Sports medicine PPE questionnaire

(Version for children and adolescents, 08.12.2023)

Name, first name: ____________________________ Date of birth: _________________________
Street: _____________________________________ School year/Occupation: ______________
ZIP code/city: _______________________________ Phone: ______________________________
E-mail: _____________________________________ Mobile phone: _________________________

Sport and discipline : ____
Federation/Club: ____
Level of competition : ______________________ Swiss Olympic Card Cat./Number: ___________
Coach: ____

Family doctor or pediatrician (with address/phone number): _______________________________
Federation/Club doctor* (with address/phone): ____
Physical therapist* (with address/phone): ____

Declaration of informed consent :

I agree that the findings and diagnoses collected during my sports medicine pre-participation examination shall be stored and treated in accordance to confidentiality and personal medical data protection principles. The data collected can be accessed by my federation doctor, as well as by my family doctor, **only with my agreement**. With regard to scientific questions for the benefit of the further development of Swiss sport, I agree that my information can be used in anonymized form.
Athletes under 18 years of age require the written consent of their legal representative.

Place and date: ________________________________

Signature of athlete and/or legal representative :

____

1. Family

a. Are your parents and siblings in good health? ☐ yes ☐ no
If no, what conditions are they suffering from?

____

b. Does anyone in your family (close relatives} suffer (or has suffered) from any of the diseases listed below?

☐ Heart disease
☐ Hypertension
☐ Lung disease
☐ Bronchial asthma
☐ Diabetes
☐ Cancer
☐ Psychological disease
☐ Osteoporosis
☐ Rheumatic disease
☐ Blood disease
☐ other disease

If yes, please explain:

____

c. Do you have siblings and do they also play a sport (which one-s)?
Siblings (year of birth, gender, sport):

____

d. What is the height of your parents?

father _____ cm mother _____ cm

2. Cardiovascular risk assessment

a. When was your last medical check-up (physical examination with blood pressure measurement)?

____

b. Have you had an electrocardiogram (EKG) done in the last 2 years?

☐ yes ☐ no

c. Have your parents/doctors ever mentioned you had a heart problem and recommended you exercise or participate in sports only under medical supervision?

☐ yes ☐ no

d. Have you had chest pain or collapsed (loss of consciousness) in the past 2 years?

☐ yes ☐ no

e. Do you have any of the following at rest or during exertion? Cough, shortness of breath, tightness or feeling of pressure in the chest or abdomen?

☐ yes ☐ no

f. Has a doctor declared you unfit for competition in recent years or are you aware of another reason why you should not participate in competitive sports?

☐ yes ☐ no

g. Has a doctor ever prescribed medicine for high blood pressure or for a heart condition?

☐ yes ☐ no

h. Did someone in your family die suddenly before the age of 50 and/or do members (younger than 65 years old) of your family suffer from coronary heart disease, angina pectoris or had to undergo heart surgery?

☐ yes ☐ no

Explanations for questions 2a.-2h. if any of the questions were answered "yes":

____

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3. About yourself

a. Do you currently suffer (or have you previously suffered) from **any health condition**, or undergone surgery:

yes	no		what	when
☐	☐	heart/circulation	______________________	________
☐	☐	lungs	______________________	________
☐	☐	bronchial asthma	______________________	________
☐	☐	Estomac/Intestin	______________________	________
☐	☐	liver (jaundice)	______________________	________
☐	☐	kidneys/bladder/prostate	______________________	________
☐	☐	skin	______________________	________
☐	☐	eyes	______________________	________
☐	☐	teeth	______________________	________
☐	☐	throat	______________________	________
☐	☐	ears	______________________	________
☐	☐	frontal/maxillary sinuses	______________________	________
☐	☐	concussion	______________________	________
☐	☐	nervous system	______________________	________
☐	☐	epilepsy	______________________	________
☐	☐	diabetes	______________________	________
☐	☐	allergies, e.g. hay fever	______________________	________
☐	☐	adverse effect to medication	______________________	________
☐	☐	other	______________________	________

Which conditions are still current?

____

How are these conditions at the present time?

☐ unchanged ☐ improved ☐ cured

Did you have to consult a medical doctor about it?

☐ yes ☐ no

If yes, name and address of the medical doctor:

____

b. Do you currently have or have you had any **musculoskeletal** injuries/complaints/surgeries?

yes	no		left	right	what	when
☐	☐	neck	☐	☐	____________________	________
☐	☐	shoulder	☐	☐	____________________	________
☐	☐	arm	☐	☐	____________________	________
☐	☐	elbow	☐	☐	____________________	________
☐	☐	forearm	☐	☐	____________________	________
☐	☐	wrist	☐	☐	____________________	________
☐	☐	hands	☐	☐	____________________	________
☐	☐	back	☐	☐	____________________	________
☐	☐	pelvis	☐	☐	____________________	________
☐	☐	hip	☐	☐	____________________	________
☐	☐	thigh	☐	☐	____________________	________
☐	☐	knee	☐	☐	____________________	________
☐	☐	lower leg	☐	☐	____________________	________
☐	☐	achilles tendon	☐	☐	____________________	________
☐	☐	ankle	☐	☐	____________________	________
☐	☐	foot	☐	☐	____________________	________
☐	☐	other	☐	☐	____________________	________

Which conditions are still current?

____

How is this injury at the present time?

☐ unchanged ☐ improved ☐ cured

Have you had to consult a medical doctor about this?

☐ yes ☐ no

If yes, name and address of the medical doctor:

____

c. Do you take medication on a regular basis?

☐ yes ☐ no

If so, which ones? ____

d. Do you take special medication which could warrant the need for a TUE (Therapeutic Use Exemption) for special medication/drugs?

☐ yes ☐ no

Examples: Ritalin®, Concerta® or similar; Bricanyl®, medication which contain cortisone (for exemple prednisone, betnesol®); Hormones (insulin, growth hormone and hormones limiting growth like testosterone or estrogen).

If so, which ones? ____

e. When was your last dental examination (which year)?

☐>1 year ☐<1 year

f. Have you done vaccination according to the usual vaccine recommendations?

☐ yes ☐ no

If no, can you breifly explain why?

____

Thank you for bringing a copy of your vaccination report card.

4. Wellbeing/sleep

a. How many hours do you sleep per night?

______ hours

b. Do you have trouble falling asleep or staying asleep?

☐ yes ☐ no

Well-being: The following statements are about your well-being over the past two weeks. For each statement, please circle and note the number that you think best describes how you have been feeling over the past two weeks?

In the last 2 weeks….	**all the time**	**most of the time**	**more than half of the time**	**less than half of the time**	**some of the time**	**At no time**	**points**
… I have felt cheerful and in good spirits.	5	4	3	2	1	0	
… I have felt calm and Relaxed.	5	4	3	2	1	0	
… I have felt active and vigorous.	5	4	3	2	1	0	
…I woke up fresh and rested.	5	4	3	2	1	0	
… my daily life has been filled with things that interest me.	5	4	3	2	1	0	
						Total :	

c. Do you manage to balance school and sports demands, along with some leisure in terms of time?

☐ yes ☐ no

d. Are you satisfied ?

☐ yes ☐ no

e. Athletes, like other children and teenagers, sometimes experience things that can be difficult or distressing or make them feel very bad or uncomfortable. This can happen both inside and outside sport. Below, we would like to ask you a few questions about these possible experiences.

1. Have you ever been hit, kicked, pinched or slapped by an adult?

   ☐ yes ☐ no

   If yes, ☐ during my sporting activities ☐ outside of my sporting activities

2. Has anyone insulted you or screamed at you on multiple occasions, or has anyone told you hurtful or degrading things. (for example that you are « fat », « lazy or stupid »)?

   ☐ yes ☐ no

   If yes, ☐ during my sporting activities ☐ outside of my sporting activities

3. Have you been severely punished or unfairly treated on multiple occasions (by adults or comrades/teammates/training colleagues)?

   ☐ yes ☐ no

   If yes, ☐ during my sporting activities ☐ outside of my sporting activities

4. Do you think that the training techniques/methods/duration that are applied to you are sometimes inadequate or event dangerous for your health?

   ☐ yes ☐ no

5. Have you had to suffer/hear harassing or sexual/suggestive comments on you or your body?

   ☐ yes ☐ no

   If yes, ☐ during my sporting activities ☐ outside of my sporting activities

6. Has anyone touched your body or your sexual organs (private parts) in any way that you felt to be incorrect or inappropriate, or has anyone sexually harassed you?

   ☐ yes ☐ no

   If yes, ☐ during my sporting activities ☐ outside of my sporting activities

If you have ticked "yes" anywhere, have you already spoken about it with someone?

☐ yes ☐ no

Do you need additional support about these issues? **(confidentiality will be discussed and respected)**

☐ yes ☐ no

____

5. Weight, nutrition, supplements and addictive substances

a. Have you intentionally lost or gained weight in the last months (apart from the normal growth related weight changes)?

   ☐ yes ☐ no

   If yes, why ? ____

b. Do you weigh yourself regularly?

   ☐ yes ☐ no

c. Are you following a specific diet (e.g. lactose-free, gluten-free, intermittent fasting, etc.)?

   ☐ yes ☐ no

If so, which one and why? Please bring a nutritonal plan if it's available ________________________________

d. Do you have specific dietary preferences (e.g. no meat, vegetarian, vegan, etc.)?

☐ yes ☐ no

If so, why and since when? ____

e. Do you take any nutritional supplements (carbohydrates, proteins, etc.) ?

☐ yes ☐ no

If so, which ones, how many and when? ____

f. Do you take any other supplements (vitamins, magnesium, creatine, carnitine, etc.)?

☐ yes ☐ no

If so, which ones, how many and when? ____

g. Do you drink alcohol regularly?

☐ yes ☐ no

If so, which drinks, how much and when? ____

h. Do you smoke or use other nicotine-containing substances such as snus (tobacco under the upper lip), puff, vaping, Iqos?

☐ yes ☐ no

If so, what and how much? ____

i. Do you currently use (or have you ever used) – orally or injected - addictive drugs (e.g. THC, cocaine) or performance-enhancing drugs (e.g. anabolic steroids)?

☐ yes ☐ no

If so, what and how much? ____

6. Sports/Training

a. What does your current training plan look like?
Example of an average training week:
- Number of hours
- day(s) of rest, if any?

In addition, you can add details about the specific type of training trained for each session:
- Sport-specific or other training (e.g., strength, mental, recovery).

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total
	(h)	Training type	(h)	Training type	(h)	Training type	(h)	Training type	(h)	Training type	(h)	Training type	(h)	Training type	(h)
morning															
midday															
afternoon															
evening															
Total															

b. Do you keep a training diary?

☐ yes ☐ no

c. How do you monitor your training intensity (heart rate, lactate, perception of effort, watts, other)?

____

d. Do you have breaks during the year or during summer?

☐ yes ☐ no

If so, for how long ? ____

e. How has your performance curve been over the last 2 years?

☐ increasing ☐ constant ☐ decreasing ☐ fluctuating

7. Recovery, sports psychology

a. How often do you implement recovery measures?

☐ massage ________________________ ☐ sauna ______________________________
☐ bath ___________________________ ☐ other ______________________________

b. Do you stretch on a regular basis?

☐ yes ☐ no

c. Do you regularly look after your fascia (foam roller?)

☐ yes ☐ no

d. Do you apply any sports psychology training methods (such as mindfullness, hypnosis, visualization)?

☐ yes ☐ no

If so, which one(s)? ____

8. Self-assessment

a. This question is about your overall satisfaction with life. How satisfied are you, all things considered, with your life at the present time?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

b. Do you currently feel at your full capacity and able to perform?

☐ yes ☐ no

If no, why?

____

9. Questions ?

I would like to discuss the following questions :