

Incidence, risk factor and prevention of sports injury among Majmaah university students: Cross sectional study.

Section I: Demographic Questions

1. Do you consent to participate in the survey?
☐ Yes
☐ No
2. Do you practice any type of sports?
☐ Yes
☐ No
3. Age group:
☐ 18–19-year-old
☐ 20–21-year-old
☐ 22–23-year-old
☐ 24–25-year-old
☐ 25 and above year old
4. Gender:
☐ Male
☐ Female
5. Name of the college: (list of colleges at the university)
☐ College of Applied Medical Sciences
☐ College of Medicine
☐ College of Nursing
☐ College of Dentistry at Zulfi
☐ College of Sciences
☐ College of Education
☐ College of Sharia and Law
☐ College of Computer Sciences and Information Technology
☐ College of Business Administration
☐ College of Engineering
☐ Others
6. Level:
☐ 1–12 (Choose your current level)
7. Region you belong to:
☐ Eastern
☐ Western
☐ Southern
☐ Northern
☐ Middle
8. Do you have any chronic medical conditions?
☐ Yes
☐ No
9. Do you smoke or shisha or other tobacco product?
☐ Yes
☐ Rarely
☐ No
10. Height (cm.):

11. Weight (Kg.):
12. BMI: Automatically calculated based on height and weight.
Section II: Incidence of sports injury among university students.
1. Have you member of your university sports group?
☐ Yes
☐ No
2. How frequently do you engage in sports or physical activities?
☐ Daily
☐ 3–4 times per week
☐ 1–2 times per week
☐ Rarely
3. How hard is your training?
☐ High intensity
☐ Moderate intensity
☐ Low intensity
4. Have you ever experienced a sports-related injury while participating in university sports or physical activities?
☐ Yes
☐ No
5. How many sports injuries have you had in the past year?
☐ None
☐ 1-2
☐ 3-4
☐ More than 4
6. Which sport(s) have you been injured in the most? (Check all that apply).
☐ Contact sports (e.g., football, basketball, rugby)
☐ Non-contact sports (e.g., tennis, volley ball, padel , track & field)
☐ Gym workouts / weightlifting
☐ Recreational activities (e.g., jogging, yoga, swimming)
7. What type of injury have you experienced while playing sports? (Select all that apply)
☐ Muscle or joint pain

☐ Sprains or strains
☐ Fractures or dislocations
☐ Concussions or head injuries
☐ Cuts, bruises, or abrasions
☐ Others (mention)
☐ No injury experienced
8. What was the primary cause of your sports injury?
☐ Lack of proper warm-up/stretching.
☐ Overuse or repetitive movements.
☐ Physical contact or collision.
☐ Poor equipment or unsafe playing conditions.
9. How did you manage your sports injury?
☐ Self-treatment by RICE technique (rest, ice, compression, elevation)
☐ Visited a doctor or physiotherapist
☐ Took medication for pain relief
☐ Ignored it and continued playing
10. Do you believe your university provides adequate support for injury prevention and recovery?
☐ Yes, there are sufficient resources
☐ Somewhat, but more support is needed
☐ No, there is a lack of proper support
Section III: Risk Factors of sports injury among university students.
1. Do you participate in sports activities with proper warm-up or cool-down exercises?
☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
2. How often do you perform stretching exercises before and after sports activities?

☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
3. Do you wear proper protective gear (e.g. helmets, knee pads, shin guards, hand gloves) when participating in sports activities?
☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
4. Have you ever played while injured or in pain in order to avoid letting your team down or to achieve a personal goal?
☐ Yes
☐ No
5. How many hours of sleep do you typically get each night?
☐ Less than 6 hours
☐ 6-7 hours
☐ 8-9 hours
☐ More than 9 hours
6. Have you ever received any head injury while participating in sports activities?
☐ Yes
☐ No
Section IV: Prevention of sports injury among university students.
1. Have you ever received education or training on injury prevention techniques, such as proper landing and falling techniques?
☐ Yes
☐ No
2. Do you exercise according to an approved fitness plan?
☐ Yes
☐ No
3. Do you practice sports training under the supervision of a specialist?
☐ Yes
☐ No
4. Does your fitness plan include cardiovascular exercise, strength training and flexibility?
☐ Yes
☐ No

5. Do you stay hydrated? Drink water to prevent dehydration, heat exhaustion, and heat stroke?
☐ Yes
☐ No
6. How confident are you in your ability to recognize the signs and symptoms of a sports injury, such as concussion or muscle spasm?
☐ Very confident
☐ Somewhat confident
☐ Not at all confident
7. If you have a sports injury, do you confirm complete recover, including necessary rehabilitation, before participating in a heavy exercise and activities?
☐ Yes
☐ Sometimes
☐ No
8. Would you be willing to attend a workshop or seminar on sports injury prevention if it were offered by your university?
☐ Yes
☐ No
Section V: question for those who do not practice any type of sports.
If you do not practice any type of sport, what obstacles do you face for not exercising?
☐ Not having enough time to exercise
☐ Lack of a suitable place to exercise
☐ Lack of financial resources to practice sports
☐ Belief in the lack of importance of sports and its benefits
☐ Lack of financial resources to practice sports