

QUESTIONNAIRE

PART 1: Participant Profile

Name _____ Gender _____

Mass _____ kg Age _____ years

PART 2: Training Profile

1) How long have you been training Jiu-Jitsu?

_____ months _____ years

2) How many training days per week?

_____ days

3) How many hours of training per week?

_____ hours

4) What type of mat do you train on?

() Synthetic (Rubber) () Canvas

5) What is your belt?

() purple () brown () black

6) Did you have any orthopedic injury while training?

() yes

() no

Number of different injuries ()

7) About the competitions:

No. of competitions per semester? _____

8) Do you use any protective equipment? (eg mouthguards, earmuffs, anklets, knee pads, etc.)

() No () Yes. Which ones? _____

PART 3: Injury's profile

1) Do you have a formally diagnosed injury?

yes no explain _____

b) How long have you been practicing? _____ months _____ years

History of injuries

Did you suffer any injury during training or competition that was enough to change / stop training for at least ONE DAY, in the last 2 years?

No Yes.

How many? _____ injuries

Did this, or these, injuries have been coming back (recurrence)?

No Yes.

The injury received a formal, professional-oriented, treatment?

No Yes.

Did your sports performance was affected by this injury?

No Yes.

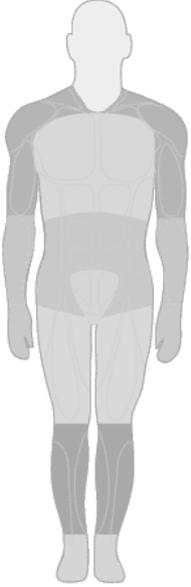
Did this injury appear during training or competition?

Training Competition.

Did this injury appear by a direct trauma/torsion or slowly through time?

Trauma Overuse.

MARK THE 3 MOST SERIOUS INJURIES BELOW, AND DESCRIBE THEM NEXT

	<p style="text-align: center;">INJURY LOCATION</p> <p>(, ,) HEAD / NECK</p> <p>(, ,) HEAD (, ,) NECK (, ,) FACE</p> <p>(, ,) CERVICAL SPINE</p> <p>(, ,) TOP MEMBER</p> <p>(, ,) SHOULDER / COLLARBONE (, ,) ARM (, ,) ELBOW</p> <p>(, ,) FOREARM (, ,) WRIST (, ,) HAND / FINGERS</p> <p>(, ,) TRUNK</p> <p>(, ,) STERNUM / RIB / THORACIC SPINE</p> <p>(, ,) ABDOMEN (, ,) LUMBAR SPINE / PELVIS / PUBIS / SACRUM</p> <p>(, ,) LOWER MEMBER</p> <p>(, ,) HIP / GROIN (, ,) THIGH (, ,) KNEE</p> <p>(, ,) LEG / ACHILLES TENDON (, ,) ANKLE</p> <p>(, ,) FOOT / TOES</p>
---	--

INJURY A

Injury Circumstance:

Training Competition

Injury mechanism:

Traumatic. Situation? _____ Overuse

How long did the injury influence the training (changing or interrupting it)?

1 to 6 days 7 to 15 days 16 to 30 days + 30 days

Was it a recurrence injury?

No Yes. Last recurrence? _____ months

Was a medical diagnosis performed?

No Yes. Which one? _____

Was treatment performed?

No Yes. What kind? _____

Does Injury affect performance today?

No Yes

INJURY B

Injury Circumstance:

Training Competition

Injury mechanism:

Traumatic. Situation? _____ Overuse

How long did the injury influence the training (changing or interrupting it)?

1 to 6 days 7 to 15 days 16 to 30 days + 30 days

Was it a recurrence injury?

No Yes. Last recurrence? _____ months

Was a medical diagnosis performed?

No Yes. Which one? _____

Was treatment performed?

No Yes. What kind? _____

Does Injury affect performance today?

No Yes

INJURY C

Circumstance of Injury?

Training Competition

Mechanism of injury?

Traumatic. Situation? _____ Overuse

How long did the injury influence the training (changing or interrupting it)?

1 to 6 days 7 to 15 days 16 to 30 days + 30 days

Was it a recurrence injury?

No Yes. Last recurrence? _____ months

Was a medical diagnosis performed?

No Yes. Which one? _____

Was treatment performed?

No Yes. What kind? _____

Does Injury affect performance today?

No Yes