

## Athlete's weekly questionnaire for monitoring health problems\*

*Note: Epidemiological studies that collect information directly from athletes are likely to use electronic questionnaires. This document can be used to creating an electronic questionnaire with logic (i.e. athletes' path through the questionnaire is determined by their answers). All questions should have single select answers, except MH-1 and MH-4. Questionnaire logic and other notes are written in red and blue. Electronic questionnaires with logic should not present red and blue text to the athletes. For paper-based questionnaires red notes should be deleted but blue notes kept to guide the athlete through the questionnaire.*

**Athlete identification:**

**Date of report:**

Please answer the questionnaire regardless of whether or not you have experienced a health problem in the past 7 days. Select the alternative that is most appropriate for you, and in the case that you are unsure, try to answer as best you can anyway. A health problem is any condition that you consider to be a **reduction in your normal state of full health**, irrespective of its consequences on your sports participation or performance, or whether you have sought medical attention. This may include, but is not limited to **injury, illness, pain or mental health problems**, such as low mood, anxiety, sleep problems, excessive gaming, or gambling.

If you have several health problems, **please begin by recording your worst problem in the past 7 days**. You will have a chance to register other health problems at the end of the questionnaire.

1. Have you had any difficulties **participating** in training and competition due to **health problems** during the past 7 days?  
 full participation without health problems  
 full participation, but with health problems  
 reduced participation due a health problem  
 could not participate due to a health problem (*please go to questions 4*)
2. To what extent have you modified your **training or competition** due to **health problems** during the past 7 days?  
 no modification       to a minor extent       to a moderate extent       to a major extent
3. To what extent have **health problems** affected your **performance** during the past 7 days?  
 no effect       to a minor extent       to a moderate extent       to a major extent
4. To what extent have you experienced **health symptoms** during the past 7 days?  
 no health symptoms / problems (*you do not need to answer further questions*)  
 to a mild extent  
 to a moderate extent  
 to a severe extent

*If any of the questions 1 to 4 indicates a health problem, the following question should be asked.*

5. Is your health problem an **injury**, an **illness** or a **mental health problem**?  
 **injury** (defined as tissue damage or other derangement of normal physical function due to participation in sports, resulting from rapid or repetitive transfer of kinetic energy)  
*If "injury" is selected, specific questions as outlined by Bahr et al. 2020 should be asked.*  
 **illness** (defined as a complaint or disorder *not* related to mental health or injury)  
*If "illness" is selected, specific questions as outlined by Bahr et al. 2020 should be asked.*  
 **mental health problem** (defined as any adverse thought, feeling, behaviour and/or psychosomatic symptom that reduces your normal state of full mental health)  
*If "mental health problem" is selected, the following questions should be asked.*

\* Introduction text (modified to include examples of mental health problems) and questions 1-4 are the OSTRC-H2 (Clarsen et al. Improved reporting of overuse injuries and health problems in sport: an update of the Oslo Sport Trauma Research Center. Br J Sports Med 2020;54(7):390-6)

## Mental Health Problem

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MH-1. What **mental health problem(s)** did you experienced in the past 7 days?

*Please select all that apply to you.*

- |   |  |
|---|--|
| <input type="checkbox"/> feeling down, depressed, or hopeless   | <input type="checkbox"/> urge to perform repetitive behaviours (e.g., cleaning, washing hands, checking, counting) |
| <input type="checkbox"/> little interest or pleasure in doing thing   | <input type="checkbox"/> excessive gaming behaviours   |
| <input type="checkbox"/> feeling anxious, nervous or on edge  | <input type="checkbox"/> gambling, betting   |
| <input type="checkbox"/> not able to stop or control worries  | <input type="checkbox"/> alcohol or drug misuse  |
| <input type="checkbox"/> phobia, i.e. excessive fear of an object or situation (e.g., heights, flying, spiders) | <input type="checkbox"/> elation, or euphoria for no reason and increased energy                                   |
| <input type="checkbox"/> performance anxiety  | <input type="checkbox"/> mood swings without extreme euphoria/elation  |
| <input type="checkbox"/> panic attacks  | <input type="checkbox"/> irritability, anger, or tension with people   |
| <input type="checkbox"/> hyperactivity / agitation  | <input type="checkbox"/> aggressive behaviour against other people or objects (verbal or physical)                 |
| <input type="checkbox"/> difficulties concentrating   | <input type="checkbox"/> social withdrawal   |
| <input type="checkbox"/> eating problems  | <input type="checkbox"/> thoughts or actions of non-suicidal self-harm (e.g., cutting, or severe scratching)       |
| <input type="checkbox"/> sleeping problems  | <input type="checkbox"/> suicidal thoughts, intentions, or actions   |
| <input type="checkbox"/> psychosomatic problems (e.g., unexplained pain, heart palpitations)                    |  |
| <input type="checkbox"/> others, please specify _____   |  |

MH-2. Is this mental health problem **new, recurrent or a worsening**?

- |  |  |
|--|--|
| <input type="checkbox"/> new (you never had this before)                   | <input type="checkbox"/> worsening of a not recovered problem              |
| <input type="checkbox"/> recurrent after full recovery and return-to-sport | <input type="checkbox"/> persisting (chronic) problem ( <i>skip MH-3</i> ) |

MH-3. **When** did this mental health problem(s) occur or when did you **first** notice **symptoms**?

*If this is a recurrent problem or worsening, please refer to the most recent episode.*

\_\_\_\_\_ dd/mm/yy

MH-4. What do you think is/are the **reason or the most influential contributing factor(s)** for this mental health problem(s)? *If this is a recurrent problem, please refer to the most recent episode.*

- musculoskeletal injury
- concussion or other traumatic brain injury
- chronic pain
- illness (e.g., cancer, infection, thyroid dysfunction)
- side effect of medication
- life outside of sport (e.g., problems in family/partnership, loss of a close person, finances)
- body weight, body shape or body image
- gender dysphoria
- sport performance (e.g., perceived failure, pressures)
- dissatisfaction with your sport career (e.g., stagnant development, poor sport-life-balance)
- behaviour of teammates, coach, management, etc. (e.g., rivalry, bullying, harassment)
- other aspects related to your sports environment (e.g., risk of injury)
- social media, or other media comments (e.g., harassment, bullying)
- alcohol or drug use
- transitioning, or retiring from sport
- don't know
- other, please specify \_\_\_\_\_

MH-5. Have you seen a **physician, (sport) psychologist, or another qualified medical practitioner** because of this mental health problem(s) in the past 7 days?

- |                             |   |  |                                     |
|-----------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> no | <input type="checkbox"/> yes, physician | <input type="checkbox"/> yes, (sport) psychologist | <input type="checkbox"/> yes, other |
|-----------------------------|---|--|-------------------------------------|

MH-6. On **how many** of the past 7 **days**, have you had this mental health problem(s)?

\_\_\_\_\_ days of the past 7 days

MH-7. Have you had any other **health problem(s)** in the past 7 days?

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> no | <input type="checkbox"/> yes, <i>please describe your other health problems starting with question 1 of a new questionnaire</i> |
|-----------------------------|---|

*If "yes" is selected, the electronic questionnaire loops back to question 1 as many times as is necessary to record all athlete's health problems. In subsequent rounds, question 1 should begin with "Please refer your second-worst health problem" or third worst etc. depending on the loop.*