



## HeadCount-daily

1. Did you play or practice soccer today?
  - Yes, indoors
  - Yes, outdoors
  - No
2. Did you play an INDOOR/OUTDOOR game, practice, or both?
  - Practice [\[continue to 3\]](#)
  - Game [\[continue to 16\]](#)
  - Both game and practice [\[continue to 27\]](#)

**The following questions are about your indoor/outdoor soccer practice today (if you had more than one practice today, then combine those practice sessions together).**

3. During your practice today, did you perform heading drills?
  - Yes
  - No
4. **[dropdown; Number of sets: 1-10+]** How many heading drills (how many “sets”) did you perform?
5. **[dropdown; Number of reps: 1-10+]** On average, how many times did you head the ball (“reps”) in each “set”?
6. During practice today did you head the ball other than heading drills (e.g. scrimmage or practice games or play)?
  - Yes
  - No
7. **[dropdown; 1-10+]** How many times did you head the ball, other than heading drills?
8. **During practice today, how many times did you:** Get hit in the back of the head by a ball?
  - 0
  - 1
  - 2+
9. **During practice today, how many times did you:** Hit your head against a goalpost?
  - 0
  - 1
  - 2+
10. **During practice today, how many times did you:** Hit your head against another player’s head?
  - 0
  - 1
  - 2+
11. **During practice today, how many times did you:** Fall and hit your head on the ground?
  - 0
  - 1
  - 2+
12. **During practice today, how many times did you:** Hit your head against a player’s elbow, knee, etc.?
  - 0

- 1
  - 2+
13. **During practice today, how many times did you:** Have your head stepped on or kicked by another player?
- 0
  - 1
  - 2+
14. Which symptoms did you experience today?
- Chest pain/tightness
  - Hot/cold flashes
  - Shortness of breath
  - Rapid heart beat
  - Trembling/shaking
  - Upset stomach
  - Poor appetite
  - Headaches
  - Other pain
  - Allergies
  - Cold/flu
  - Other
  - None
15. Which of the following have you used in the past 24 hours (Check all that apply)? [\[END\]](#)
- Caffeine
  - Alcohol
  - Tobacco
  - Marijuana
  - Cocaine
  - Painkillers
  - Anxiety medicines
  - Heroine
  - None of the above

**The following questions are about your indoor/outdoor competitive soccer game today.**

16. **[dropdown; 1-10+]** About how many times did you head the ball today during your competitive soccer game?
17. **During your competitive soccer game today, how many times did you:** Head the ball and become dazed or had to stop playing for a few seconds or more?
- 0
  - 1
  - 2+
18. **During your competitive soccer game today, how many times did you:** Get hit in the back of the head by a ball?
- 0

- 1
  - 2+
19. **During your competitive soccer game today, how many times did you:** Hit your head against a goalpost?
- 0
  - 1
  - 2+
20. **During your competitive soccer game today, how many times did you:** Hit your head against another player's head?
- 0
  - 1
  - 2+
21. **During your competitive soccer game today, how many times did you:** Fall and hit your head on the ground?
- 0
  - 1
  - 2+
22. **During your competitive soccer game today, how many times did you:** Hit your head against a player's elbow, knee, etc.?
- 0
  - 1
  - 2+
23. **During your competitive soccer game today, how many times did you:** Have your head stepped on or kicked by another player?
- 0
  - 1
  - 2+
24. What position did you play most often during the soccer game?
- Forward
  - Midfield
  - Defense
  - Goaltender
25. Which symptoms did you experience today?
- Chest pain/tightness
  - Hot/cold flashes
  - Shortness of breath
  - Rapid heart beat
  - Trembling/shaking
  - Upset stomach
  - Poor appetite
  - Headaches
  - Other pain
  - Allergies
  - Cold/flu

- Other
  - None
26. Which of the following have you used in the past 24 hours (Check all that apply)? [END]
- Caffeine
  - Alcohol
  - Tobacco
  - Marijuana
  - Cocaine
  - Painkillers
  - Anxiety medicines
  - Heroin
  - None of the above

**You indicated you had both an indoor/outdoor soccer practice and game today. First, you'll be answering questions about your practice session (if you had more than one practice today, then combine those practice today, then combine those practice sessions together).**

27. During your practice today, did you perform heading drills?
- Yes
  - No [continue to 31]
28. [dropdown; Number of sets: 1-10+] How many heading drills (how many "sets") did you perform?
29. [dropdown; Number of reps: 1-10+] On average, how many times did you head the ball ("reps") in each "set"?
30. During practice today did you head the ball other than heading drills (e.g. scrimmage or practice games or play)?
- Yes [continue to 31]
  - No [continue to 33]
31. [dropdown; 1-10+] How many times did you head the ball, other than heading drills?
32. [dropdown; 1-10+] About how many times did you head the ball today during your competitive soccer game?
33. **During competitive soccer today, how many times did you:** Head the ball and become dazed or had to stop playing for a few seconds or more?
- 0
  - 1
  - 2+
34. Thinking back on both your practice and the competitive game you played: **During practice and the game today, how many times did you:** Get hit in the back of the head by a ball?
- 0
  - 1
  - 2+
35. **During practice and the game today, how many times did you:** Hit your head against a goalpost?
- 0
  - 1

- 2+
36. **During practice and the game today, how many times did you:** Hit your head against another player's head?
- 0
  - 1
  - 2+
37. **During practice and the game today, how many times did you:** Fall and hit your head on the ground?
- 0
  - 1
  - 2+
38. **During practice and the game today, how many times did you:** Hit your head against a player's elbow, knee, etc.?
- 0
  - 1
  - 2+
39. **During practice and the game today, how many times did you:** Have your head stepped on or kicked by another player?
- 0
  - 1
  - 2+
40. What position did you play most often during the soccer game?
- Forward
  - Midfield
  - Defense
  - Goaltender
41. Which symptoms did you experience today?
- Chest pain/tightness
  - Hot/cold flashes
  - Shortness of breath
  - Rapid heart beat
  - Trembling/shaking
  - Upset stomach
  - Poor appetite
  - Headaches
  - Other pain
  - Allergies
  - Cold/flu
  - Other
  - None
42. Which of the following have you used in the past 24 hours (Check all that apply)? [\[END\]](#)
- Caffeine
  - Alcohol
  - Tobacco

- Marijuana
- Cocaine
- Painkillers
- Anxiety medicines
- Heroine
- None of the above