

Questionnaire for Medical Checkup

Instructions: Please consult with your parents or guardians when answering these questions.

ID: []

Team Name: _____ Name: _____

Gender:

1. Male
2. Female

Grade / Age: _____ **Grade /** _____ **Years old**

General Information

Q1. Please tell us your height and weight. (_____) cm / (_____) kg

Q2. At what age did you start playing basketball? From age (_____)

Q3. What is your current main position?

1. Guard
2. Forward
3. Center
4. Undecided

Q4. Please circle the days of the week you play basketball and indicate the total practice hours.

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
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Hours () hours

Q5. Do you play any sports other than basketball?

1. No
2. Yes (Sport: _____)

Q6. Which is your dominant hand (throwing hand)?

1. Right
2. Left

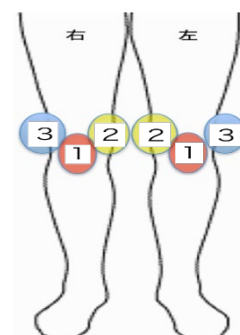
Q7. Which is your dominant foot (kicking foot)?

1. Right
2. Left

Questions regarding KNEE PAIN

Q8. Have you ever experienced knee pain?

1. No (Skip to Q14)
2. Right knee
3. Left knee



Q9. Where was the pain located? Please refer to the diagram on the right and write the corresponding number in the blank. Right knee () / Left knee ()

Q10. Was there a specific triggering event for the knee pain?

1. No specific trigger (Insidious onset)
2. Hit/Bruised (Contact injury)
3. Twisted
4. Other (_____)

Q11. At the time of the worst pain, to what extent were you able to participate in basketball?

1. Able to practice as usual
2. Able to practice, but not at full intensity
3. Missed practice

Q12. Did you visit a hospital or an orthopedic/osteopathic clinic?

1. Yes
2. No

Q13. Does the pain persist currently?

1. No pain
2. Pain exists, but able to practice
3. Pain exists, unable to practice

Questions regarding FOOT PAIN

Q14. Have you ever experienced Foot pain while playing basketball?

1. No (Skip to Q20)
2. Right foot
3. Left foot

Q15. Where was the pain located?

Right Foot:

1. Heel
2. Top of the foot
3. Sole of the foot
4. Other (_____)

Left Foot:

1. Heel
2. Top of the foot
3. Sole of the foot
4. Other (_____)

Q16. Was there a specific triggering event for the pain?

1. No specific trigger
2. Hit/Bruised
3. Twisted

4. Other (_____)

Q17. At the time of the worst pain, to what extent were you able to participate in basketball?

1. Able to practice as usual
2. Able to practice, but not at full intensity
3. Missed practice

Q18. Did you visit a hospital or an orthopedic/osteopathic clinic?

1. Yes
2. No

Q19. Does the pain persist currently?

1. No pain
2. Pain exists, but able to practice
3. Pain exists, unable to practice

Questions regarding ANKLE SPRAIN

Q20. Have you ever sprained your ankle while playing basketball?

1. No (Skip to Q26)
2. Right ankle
3. Left ankle

Q21. How did you sprain it?

1. Inversion (turning inward)
2. Eversion (turning outward)

Q22. How many times have you sprained your ankle so far?

1. Once
2. 2–4 times
3. 5 times or more

Q23. When you had pain after the sprain, to what extent were you able to participate in basketball?

1. Able to practice as usual
2. Able to practice, but not at full intensity
3. Missed practice

Q24. Did you visit a hospital or an orthopedic/osteopathic clinic?

1. Yes
2. No

Q25. Do you currently have ankle pain?

1. No pain
2. Pain exists, but able to practice
3. Pain exists, unable to practice

Questions regarding LOW BACK PAIN (LBP)

Q26. Have you ever experienced low back pain ? (Lower back is shown in the right diagram)

1. No (Skip to Q36)
2. Center
3. Right side
4. Left side



Q27. When does the pain occur?

1. During play
2. After play
3. During daily living activities

Q28. Did you visit a hospital or an orthopedic/osteopathic clinic?

1. Yes
2. No

Q29. At the time of the worst pain, to what extent were you able to participate in basketball?

1. Able to practice as usual
2. Able to practice, but not at full intensity
3. Missed practice

Q30. Does the pain persist currently?

1. No pain
2. Pain exists, but able to practice
3. Pain exists, unable to practice

Other Questions

Q31. Please indicate your level of fatigue over the last month.

1. Not tired at all
2. A little tired
3. Tired
4. Quite tired
5. Extremely tired

Q32. Do you have pain in any other areas?

1. No
2. Yes (Location: _____)

Q33. If you have any other questions or concerns, please write them here.
(_____)

Thank you for your cooperation.