headed just right and may not even be remembered anymore than remembering how many times a ball is kicked. Sometimes, heading was not quite right or was even way off, causing pain, dizziness, confusion or other feelings. Please look at the scale below that describes situations where heading was done just right to much worse. Indicate about how often you have headed the ball for each situation.**

|  |
| --- |
| **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****Moderate pain / some dizziness****Definitely headed it wrong** | **Needed medical attention****Stopped playing****Felt dazed or injured** | **Knocked out unconscious** |

1. How often did MILD IMPACT happen in the past 2 weeks during INDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did MODERATE IMPACT happen in the past 2 weeks during INDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did SEVERE IMPACT happen in the past 2 weeks during INDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+
1. How often did VERY SEVERE IMPACT happen in the past 2 weeks during INDOOR PRACTICE?
* 0
* 1
* 2
* 3
* 4
* 5+

**How many times in the past 2 weeks did you:**

1. Get hit in the back of the head by a ball?
* 0
* 1
* 2+
1. Hit your head against a goalpost?
* 0
* 1
* 2+
1. Hit your head against another player’s head?
* 0
* 1
* 2+
1. Fall and hit your head on the ground?
* 0
* 1
* 2+
1. Hit your head against a player’s elbow, knee, etc.?
* 0
* 1
* 2+
1. Have your head stepped on or kicked by another player?
* 0
* 1
* 2+

**Please answer the questions that follow about non-soccer-related head injuries you sustained over the past 2 weeks.**

1. Other than from soccer, were you dazed or knocked unconscious from a head injury in the past 2 weeks?
* Yes
* No [skip to End of Questionnaire]
1. What was the cause of the injury?
* Other Sports
* Car Accident
* Fall
* Assault
* Other
1. Check the one that best describes what happened?
* I was dazed but not unconscious
* I was knocked out for less than 1 minute
* I was knocked out for more than 5 minutes
* I was hospitalized
* I do not remember

**End of Questionnaire.**

**Notes:**