

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):

() White. () Intermediate. () Black. () Yellow. () Indigenous.

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).

8. Do you smoke? () No. Skip to question 9. () Yes.

If yes, what are the type and frequency of smoking?

Type	Frequency (number of times per day)
() Cigarette	() ≤ 10 () 11 to 20 () 21 to 30 () > 30
() Hand-rolled	() ≤ 10 () 11 to 20 () 21 to 30 () > 30
() Pipe	() ≤ 10 () 11 to 20 () 21 to 30 () > 30
() Cigar	() ≤ 10 () 11 to 20 () 21 to 30 () > 30
() Hookah	() ≤ 10 () 11 to 20 () 21 to 30 () > 30

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):**
 () Shoulder. () Elbow. () Hand. () Hip. () Knee.
 () 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):

() Thorax. () Shoulder. () Arm. () Forearm. () Anterior thigh.

() Posterior thigh. () Lateral leg. () Medial leg. () Calf. () Hip.

() 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):

Shoulder. Elbow. Hand. Hip. Knee.
 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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