

A nominated representative of the national Rugby Union must report a catastrophic injury to World Rugby as soon as possible, but at most 8 weeks after the event, using this 'World Rugby Catastrophic Injury Report Form 1' (the "Form"). This Form (including the information contained in this Form) should be treated with the utmost confidentiality and should not be disclosed to any third party. This Form should be completed with input, where possible, from the injured player, other players, coaches, referees, club officials, etc.

General Disclaimer

Please read the General Guidelines for the completion of the World Rugby Catastrophic Injury Report Form 1 (hereinafter referred to as the "General Guidelines"). The purpose of this Form is to collect generic, anonymous information relating to a catastrophic injury for research purposes only. The Form is not designed to capture, nor does World Rugby wish to receive, any information from which a person (e.g. a player, referee, coach or other person) is or may be identified. Please ensure that no such information is included in the Form.

Medical Data Disclaimer

Section D of the Form requires you to provide certain generic, anonymous information in relation to the injured player's medical history. Without prejudice to the general disclaimer at section I above, to the extent that it is necessary for you to request or have access to the injured player's personal data in order to be able to complete the Form, you acknowledge and agree that World Rugby shall have no responsibility or liability in respect of such personal data. You should ensure that you have whatever consents required under (and shall be solely responsible for compliance with) local data protection law.

Catastrophic Injury

A Rugby-related injury that should be considered as a potential 'catastrophic injury' for World Rugby reporting purposes includes:

- Spinal cord injuries with an ASIA classification at 48 hours of A to D
- Brain injuries with a Glasgow Coma Scale (GCS) at 48 hours of ≤ 12 (i.e. graded as 'moderate' or 'severe')
- Fatalities (including spinal cord, traumatic brain, and cardiac-related fatalities)

Criteria for an injury to be retained on the World Rugby database and considered as a catastrophic injury include:

For completion of the form please consult the [general guidelines](#).

1. Spinal cord injuries with an ASIA classification at 12 months of A to D
2. Traumatic brain injuries with a Glasgow Outcome Scale (GOS) at 12 months of 1 to 3
3. Fatalities resulting from any rugby match or training activity.

*(See **general guidelines** for definitions of the ASIA, GCS and GOS scales)*

Section A: Player Details**1. * Age at time of injury:**

- | | |
|---|---|
| <input type="checkbox"/> 6-9 years of age | <input type="checkbox"/> 22-24 years of age |
| <input type="checkbox"/> 10-12 years of age | <input type="checkbox"/> 25-27 years of age |
| <input type="checkbox"/> 13-15 years of age | <input type="checkbox"/> 28-30 years of age |
| <input type="checkbox"/> 16-18 years of age | <input type="checkbox"/> 31-33 years of age |
| <input type="checkbox"/> 19-21 years of age | <input type="checkbox"/> Over 33 years of age |

2. * Sex:

- ☐ Male
- ☐ Female

3. Player's weight in kg kg**4. Player's height in cm:** cm**5. Ethnicity:**

- | | |
|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Black Caribbean | _____ |
| <input type="checkbox"/> Pacific Islander | |

6. At what age did the player start playing rugby?

- | | |
|--|---|
| <input type="checkbox"/> Less than 10 years of age | <input type="checkbox"/> 17-19 years of age |
| <input type="checkbox"/> 11-13 years of age | <input type="checkbox"/> Over 19 years of age |
| <input type="checkbox"/> 14-16 years of age | <input type="checkbox"/> Not known |

7. Number of years the player has been playing rugby? Years

8. Player's current grade of play (please select highest level of play)? *

- | | |
|--|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Club International |
| <input type="checkbox"/> Non-professional | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Club Professional | |

a) Is the player registered by the Union?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. Player's usual playing position? *

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Loose head prop | <input type="checkbox"/> Scrum half |
| <input type="checkbox"/> Hooker | <input type="checkbox"/> Fly half |
| <input type="checkbox"/> Tight head prop | <input type="checkbox"/> Left centre |
| <input type="checkbox"/> Left lock | <input type="checkbox"/> Right centre |
| <input type="checkbox"/> Right lock | <input type="checkbox"/> Left wing |
| <input type="checkbox"/> Left flanker | <input type="checkbox"/> Right wing |
| <input type="checkbox"/> Right flanker | <input type="checkbox"/> Full back |
| <input type="checkbox"/> Number 8 | |

10. Number of years the player has been playing in this position?

--

 Years

Section B: Injury Circumstances**11. Year the injury occurred*:****12. What format of rugby was the player playing when the injury occurred? ***

- ☐ Rugby match (15's, 7's, 10's etc.) – [Go to Question 13](#)
- ☐ Training activity – [Go to Question 14](#)

13. 15-a-side match:**a. At what stage of the season did the injury occur?**

- | | |
|--|---|
| <input type="checkbox"/> Pre-season | <input type="checkbox"/> Mid-season |
| <input type="checkbox"/> First month of season | <input type="checkbox"/> Last month of season |

b. Match details:**i. What level of match was it?**

- | | |
|---|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Club Professional |
| <input type="checkbox"/> Non-professional | <input type="checkbox"/> Club International |

ii. What type of match was it?

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Competition | <input type="checkbox"/> Practice |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Social |

c. Grade of opposition**i. Was the opposition the same age?**

- ☐ Yes
- ☐ No
- ☐ Not known

ii. Was the opposition from the same grade e.g. A, B,C?

- ☐ Yes
- ☐ No
- ☐ Not known

iii. Was the opposition of equal standard?

- ☐ Yes
- ☐ No
- ☐ Not known

d. When during the match did the injury occur?

- | | |
|--|--|
| <input type="checkbox"/> 1 st Quarter | <input type="checkbox"/> 3 rd Quarter |
| <input type="checkbox"/> 2 nd Quarter | <input type="checkbox"/> 4 th Quarter |

e. Was the incident leading to the injury a result of Dangerous Play, as identified by the referee or the Citing Commissioner?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

f. Which of the following classification of Dangerous Play was found to have occurred (more than one answer can be selected)?

- | | |
|--|--|
| <input type="checkbox"/> Punching or striking | <input type="checkbox"/> Dangerous charging |
| <input type="checkbox"/> Stamping or trampling | <input type="checkbox"/> Scrum – front row rushing against opponents |
| <input type="checkbox"/> Kicking | <input type="checkbox"/> Scrum – front row lifting opponents |
| <input type="checkbox"/> Tripping | <input type="checkbox"/> Collapsing a scrum, ruck or maul |
| <input type="checkbox"/> Early or late tackle | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Tackle above the line of the shoulders | <input type="checkbox"/> Spear tackle |
| <input type="checkbox"/> ‘Stiff arm’ tackle | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Playing a player without the ball | |
| <input type="checkbox"/> Tackling a player who’s feet are off the ground | |

g. What position was the injured player playing when the injury occurred?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Loose head prop | <input type="checkbox"/> Scrum half |
| <input type="checkbox"/> Hooker | <input type="checkbox"/> Fly half |
| <input type="checkbox"/> Tight head prop | <input type="checkbox"/> Left centre |
| <input type="checkbox"/> Left lock | <input type="checkbox"/> Right centre |
| <input type="checkbox"/> Right lock | <input type="checkbox"/> Left wing |
| <input type="checkbox"/> Left flanker | <input type="checkbox"/> Right wing |
| <input type="checkbox"/> Right flanker | <input type="checkbox"/> Full back |
| <input type="checkbox"/> Number 8 | |

h. Was the player playing in their normal position?

- ☐ Yes
- ☐ No
- ☐ Not known

14. Was the match/training session carried out under:

- ☐ Natural Light ☐ Artificial light

15. Supervision**a. If the injury occurred during a match was the match officiated?**

- ☐ Yes – go to Question 15(c)
- ☐ No – go to Question 16
- ☐ Not known – go to Question 16

b. If the injury occurred during training activity, was the training session supervised by a coach(es)?

- ☐ Yes – go to Question 15(d)
- ☐ No – go to Question 16
- ☐ Not known – go to Question 16

c. Was the referee a qualified referee?

- ☐ Yes ☐ No ☐ Not known

Now go to Question 16

d. Was the coach a qualified coach?

- ☐ Yes ☐ No ☐ Not known

16. Indicate the type of activity involved when the injury occurred: *

- ☐ Tackle – go to Question 17
- ☐ Scrum – go to Question 18
- ☐ Ruck – go to Question 19
- ☐ Maul – go to Question 20
- ☐ Lineout – go to Question 21
- ☐ Non-contact training – go to Question 22
- ☐ Collision (accidental) – please describe details below then go to Question 23
- ☐ Other activity – please describe details below then go to Question 23

17. Tackle**a. What was the injured player's role in the tackle?**

- | | |
|---|--|
| <input type="checkbox"/> Ball carrier | <input type="checkbox"/> Tackler |
| <input type="checkbox"/> Support player to ball carrier | <input type="checkbox"/> Support player to tackler |
| | <input type="checkbox"/> None of the above |

b. What type of contact was involved?

- | | |
|--|--|
| <input type="checkbox"/> Arm | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Collision (no arms) | <input type="checkbox"/> Smother |
| <input type="checkbox"/> Jersey | <input type="checkbox"/> Tap |
| <input type="checkbox"/> Lift | <input type="checkbox"/> None of the above |

c. How many tacklers were involved in the tackle?**d. Please provide any other information relevant to the tackle, e.g. head was first point of contact with ground, upper body was first point of contact with post, etc.**

Now go to Question 23

18. Scrum

a. Was the scrum against a scrum machine or live opposition?

- ☐ Scrum machine – go to Question 18(b)
☐ Live opposition – go to Question 18(c)

b. How many players were scrummaging against the scrum machine?

c. Was the scrum a contested scrum?

- ☐ Yes ☐ No ☐ Not Known

d. How many players were participating in the scrum from the injured player's team and from the opposition team?

Injured player's team

Opposition team

e. Which team had the throw in to the scrum?

- ☐ Injured player's team ☐ Opposition

f. Did the injury occur due to:

- ☐ Impact or engagement
☐ Player popping ☐ Scrum collapse not related to engagement
☐ Scrum wheeling/rotating ☐ None of the above
☐ Scrum collapse on engagement

g. Did the player's injury occur after a scrum re-set?

- ☐ Yes – go to Question 18(h)
☐ No – go to Question 23
☐ Not known – go to Question 23

h. How many scrum re-sets took place?

Now go to Question 23

19. Ruck**a. What was the injured player's role in the ruck?**

- | | |
|---|--|
| <input type="checkbox"/> Ball carrier | <input type="checkbox"/> Tackler |
| <input type="checkbox"/> Support player to ball carrier | <input type="checkbox"/> Support player to tackler |
| | <input type="checkbox"/> None of the above |

b. What was the position at the time of the injury?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Cleaning out | <input type="checkbox"/> Squeeze ball position |
| <input type="checkbox"/> Cleaned out | <input type="checkbox"/> Lying on the ground |
| <input type="checkbox"/> Bridging | <input type="checkbox"/> None of the above |

Now go to Question 23

20. Maul**a. Did the injury occur during:**

- | | |
|---|---|
| <input type="checkbox"/> Collapsed maul | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Clearing out | |
| <input type="checkbox"/> Cleared out | |

b. Please provide any other information in relation to the maul. E.g. injured player was the ball carrier, injured player was member of defending team, location of injured player within the maul, etc.

Now go to Question 23

21. Lineout:**a. Identify how the injury occurred:**

- ☐ Lifted player fell during landing (no other player involved)
- ☐ Lifted player fell during landing (other player(s) involved)
- ☐ Lifting player injured (no other player involved)
- ☐ Lifting player injured (other player(s) involved)
- ☐ Other (please specify _____)

- b. Please provide any other information relevant to the lineout. E.g. which body part first made contact with the ground etc.

Now go to [Question 23](#)

22. Please give details of the non-contact training activity being undertaken at the time of injury:

- | | |
|---|---|
| <input type="checkbox"/> Weight training | <input type="checkbox"/> Grappling |
| <input type="checkbox"/> Non-contact drills | <input type="checkbox"/> Catching |
| <input type="checkbox"/> Running drills | <input type="checkbox"/> Accidental contact |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other |

SECTION C: Immediate Post-Injury Care

23. Was there a qualified medical practitioner/first aider in attendance throughout the match/training session?

- ☐ Yes – go to Question 23(a) ☐ No – go to Question 24

a. Please specify who provided the support

- ☐ First aider
☐ Nurse
☐ Physiotherapist (or equivalent)
☐ Physician
☐ Other practitioner

24. Was the player first attended to by someone OTHER than a qualified medical practitioner/first aider?

- ☐ Yes – go to Question 24(a) ☐ No – go to Question 25

a. Who first attended to the player?

- ☐ Player
☐ Coach
☐ Spectator
☐ Referee
☐ None of the above

b. What actions were taken by this person?

- ☐ Player moved on pitch
☐ Player moved from the pitch
☐ Player log rolled
☐ Player given mouth to mouth
☐ None of the above

25. Who was the first qualified medical practitioner/first aider to attend to the injured player?

- ☐ First aider
☐ Nurse
☐ Physiotherapist (or equivalent)
☐ Physician
☐ Other practitioner

26. Was the injured player first attended to by a qualified medical practitioner/first aider:

- ☐ On the pitch ☐ Off the pitch

27. Who assisted with the removal of the injured player from the pitch?

- ☐ Injured player walked off unassisted
☐ Other player(s)
☐ Coach
☐ Spectator(s)
☐ First aider

- | | |
|--|---|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Physiotherapist (or equivalent) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Physician | |

28. What equipment/care was provided during the process of removing the player from the pitch? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Scoop stretcher |
| <input type="checkbox"/> Hard collar | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Spinal board | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Vacuum mattress | |

29. Hospitalisation

a. Was the player taken immediately to a hospital?

- ☐ Yes – go to Question 29(c) ☐ No

b. Was the player taken to a hospital at a later stage?

- ☐ Yes ☐ No – go to Question 31

i. How long after the injury was the injured player taken to a hospital?

Hours Days

ii. What circumstances led to the player going to hospital at that stage?

c. How was the injured player taken to hospital?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Car | _____ |
| <input type="checkbox"/> Helicopter | |

30. What was the initial hospital-based diagnosis?

- | | |
|---|---|
| <input type="checkbox"/> Non-fatal spinal cord injury | <input type="checkbox"/> Other fatality |
| <input type="checkbox"/> Fatal spinal cord injury | <input type="checkbox"/> Other (please specify, e.g. blood vessel injury causing stroke etc.) |
| <input type="checkbox"/> Non-fatal head injury | _____ |
| <input type="checkbox"/> Fatal head injury | _____ |

SECTION D: Player's Medical History

This section requires you to provide certain generic, anonymous information in relation to the injured player's medical history. Without prejudice to the general disclaimer at section (I), to the extent that it is necessary for you to request or have access to the injured player's personal data in order to be able to complete the Form, you acknowledge and agree that World Rugby shall have no responsibility or liability in respect of such personal data. You should ensure that you have whatever consents required under, and shall be solely responsible for compliance with, local data protection law.

31. Did the injured player suffer from any medical conditions or illnesses that interrupted their training or match play in the week immediately prior to the injury?

- ☐ Yes – go to Question 31(a) ☐ No – go to Question 32

a. Describe the condition(s) or illness(es), if known:

b. Were these diagnosed by a medical practitioner?

- ☐ Yes ☐ No

32. Does the injured player have any long-term medical condition(s) or illness(es) that may be relevant to the injury (e.g. epilepsy, diabetes, etc.)?

- ☐ Yes – go to Question 32(a) ☐ No – go to Question 33

a. Describe the condition(s) or illness(es), if known:

b. Were these diagnosed by a medical practitioner?

- ☐ Yes ☐ No

33. Does the injured player have a history of 'stinger' injuries (also known as 'burner', 'nerve pinch' and 'brachial plexus' injuries)?

- ☐ Yes – go to Question 33(a) ☐ No – go to Question 34

a. For how many years has the player suffered from these 'stinger' injuries (also known as 'burner', 'nerve pinch' and 'brachial plexus' injuries)?

- ☐ Not known

b. Were the stingers/burners:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Only tingling | <input type="checkbox"/> Associated with weakness | <input type="checkbox"/> Not known |
|--|---|------------------------------------|

c. How frequently did the injured player suffer these stingers/burners in the past year?

- | | | | |
|-------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Every game | <input type="checkbox"/> 1-3 times in the past year | <input type="checkbox"/> More than 3 times in the past year | <input type="checkbox"/> Not known |
|-------------------------------------|---|---|------------------------------------|

d. Did these stingers/burners affect:

- | | | | |
|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Both arms | <input type="checkbox"/> Left arm | <input type="checkbox"/> Right arm | <input type="checkbox"/> Not known |
|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|

e. Did the injured player have any stingers/burners that lasted more than 24 hours?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

f. Did the injured player have a stinger/burner that resulted in prolonged (i.e. >2 weeks) weakness?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|

34. Had the injured player ever sustained a previous significant neck/spinal injury (i.e. requiring hospital admission or scans (such as MRI or CT scan), with prolonged symptoms for over one month, associated with arm symptoms or preventing play for more than two weeks)?

- | | |
|---|---|
| <input type="checkbox"/> Yes – go to Question 34(a) | <input type="checkbox"/> No – go to Question 35 |
|---|---|

a. Please identify any previous neck problems:

- | | |
|---|---|
| <input type="checkbox"/> Neck strain | <input type="checkbox"/> Neck fracture or dislocation |
| <input type="checkbox"/> Neck disc injury | <input type="checkbox"/> Neck arthritis |
| <input type="checkbox"/> Neck tumor | <input type="checkbox"/> Other |

b. Had the injured player fully recovered from this previous neck/spinal injury before starting the match / training session in which the current injury was sustained?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

c. Did the injured player receive treatment for the previous neck/spinal injury?

- | | |
|---|---|
| <input type="checkbox"/> Yes – go to Question 34(d) | <input type="checkbox"/> No – go to Question 35 |
|---|---|

d. What treatment was received?

- | | |
|--|--|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Osteopath or chiropractor |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Massage | <input type="checkbox"/> None of the above |

35. Had the player ever sustained a previous significant head/brain/concussion injury (i.e. with symptoms lasting more than three weeks, or requiring hospital admission or scans (such as MRI or CT scan)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes – go to
Question 35(a) | <input type="checkbox"/> No – go to
Question 36 | <input type="checkbox"/> Not known – go
to Question 36 |
|--|--|---|

a. Please provide details of the nature and circumstances of the previous injury:

b. Did the injured player receive treatment for the previous head/brain/concussion injury?

- | | | |
|--|---|---|
| <input type="checkbox"/> Yes – go
to
Question
35(c) | <input type="checkbox"/> No – go
to
Question
35(d) | <input type="checkbox"/> Not
known –
go to
Question
35(d) |
|--|---|---|

c. Briefly describe the treatment received:

d. Was the injured player medically approved to return to play from this previous head/brain/concussion injury before starting the match/training session in which they sustained the current injury?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not
known |
|------------------------------|-----------------------------|---------------------------------------|

SECTION E: Injured Player's Rugby Experience and Training

36. How many weeks pre-season training did the player complete before the start of this season?

37. How many matches did the injured player play this season prior to the injury?

38. Had the injured player received training from a qualified coach/trainer on how to perform the following activities within the last 12 months?

	Yes	No
Tackling	<input type="checkbox"/>	<input type="checkbox"/>
Scrum	<input type="checkbox"/>	<input type="checkbox"/>
Ruck/Maul	<input type="checkbox"/>	<input type="checkbox"/>
Lineout	<input type="checkbox"/>	<input type="checkbox"/>

39. Coaching

a. Did the player have a regular coach in charge of their rugby development?

☐ Yes – go to Question 39(b) ☐ No – go to Question 40

b. Was this coach the same coach referred to in Question 15(b)?

☐ Yes – go to Question 40 ☐ No – go to Question 39(c)

c. Was the relevant coach qualified?

☐ Yes ☐ No

40. How many training sessions did the player undertake each week during the pre-season training period? (Please give a number of sessions or insert "0" if no training was undertaken.)

	Team training sessions per week
	Individual training sessions per week

41. Compared to the injured player's normal training regimen, in the week preceding the injury was the training level:

a. Training Volume

☐ Lower ☐ Higher
☐ The same ☐ Not known

b. Training Intensity

☐ Lower ☐ Higher
☐ The same ☐ Not known

42. How many scrum engagements did the player typically practice per session?

- | | |
|---|---|
| <input type="checkbox"/> Fewer than 5 engagements | <input type="checkbox"/> 20 – 30 engagements |
| <input type="checkbox"/> 5 – 9 engagements | <input type="checkbox"/> More than 30 engagements |
| <input type="checkbox"/> 10 – 14 engagements | <input type="checkbox"/> Not known |
| <input type="checkbox"/> 15 – 19 engagements | |

43. Compared to the injured player's normal training regimen, in the week preceding the injury was the scrum-specific training level:**a. Training Volume**

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Lower | <input type="checkbox"/> Higher |
| <input type="checkbox"/> The same | <input type="checkbox"/> Not known |

b. Training Intensity

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Lower | <input type="checkbox"/> Higher |
| <input type="checkbox"/> The same | <input type="checkbox"/> Not known |

44. How often did the player undertake neck strengthening exercises? (Tick the box that represents the most appropriate frequency.)

- | | |
|--|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Often at least one session a month |
| <input type="checkbox"/> Rarely, no more than one session a season | <input type="checkbox"/> Regularly at least one session a week |
| <input type="checkbox"/> Occasionally, less than one session a month | |

SECTION F: Playing Conditions**45. Weather Conditions**

- a. Were the weather conditions on the day of the player's injury typical for the location and time of year?

☐ Yes – go to Question 46

☐ No – go to Question 45(b)

- b. What are the typical weather conditions for the location and time of year at which the injury occurred?

- c. How did the weather on the day of the injury differ from these typical conditions?

46. On what type of surface did the injury occur?

☐ Wood (e.g. gymnasium)

☐ Artificial turf – rubber infill

☐ Tarmac or similar

☐ Artificial turf – sand infill

☐ Concrete

☐ Dirt or sand

☐ Natural grass

47. What type of footwear was the player using at the time of injury?

☐ None

☐ Other (please specify) _____

☐ Trainers

☐ Not known

☐ Studded boots

48. How hard was the surface on the day of the injury?

☐ Soft

☐ Hard

☐ Firm

☐ Not known

49. What was the condition of the playing surface on the day of the injury?

☐ Flat and rough

☐ Flat and smooth

☐ Sloping and rough

☐ Not known

☐ Sloping and smooth

50. What state was the footwear/surface interaction on the field on the day of the injury?

☐ Low grip (slippery)

☐ High grip

☐ Medium grip

☐ Not known

51. Was the player wearing or using any of the following equipment?

	Yes	No
<input type="checkbox"/> Mouthguard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Headgear	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder padding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify) _____		
<input type="checkbox"/> Not known		

