**Pre-season Baseline Questionnaire**

**HOCKEY PARTICIPATION in 2017-18 season:**
- Association: ______________________________
- Level of Play: o Pee Wee o Bantam o Midget o Junior
- Division: o AAA o AA o A o 01 o 02 o 03 o 04 o 05 o 06 o 07 o 08 o 09 o 10 o 11 o 12 o Rec
- Helmet: o Bauer o CCM o Tech o Jofa
- Make: ___________
- Model: ___________
- Type: o Full clear visor o Full cage o Combination visor/cage
- Age: o New this season o New last season o 2-3 yrs old o >3 yrs old

**EQUIPMENT (check all that apply):**
- Mouthguard:
  - Worn at GAMES: o Always o Less than 75% o Never
  - Worn at PRACTICE: o Always o Less than 75% o Never
  - Type: o Dentist custom-fit o Off the shelf (incl. boil and bite) o None of the above

**MEDICAL HISTORY:**
- Have you ever been diagnosed by a physician with a:
  - Bone fracture, arthritis, or other muscle or bone condition? o No o Yes
    If yes, Year: _______ Describe:
  - Systemic disease (eg, cancer, thyroid disease, heart disease)? o No o Yes
    If yes, Year: _______ Describe:
  - Circulation or heart problem (eg, murmur, congenital deformity, irregular beat)? o No o Yes
    If yes, Year: _______ Describe:
  - Neurological disorder (eg, cerebral palsy, pinched nerve, “stinger”, MS)? o No o Yes
    If yes, Year: _______ Describe:
  - Are you currently taking:
    - Medications (eg, inhaler, Tylenol, antidepressants, birth control)? o No o Yes
    - Supplements (eg, vitamins, minerals, protein powder)? o No o Yes

**Will you be playing hockey in the 2017-2018 season?**
- o No o Yes

**Position (please select one):**
- o Forward o Defense o Goalie

**Have you ever experienced headaches?**
- o No o Yes
  If yes, are they associated with:
  - o Nausea o Vomiting o Light sensitivity
  - o Noise sensitivity o None of the above

**Have you been diagnosed with migraines?**
- o No o Yes
  If yes, year of diagnosis: _______

**Do any family members experience headaches?**
- o No o Yes
  If yes, which member(s) ______________________

**Have you ever been concerned that you have an attention or learning issue?**
- o No o Yes
  If yes, describe: ______________________

**Have you ever been diagnosed by a health care professional with any of the following (check all that apply):**
- o Cognitive delay o Learning disability
- o ADHD o Persuasive developmental disorder
- o Mood disorder o Communication disorder
- o Anxiety disorder o Disruptive behaviour disorder
- o Depression o Oppositional defiant disorder
- o Conduct disorder o Bi-polar disorder
- o Other: ______________________

**Appendix 2, as submitted by the authors. Appendix to: Eliason PH, Hagel BE, Palacios-Derflingher L. Bodychecking experience and rates of injury among ice hockey players aged 15–17 years. CMAJ 2022. doi: 10.1503/cmaj.211718. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.**
INJURY HISTORY:
Have you ever had a concussion (either diagnosed or not) or been “knocked out” or had your “bell rung”?  ❑ No ❑ Yes

If yes, please list below:

<table>
<thead>
<tr>
<th>Date (MM/DD/YY)</th>
<th>Sport/activity at the time</th>
<th>Time unconscious (minutes or seconds)</th>
<th>Memory loss?</th>
<th>Time loss before FULL return to sport (days)</th>
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<td>❑ No ❑ Yes</td>
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<td>❑ No ❑ Yes</td>
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</tbody>
</table>

If yes, do you have persistent problems with:

- Memory?  ❑ No ❑ Yes
- Dizziness?  ❑ No ❑ Yes
- Headaches?  ❑ No ❑ Yes

In addition to injuries listed above, have you had any injury requiring medical attention OR at least 1 day of missed participation from sport or physical activity in the past 12 months?  ❑ No ❑ Yes

If yes, please list below:

<table>
<thead>
<tr>
<th>Date (MM/DD/YY)</th>
<th>Sport/activity at the time</th>
<th>Injury type</th>
<th>Body part</th>
<th>Treatment? (eg, first aid, physio, etc.)</th>
<th>Time loss before FULL return to sport (days)</th>
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Do you have any incompletely healed injuries?  ❑ No ❑ Yes - describe: ____________________________

If yes, are you currently receiving treatment for this injury/these injuries?  ❑ No ❑ Yes - describe: ____________________________

The following questions ask about body checking in hockey. We ask that you answer as honestly as possible, without any influence from other people. Please circle the number that best matches your answer:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) I like body checking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>2) I like to be body checked.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3) My coach encourages me to body check.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4) My parents encourage me to body check.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5) My teammates encourage me to body check.</td>
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<tr>
<td>6) I could be seriously injured by a body check.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>7) I could seriously injure someone else with a body check.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8) I think body checking increases my team’s chances of winning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9) I would try to harm an opponent with a body check if it would increase my team’s chance of winning.</td>
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<td>2</td>
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<td>4</td>
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<tr>
<td>10) I think body checking should be allowed in Pee Wee hockey.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>11) I would body check another player even if I knew it would injure them</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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