

PFA & FIFPRO Health and Wellbeing Survey 2024

Dear PFA Member,

The PFA is committed to ensuring players have access to world class support services and programs. To ensure this remains the case, it is critical that we systematically monitor the health and wellbeing of our members. To do so the PFA, together with FIFPRO (Football Players Worldwide) is inviting all members to take part in a confidential survey which will examine the mental health of Australia's elite professional players. The findings will be used solely for the purpose of seeking to improve support services and programs available to players.

Trigger Warning

The following survey contains questions which may be triggering for some participants. Themes include alcohol and substance misuse, gambling, disordered eating, depression, and suicidal thoughts. Should you require any support then please see below.

Support

All PFA members have access to confidential counselling services via the PFA's Mental Health Referral Network. To access these support services please contact your Player Development Manager or PFA Head of Player Development, Rita Mankowska via +61 (0) 466 473 345 or rita@pfa.net.au. PFA members can also seek support from Lifeline 13 11 14 or www.lifeline.org.au

Privacy

Your privacy is guaranteed. All data is coded and managed anonymously. All data collected in the study, as well as the codes used, are saved automatically on a secure electronic server that is only accessible to the PFA. The data in the survey is processed and analysed anonymously. Your data will not be available to anyone but the PFA and FIFPRO, and it will not be given to anyone else.

Instructions to fill in the survey

For most of the questions, you can choose an answer from multiple options by checking a box. It is important that you choose the most appropriate answer for yourself. There are no wrong answers. There are also some questions that require you to fill in the answer in the provided space. Please answer all questions. Thank you for your participation in the study.

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*** 1. Consent: Please check one of the following boxes**

- ☐ Yes I agree with the procedures and I agree to participate
- ☐ No I do not agree with the procedures and I do not wish to participate

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DEMOGRAPHICS

* 2. Current age (in years)?

* 3. What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Non-Binary
- ☐ Prefer not to say

* 4. What is your height (cm)?

5. What is your weight (kg)?

* 6. What is the highest level of education you have completed?

Other (please specify)

* 7. How many seasons have you been playing in professional football (paid to play)?

* 8. What league are you playing in?

- ☐ A-League Men
- ☐ A-League Women
- ☐ Overseas - Men
- ☐ Overseas - Women

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* 9. Have you been selected for an Australian junior or senior national team in the past 12 months?

If you have been selected for multiple, choose the most senior team.

* 10. What is your position on the field?

- ☐ Goalkeeper
- ☐ Defender
- ☐ Midfielder
- ☐ Forward

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11. What is your sexual orientation?

- ☐ Heterosexual (straight)
- ☐ Same sex attracted (gay, lesbian)
- ☐ Bisexual / other
- ☐ Don't know
- ☐ Prefer not to say

* 12. What best describes your current marital status?

- ☐ Married
- ☐ Single
- ☐ Divorced/ Separated
- ☐ De facto (in a serious relationship but not married)

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HEALTH & WELLBEING

For each question, please select which best describes how often you had this feeling during the period specified.

Sport-related psychological distress

* 13. During the past 30 days, how often did each statement apply to you?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
It was difficult to be around teammates	☐	☐	☐	☐	☐
I found it difficult to do what I needed to do	☐	☐	☐	☐	☐
I was less motivated	☐	☐	☐	☐	☐
I was irritable, angry or aggressive	☐	☐	☐	☐	☐
I could not stop worrying about injury or my performance	☐	☐	☐	☐	☐
I found training more stressful	☐	☐	☐	☐	☐
I found it hard to cope with selection pressures	☐	☐	☐	☐	☐
I worried about life after sport	☐	☐	☐	☐	☐
I needed alcohol or other substances to relax	☐	☐	☐	☐	☐
I took unusual risks off-field	☐	☐	☐	☐	☐

Psychological distress

* 14. During the past 30 days, how often did you feel...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
...tired out for no good reason?	☐	☐	☐	☐	☐
...nervous?	☐	☐	☐	☐	☐
...so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
...hopeless?	☐	☐	☐	☐	☐
...restless or fidgety?	☐	☐	☐	☐	☐
...so restless that you could not sit still?	☐	☐	☐	☐	☐
...depressed	☐	☐	☐	☐	☐
...so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
...that everything was an effort?	☐	☐	☐	☐	☐
...worthless?	☐	☐	☐	☐	☐

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Anxiety

The following questions relate to feeling anxious or stressed.

* 15. Over the past 2 weeks, how often have you been bothered by the following problems?
Please select the answer that best represents how you have been.

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it's hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

Depression

The following questions relate to feeling depressed, sad or blue.

* 16. Over the past 2 weeks, how often have you been bothered by any of the following problems? Please select the answer that best represents how you have been.

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling asleep, staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

Sleep

The following questions relate to your sleep habits. Please select the best answer which you think represents your typical sleep habits over the recent past.

* 17. During the recent past, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

- ☐ Up to 6 hours
- ☐ 6 to 7 hours
- ☐ 7 to 8 hours
- ☐ 8 to 9 hours
- ☐ More than 9 hours

* 18. How satisfied / dissatisfied are you with the quality of your sleep?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

* 19. During the recent past, how long has it usually taken you to fall asleep each night?

- ☐ 15 minutes or less
- ☐ 16 - 30 minutes
- ☐ 31 - 60 minutes
- ☐ Longer than 60 minutes

* 20. How often do you have trouble staying asleep?

- ☐ Never
- ☐ Once or twice per week
- ☐ Three or four times per week
- ☐ Five to seven days per week

* 21. During the recent past, how often have you taken medicine to help you sleep (prescribed or over-the-counter)?

- ☐ Never
- ☐ Once or twice per week
- ☐ Three or four times per week
- ☐ Five to seven days per week

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Alcohol:

* 22. How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

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* 23. How many standard drinks containing alcohol do you have on a typical day when you drink?

- ☐ 1 to 2
- ☐ 3 to 4
- ☐ 5 to 6
- ☐ 7 to 9
- ☐ 10 or more

* 24. How often do you have six or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

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Gambling:

* 25. Please respond to each question by selecting the most appropriate answer.

	Yes	No
Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?	☐	☐
Have you ever tried to stop, cut down, or control your gambling?	☐	☐
Have you ever lied to family members, friends, or others about how much you gamble or how much you lost on gambling?	☐	☐

Drugs & Substances:

The following questions are about drug(s) use in the past 3 months. When thinking about drug use consider legal ones like caffeine or nicotine, illicit/illegal drugs (including cannabis even if legal in your state/country) and prescription medications used in ways other than prescribed (i.e. higher dosages; different ways of taking them, i.e., crushing/sniffing, injecting). Do NOT include alcohol in these responses.

* 26. Please respond to each question by selecting 'yes' or 'no'.

	Yes	No
In the past three months, have you felt you should cut down or stop using drugs?	☐	☐
In the past three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop using drugs?	☐	☐
In the past three months, have you felt guilty or bad about how much you use drugs?	☐	☐
In the past three months, have you been waking up wanting to use drugs?	☐	☐

* 27. In the past 3 months, which drug(s) or substance(s) listed below caused concerns or problems in your life? Please select all that apply.

- ☐ Stimulants: caffeine
- ☐ Stimulants: nicotine
- ☐ Stimulants: powder cocaine
- ☐ Stimulants: crack cocaine
- ☐ Stimulants: methamphetamine (meth)
- ☐ Stimulants: methylphenidate (ADD/ADHD medication)
- ☐ Stimulants: amphetamine salts (ADD/ADHD medication)
- ☐ Cannabis: marijuana
- ☐ Cannabis: oil
- ☐ Cannabis: edibles
- ☐ Cannabis: synthetics (K2, Spice)
- ☐ Hallucinogens (LSD; mushrooms)
- ☐ Inhalants (volatile solvents)
- ☐ Opioids: heroin
- ☐ Opioids: opium
- ☐ Opioids: pain medications (e.g. oxycodone, hydrocodone)
- ☐ Club Drugs (MDMA-ecstasy; GHB)
- ☐ Synthetic Cathinones (bath salts)
- ☐ Dissociative Drugs (Ketamine; PCP)
- ☐ None of the above

Other (please specify)

* 28. In the past 3 months, have you vaped?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

* 29. In the past 3 months, have you used Snus?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

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Injury

* 31. Did you suffer from a severe musculoskeletal injury (bone, muscle, tendon, ligaments) in the past 6 months? (A severe injury is defined as an injury that occurred during team activities and led to either training or match absence for more than 28 days (4 weeks))

- ☐ No
- ☐ Yes, once
- ☐ Yes, twice
- ☐ Yes, three times or more

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Resilience:

The following questions are about resilience.

* 32. Please respond to each question by selecting the most appropriate answer.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt to change	☐	☐	☐	☐	☐
I can deal with whatever comes	☐	☐	☐	☐	☐
I try to see the humorous side of problems	☐	☐	☐	☐	☐
Coping with stress can strengthen me	☐	☐	☐	☐	☐
I tend to bounce back after illness or hardship	☐	☐	☐	☐	☐
I can achieve goals despite obstacles	☐	☐	☐	☐	☐
I can stay focused under pressure	☐	☐	☐	☐	☐
I am not easily discouraged by failure	☐	☐	☐	☐	☐
I think of myself as a strong person	☐	☐	☐	☐	☐
I can handle unpleasant feelings	☐	☐	☐	☐	☐

Thank you for taking the time and effort to fill out this questionnaire.

Support

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