

# **Modified OSTRC-H**

## **Survey Flow**

Block: OSTRC (1 Question)  
Block: Training data (10 Questions)  
Block: Injury/Illness Effect (5 Questions)

Branch: New Branch  
If  
If Was an INJURY responsible for your difficulty in running participation over the PAST TWO WEEKS? No Is Selected

Block: Illness ? (1 Question)

Branch: New Branch  
If  
If Was an ILLNESS responsible for your difficulty in running participation over the PAST TWO WEEKS? Yes Is Selected

Block: Illness 1 (9 Questions)

Branch: New Branch  
If  
If Do you have any OTHER ILLNESS to record? Yes Is Selected

Block: Illness 2 (9 Questions)

Branch: New Branch  
If  
If Do you have any OTHER ILLNESS to record? Yes Is Selected

Block: Illness 3 (8 Questions)

EndSurvey:

EndSurvey:

EndSurvey:

EndSurvey:

Block: Injury 1 (8 Questions)

Branch: New Branch  
If  
If Do you have any OTHER INJURY to record? Yes Is Selected

Block: Injury 2 (8 Questions)

Branch: New Branch  
If  
If Do you have any OTHER INJURY to record? Yes Is Selected

**Block: Injury 3 (7 Questions)**

**Block: Illness ? (1 Question)**

**Branch: New Branch**

**If**

**If Was an ILLNESS responsible for your difficulty in running participation over the PAST TWO WEEKS? Yes Is Selected**

**Block: Illness 1 (9 Questions)**

**Branch: New Branch**

**If**

**If Do you have any OTHER ILLNESS to record? Yes Is Selected**

**Block: Illness 2 (9 Questions)**

**Branch: New Branch**

**If**

**If Do you have any OTHER ILLNESS to record? Yes Is Selected**

**Block: Illness 3 (8 Questions)**

**EndSurvey:**

**EndSurvey:**

**EndSurvey:**

**EndSurvey:**

Page Break

---

---

Start of Block: OSTRC

Q1 Please answer all questions regardless of whether or not you have experienced health problems in the **PAST TWO WEEKS**.

If you have several illness or injury problems, please refer to the one that has been your worst problem in the **PAST TWO WEEKS**. You will have a chance to register other problems at the end of the questionnaire  
Top of Form **Let's start!**

---

End of Block: OSTRC

---

Start of Block: Training data

Q63 Initials & Surname

---



Q68 ID number

---

---

Q57 How many **running** sessions did you do in the PAST TWO WEEKS?

▼ 0 (1) ... more than 14 (16)

---

Q58 How many of these running sessions were **ran on trails** in the PAST TWO WEEKS?

▼ 0 (1) ... more than 14 (16)

---

Q59 What **distance (km)** did you run over the PAST TWO WEEKS?

---

---

Q82 What was the **total ascent (m)** you got during your runs over the PAST TWO WEEKS?

\_\_\_\_\_

---

Q68 What was the total descent (m) you got during your runs over the PAST TWO WEEKS?

\_\_\_\_\_

---

Q70 At what **average altitude (m)** did you train during the PAST TWO WEEKS?

\_\_\_\_\_

---

Q65 What was your **average running pace (min/km)** over the PAST TWO WEEKS?

▼ 3:30 (1) ... Did not run (29)

---

Q60 What **cross training** did you do and **for how many hours** in the PAST TWO WEEKS?

Cycling : \_\_\_\_\_ (1)

Strength training : \_\_\_\_\_ (2)

Rowing : \_\_\_\_\_ (3)

Swimming : \_\_\_\_\_ (4)

Pilates : \_\_\_\_\_ (5)

Functional training : \_\_\_\_\_ (6)

Other sports (squash, tennis, soccer etc.) : \_\_\_\_\_ (7)

None : \_\_\_\_\_ (8)

Total : \_\_\_\_\_

End of Block: Training data

---

Start of Block: Injury/Illness Effect

Q2 To what extent have you **MODIFIED YOUR TRAINING OR COMPETITION** due to injury, illness or other health problems during the PAST TWO WEEKS?

- No modification (1)
- To a minor extent (2)
- To a moderate extent (3)
- To a major extend (4)
- Could not participate at all (5)

*Skip To: End of Survey If To what extent have you MODIFIED YOUR TRAINING OR COMPETITION due to injury, illness or other hea... = No modification*

---

Q3 To what extent has injury, illness or other health problems affected your **PERFORMANCE** during the PAST TWO WEEKS?

- No effect (1)
  - To a minor extent (2)
  - To a moderate extent (3)
  - To a major extend (4)
  - Could not participate at all (5)
-

Q4 To what extent have you **experienced symptoms/health complaints** during the PAST TWO WEEKS?

- No symptoms/health complaints (1)
  - To a minor extent (2)
  - To a moderate extent (3)
  - To a major extend (4)
  - Could not participate at all (5)
- 

Q5 To what extent have you experienced **PAIN** related to your sport during the PAST TWO WEEKS?

- No pain (1)
  - Mild pain (2)
  - Moderate pain (3)
  - Severe pain (4)
  - Could not participate at all (5)
- 

Q6 Was an **INJURY** responsible for your difficulty in running participation over the PAST TWO WEEKS?

- Yes (1)
- No (2)

*Skip To: End of Block If Was an INJURY responsible for your difficulty in running participation over the PAST TWO WEEKS? = No*

**End of Block: Injury/Illness Effect**

---

**Start of Block: Illness ?**

Q29 Was an **ILLNESS** responsible for your difficulty in running participation over the PAST TWO WEEKS?

- Yes (1)
- No (2)

*Skip To: End of Survey If Was an ILLNESS responsible for your difficulty in running participation over the PAST TWO WEEKS? = No*

End of Block: Illness ?

---

Start of Block: Illness 1

Q67 **Is this the first time you have registered this illness through this monitoring system?**

- Yes (1)
  - No, I have reported the same problem in the previous 4 weeks (2)
  - No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
-



**Q30 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.**

Fever (1)

Fatigue/malaise (2)

Swollen glands (3)

Sore throat (4)

Blocked nose/running nose/sneezing (5)

Cough (6)

Breathing difficulty/tightness (7)

Nausea (8)

Vomiting (9)

Diarrhoea (10)

Constipation (11)

Abdominal pain (12)

Irregular pulse/arrhythmia (13)

Chest pain/Angina (14)

Other pain (15)

Headache (16)

Fainting (17)

Numbness/pins and needles (18)

Sunburn (19)

Rash with itchiness (20)

Ear symptoms (21)

Eye symptoms (22)

Symptoms from urinary tract/genitalia (23)

Anxiety (24)

Depression/sadness (25)

Irritability (26)

Muscle Cramps – Generalised (unspecific region of the body) (27)

Muscle Cramps – Localised (in specific location) (28)

Other (please specify) (29) \_\_\_\_\_

-----

**Q31 Please indicate the body system involved with your illness.**

- Brain and Nervous system (1)
  - Heart and Blood vessels (2)
  - Lungs and Respiratory tract (3)
  - Digestive system (4)
  - Kidney and bladder (5)
  - Muscle (i.e. muscle cramps, muscle weakness) (6)
  - Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
  - Immune (i.e. infections) (8)
  - Metabolic or Endocrine (i.e. glands, hormones) (9)
  - Skin (10)
  - Do not know (11)
- 

**Q35 Do have a specific diagnosis for your illness? Please specify**

- Yes (please specify) (1) \_\_\_\_\_
  - No (2)
-

**Q36 Who made the diagnosis of your illness?**

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

**Q37 Did your illness have a GRADUAL or SUDDEN onset?**

- Gradual (1)
  - Sudden (2)
- 

**Q38 How was your illness treated or managed?**

- Self-medicated (1)
  - Antibiotics (2)
  - Referral to other health care professional (3)
  - Other drug therapies (4)
- 

**Q40 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.**

\_\_\_\_\_

---

**Q41 Do you have any OTHER ILLNESS to record?**

Yes (1)

No (2)

*Skip To: End of Survey If Do you have any OTHER ILLNESS to record? = No*

**End of Block: Illness 1**

---

**Start of Block: Illness 2**

**Q68 Is this the first time you have registered this illness through this monitoring system?**

Yes (1)

No, I have reported the same problem in the previous 4 weeks (2)

No, I have reported the same problem previously, but it was more than 4 weeks ago (3)

---

**Q40 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.**

- Fever (1)
- Fatigue/malaise (2)
- Swollen glands (3)
- Sore throat (4)
- Blocked nose/running nose/sneezing (5)
- Cough (6)
- Breathing difficulty/tightness (7)
- Nausea (8)
- Vomiting (9)
- Diarrhoea (10)
- Constipation (11)
- Abdominal pain (12)
- Irregular pulse/arrhythmia (13)
- Chest pain/Angina (14)
- Other pain (15)
- Headache (16)
- Fainting (17)
- Numbness/pins and needles (18)
- Sunburn (19)

- Rash with itchiness (20)
  - Ear symptoms (21)
  - Eye symptoms (22)
  - Symptoms from urinary tract/genitalia (23)
  - Anxiety (24)
  - Depression/sadness (25)
  - Irritability (26)
  - Muscle Cramps – Generalised (unspecific region of the body) (27)
  - Muscle Cramps – Localised (in specific location) (28)
  - Other (please specify) (29) \_\_\_\_\_
-

**Q41 Please indicate the body system involved with your illness.**

- Brain and Nervous system (1)
  - Heart and Blood vessels (2)
  - Lungs and Respiratory tract (3)
  - Digestive system (4)
  - Kidney and bladder (5)
  - Muscle (i.e. muscle cramps, muscle weakness) (6)
  - Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
  - Immune (i.e. infections) (8)
  - Metabolic or Endocrine (i.e. glands, hormones) (9)
  - Skin (10)
  - Do not know (11)
- 

**Q42 Do have a specific diagnosis for your illness? Please specify**

- Yes (please specify) (1) \_\_\_\_\_
  - No (2)
-



**Q43 Who made the diagnosis of your illness?**

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

**Q44 Did your illness have a GRADUAL or SUDDEN onset?**

- Gradual (1)
  - Sudden (2)
- 

**Q45 How was your illness treated or managed?**

- Self-medicated (1)
  - Antibiotics (2)
  - Referral to other health care professional (3)
  - Other drug therapies (4)
- 

**Q46 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.**

\_\_\_\_\_

---

**Q47 Do you have any OTHER ILLNESS to record?**

Yes (1)

No (2)

End of Block: Illness 2

---

Start of Block: Illness 3

**Q69 Is this the first time you have registered this illness through this monitoring system?**

Yes (1)

No, I have reported the same problem in the previous 4 weeks (2)

No, I have reported the same problem previously, but it was more than 4 weeks ago (3)

---

**Q48 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.**

Fever (1)

Fatigue/malaise (2)

Swollen glands (3)

Sore throat (4)

Blocked nose/running nose/sneezing (5)

Cough (6)

Breathing difficulty/tightness (7)

Nausea (8)

Vomiting (9)

Diarrhoea (10)

Constipation (11)

Abdominal pain (12)

Irregular pulse/arrhythmia (13)

Chest pain/Angina (14)

Other pain (15)

Headache (16)

Fainting (17)

Numbness/pins and needles (18)

Sunburn (19)

- Rash with itchiness (20)
  - Ear symptoms (21)
  - Eye symptoms (22)
  - Symptoms from urinary tract/genitalia (23)
  - Anxiety (24)
  - Depression/sadness (25)
  - Irritability (26)
  - Muscle Cramps – Generalised (unspecific region of the body) (27)
  - Muscle Cramps – Localised (in specific location) (28)
  - Other (please specify) (29) \_\_\_\_\_
-

**Q49 Please indicate the body system involved with your illness.**

- Brain and Nervous system (1)
  - Heart and Blood vessels (2)
  - Lungs and Respiratory tract (3)
  - Digestive system (4)
  - Kidney and bladder (5)
  - Muscle (i.e. muscle cramps, muscle weakness) (6)
  - Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
  - Immune (i.e. infections) (8)
  - Metabolic or Endocrine (i.e. glands, hormones) (9)
  - Skin (10)
  - Do not know (11)
- 

**Q50 Do have a specific diagnosis for your illness? Please specify**

- Yes (please specify) (1) \_\_\_\_\_
  - No (2)
-

**Q51 Who made the diagnosis of your illness?**

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

**Q52 Did your illness have a GRADUAL or SUDDEN onset?**

- Gradual (1)
  - Sudden (2)
- 

**Q53 How was your illness treated or managed?**

- Self-medicated (1)
  - Antibiotics (2)
  - Referral to other health care professional (3)
  - Other drug therapies (4)
- 

**Q54 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.**

\_\_\_\_\_

End of Block: Illness 3

---

Start of Block: Injury 1

Q64 Is this the **first time** you have **registered this injury** through this monitoring system?

- Yes (1)
  - No, I have reported the same problem in the previous 4 weeks (2)
  - No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
-

Q7 Please select the box that best describes the **LOCATION** of your injury. If the injury involves several locations please select the main area.

If you have **multiple injuries** please complete a **separate registration** of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)



---

Q8 Please select a box that best describes your **TYPE OF INJURY**.

- Concussion (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)
- Fracture (traumatic - broken bone caused by sudden impact) (2)
- Stress fracture (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3)
- Other bone injuries (4)
- Dislocation, subluxation (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)
- Tendon rupture (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)
- Tendinosis/tendinopathy (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)
- Ligamentous rupture (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)
- Sprain (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)
- Lesion of meniscus or cartilage (injuries of meniscus [knee] or joint surfaces) (10)
- Muscle strain (11)
- Muscle rupture/tear (12)
- Contusion/haematoma/bruise (13)
- Arthritis/synovitis/bursitis (inflammation of any part of a joint or structures near the joint, characterize by pain on movement, tenderness, heat and swelling) (14)
- Fasciitis/aponeurosis injury (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)
- Impingement (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)

- Skin laceration/cut/lesion (17)
  - Skin abrasion/chafing (18)
  - Dental injury/broken tooth (19)
  - Nerve injury/spinal cord injury (20)
  - Muscle cramps or spasm (21)
  - I don't know (22)
  - Other (please specify) (23) \_\_\_\_\_
- 

Q9 **Who** made the **diagnosis** of your injury?

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

Q10 Did your injury have a **GRADUAL** or **SUDDEN** onset?

- Gradual (1)
  - Sudden (2)
-

Q11 Was the **injury due to a specific action?** (fall, jump, landing, increased pace, overstretch, collision etc.)

Yes (please specify the action) (1)

\_\_\_\_\_

No (2)

-----

Q14 Please state the **NUMBER OF DAYS** that you had to completely **miss training/races** due to this injury.

\_\_\_\_\_

-----

Q15 Do you have any **OTHER INJURY** to record?

Yes (1)

No (2)

End of Block: Injury 1

-----

Start of Block: Injury 2

Q83 Is this the **first time** you have **registered this injury** through this monitoring system?

Yes (1)

No, I have reported the same problem in the previous 4 weeks (2)

No, I have reported the same problem previously, but it was more than 4 weeks ago (3)

Q84 Please select the box that best describes the **LOCATION** of your injury. If the injury involves several locations please select the main area.

If you have **multiple injuries** please complete a **separate registration** of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)

-----

Q85 Please select a box that best describes your **TYPE OF INJURY**.

- Concussion (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)
- Fracture (traumatic - broken bone caused by sudden impact) (2)
- Stress fracture (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3)
- Other bone injuries (4)
- Dislocation, subluxation (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)
- Tendon rupture (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)
- Tendinosis/tendinopathy (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)
- Ligamentous rupture (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)
- Sprain (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)
- Lesion of meniscus or cartilage (injuries of meniscus [knee] or joint surfaces) (10)
- Muscle strain (11)
- Muscle rupture/tear (12)
- Contusion/haematoma/bruise (13)
- Arthritis/synovitis/bursitis (inflammation of any part of a joint or structures near the joint, characterize by pain on movement, tenderness, heat and swelling) (14)
- Fasciitis/aponeurosis injury (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)
- Impingement (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)

- Skin laceration/cut/lesion (17)
  - Skin abrasion/chafing (18)
  - Dental injury/broken tooth (19)
  - Nerve injury/spinal cord injury (20)
  - Muscle cramps or spasm (21)
  - I don't know (22)
  - Other (please specify) (23) \_\_\_\_\_
- 

Q86 **Who** made the **diagnosis** of your injury?

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

Q87 Did your injury have a **GRADUAL** or **SUDDEN** onset?

- Gradual (1)
  - Sudden (2)
-



Q88 Was the **injury due to a specific action?** (fall, jump, landing, increased pace, overstretch, collision etc.)

Yes (please specify the action) (1)

\_\_\_\_\_

No (2)

-----

Q89 Please state the **NUMBER OF DAYS** that you had to completely **miss training/races** due to this injury.

\_\_\_\_\_

-----

Q90 Do you have any **OTHER INJURY** to record?

Yes (1)

No (2)

End of Block: Injury 2

-----

Start of Block: Injury 3

Q99 Is this the **first time** you have **registered this injury** through this monitoring system?

Yes (1)

No, I have reported the same problem in the previous 4 weeks (2)

No, I have reported the same problem previously, but it was more than 4 weeks ago (3)

Q100 Please select the box that best describes the **LOCATION** of your injury. If the injury involves several locations please select the main area.

If you have **multiple injuries** please complete a **separate registration** of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)

---

Q101 Please select a box that best describes your **TYPE OF INJURY**.

- Concussion (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)
- Fracture (traumatic - broken bone caused by sudden impact) (2)
- Stress fracture (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3)
- Other bone injuries (4)
- Dislocation, subluxation (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)
- Tendon rupture (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)
- Tendinosis/tendinopathy (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)
- Ligamentous rupture (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)
- Sprain (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)
- Lesion of meniscus or cartilage (injuries of meniscus [knee] or joint surfaces) (10)
- Muscle strain (11)
- Muscle rupture/tear (12)
- Contusion/haematoma/bruise (13)
- Arthritis/synovitis/bursitis (inflammation of any part of a joint or structures near the joint, characterize by pain on movement, tenderness, heat and swelling) (14)
- Fasciitis/aponeurosis injury (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)
- Impingement (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)

- Skin laceration/cut/lesion (17)
  - Skin abrasion/chafing (18)
  - Dental injury/broken tooth (19)
  - Nerve injury/spinal cord injury (20)
  - Muscle cramps or spasm (21)
  - I don't know (22)
  - Other (please specify) (23) \_\_\_\_\_
- 

Q102 **Who** made the **diagnosis** of your injury?

- Doctor (1)
  - Physiotherapist (2)
  - Other health care professional (3)
  - Coach (4)
  - Self-diagnosed (5)
- 

Q103 Did your injury have a **GRADUAL** or **SUDDEN** onset?

- Gradual (1)
  - Sudden (2)
-

Q104 Was the **injury due to a specific action?** (fall, jump, landing, increased pace, overstretch, collision etc.)

Yes (please specify the action) (1)

---

No (2)

---

Q105 Please state the **NUMBER OF DAYS** that you had to completely **miss training/races** due to this injury.

---

End of Block: Injury 3

---