

Repetitive Head Impact

This survey was adapted for Fox Insight from the “Boston University Head Impact Exposure Assessment”, which should be cited accordingly:

Montenigro et al. (2017). Cumulative head impact exposure predicts later-life depression, apathy, executive dysfunction, and cognitive impairment in former high school and college football players. *Journal of Neurotrauma*, 34, 328-340.

Mez et al. (2015). Assessing clinicopathological correlation in chronic traumatic encephalopathy: rationale and methods for the UNITE study. *Alzheimer’s Research & Therapy*, 7, 62.

Alosco et al. (2017). Utility of providing a concussion definition in the assessment of concussion history in former NFL players. *Brain Injury*, 31, 1116-1123.

The Head & Neck Injuries section of this survey (Q117-125b) includes an adaptation of the “OSU TBI Method Short Form” for self-report and, if used, should be cited accordingly:

Corrigan, J.D., Bogner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. *Journal of Head Trauma Rehabilitation*, 22(6), 318-329

Repetitive Head Impact Survey

The associations between exposure to repetitive head impacts (like those from contact sports and military service), traumatic brain injury (TBI), and risk of Parkinson's disease are poorly understood. As a Fox Insight participant, you can help to advance our understanding by sharing your experience. Our hope is that this increased understanding will help inform future clinical research studies.

This survey will ask about your athletic history, service in the military, and history of head impacts and traumatic brain injury (e.g., concussion). This survey is modified from the *Boston University Head Impact Exposure Assessment*.

Fox Insight does not actively monitor information provided. Some questions may make you feel uncomfortable. Please remember that you do not need to answer any questions that make you uncomfortable. You may take a break at any point and come back to complete the questions at a later time. Thank you for your willingness to help us advance Parkinson's disease research.

Q0.1	<p><i>Multiple choice, single answer, required</i></p> <p>Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?</p> <ul style="list-style-type: none"> a. Yes b. No
0.2	<p><i>Multiple choice, single answer, required</i></p> <p>What is your biological sex?</p> <ul style="list-style-type: none"> a. Female b. Male
0.3	<p><i>Multiple choice, single answer, required</i></p> <p>Is anyone helping you complete this questionnaire?</p> <ul style="list-style-type: none"> a. Yes b. No <p><u>Skip Logic:</u> If (b) is selected, skip to first Athletic History Q.</p>
0.4	<p><i>Multiple choice, single answer, required</i></p> <p>Who is helping you?</p> <ul style="list-style-type: none"> a. Spouse/partner b. Child c. Other family member d. Friend e. Home health aide f. Other

Athletic History

We will begin by asking you some questions about your athletic history.	
1	<p>Have you ever participated in organized sports, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Head & Neck Injuries, Q117</p>
2	<p>Did you play organized American tackle football, which includes membership on a team with scheduled practices and games (such as Pop Warner, USA football, town league, and any school team(s))? Please do not include pick-up or neighborhood games.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Soccer History, Q34</p>
3	<p>At what age did you <u>start</u> playing American football? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box restricted to numerical values from 0-99] b. Not sure c. Prefer not to answer
4	<p>At what age did you <u>stop</u> playing American football? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box restricted to numerical values from 0-99] b. Still playing c. Not sure d. Prefer not to answer
5	<p>Did you play American football professionally or semi-professionally? Please note that this DOES NOT include college football.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to College Football History, Q16</p>
6	<p>NFL History</p> <p>Did you play in the American National Football League (NFL)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q10</p>

6a	<p>How many total years did you play in the NFL?</p> <p>a. Total years: [Text box restricted to numerical values 0-40]</p> <p>b. Still playing</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p>
7	<p>What was your primary position while playing in the NFL?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q8</p>
7a	<p>Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from Q7] position? Please do not enter the percent sign (%) into the text box.</p> <p>a. Percentage (%): [Text box limited to numerical values 0-100]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>

8	<p>Did you play any other positions in the American NFL?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q10</p>
8a	<p>What was your second most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q9</p>

8b	<p>Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q8a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <p>a. Percentage (%): [Text box limited to numerical values 0-100]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
9	<p>Did you play any other positions in the American NFL?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p> <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q10</i></p>
9a	<p>What was your third most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> ○ Offensive Tackle ○ Offensive Guard ○ Offensive Center ○ Offensive Tight End ○ Other Offensive Linemen ○ Offensive Quarterback ○ Offensive Half Back ○ Offensive Full Back ○ Offensive Running Back ○ Offensive Slot Back ○ Offensive Wide Receiver ○ Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> ○ Defensive Tackle ○ Defensive End ○ Defensive Nose Guard ○ Defensive Nose Tackle ○ Other Defensive Linemen ○ Defensive Middle Linebacker ○ Defensive Strong Side Linebacker ○ Defensive Weak Side Linebacker ○ Defensive Outside Linebacker ○ Defensive Other Linebacker ○ Defensive Cornerback ○ Defensive Safety ○ Defensive Strong Safety ○ Defensive Free Safety ○ Other Defensive Back ○ Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> ○ Punter ○ Kicker ○ Kick Returner ○ Gunner ○ Wedge Buster ○ Return Blocker ○ Kick Coverage ○ FG/PAT Lineman ○ Other Special Teams ○ Not sure ○ Prefer not to answer <p><i><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q10</i></p>

9b	<p>Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q9a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
10	<p>Did you play American football professionally or semi-professionally outside of the NFL? Please note that this DOES NOT include college football.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to College Football History, Q16</i></p>
11	<p>What professional or semi-professional league(s) did you play in? (Select all that apply)</p> <ul style="list-style-type: none"> a. Australian Football League (AFL) b. Canadian Football League (CFL) c. NFL Europe d. Arena Football League e. XFL f. Other g. Not sure h. Prefer not to answer
12	<p>How many total years did you play football professionally or semi-professionally outside of the American NFL?</p> <ul style="list-style-type: none"> a. Total years: [Text box limited to numerical values from 0-40] b. Still playing c. Not sure d. Prefer not to answer

13	<p>What was your primary position while playing football professionally or semiprofessionally outside of the American NFL?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i>Skip Logic: If "not sure" or "prefer not to answer" is selected, skip to Q14</i></p>
13a	<p>Thinking of all the games you played in professionally or semi-professionally outside of the NFL, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q13]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer

14	<p>Did you play any other positions professionally or semi-professionally outside of the American NFL? Please note this DOES NOT include college football.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q16</p>
14a	<p>What is your second most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q15</p>

14b	<p>Thinking of all the games you played in professionally or semi-professionally outside of the NFL, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q14a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <p>a. Percentage (%): [Text box limited to numerical values 0-100]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
15	<p>Did you play any other positions professionally or semi-professionally outside of the American NFL? Please note this DOES NOT include college football.</p> <p>a. Yes</p> <p>b. No (If No skip to College Football History)</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p> <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q16</i></p>
15a	<p>What was your third most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer

	<i><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q16</i>
15b	<p>Thinking of all the games you played in professionally or semi-professionally outside of the NFL, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q15a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
16	<p>College Football History</p> <p>Did you play organized American tackle football at any level during college, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to High School Football History, Q24</i></p>
17	<p>At what level(s) did you play American tackle football in college? (Select all that apply)</p> <ul style="list-style-type: none"> a. Club b. Intramural c. Recreational d. Varsity
18	<p>What division was your school in?</p> <ul style="list-style-type: none"> a. Division I/Football Bowl Subdivision (FBS) b. Division IAA/Football Championship Subdivision (FCS) c. Division II d. Division III e. National Association of Intercollegiate Athletics (NAIA) f. Other g. Not sure h. Prefer not to answer
19	<p>How many <u>fall</u> seasons did you play tackle football in college? “Fall seasons” refers to regular seasons, which include late summer preseason through playoffs.</p> <ul style="list-style-type: none"> a. Number of fall seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
20	<p>How many <u>spring</u> seasons did you play tackle football in college? “Spring seasons” refers to additional seasons with pads on.</p> <ul style="list-style-type: none"> a. Number of spring seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer

21	<p>What was your primary position while playing tackle football in college?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i>Skip Logic: If "not sure" or "prefer not to answer" is selected, skip to Q22</i></p>
21a	<p>Thinking of all the games you played in in college, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q21a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer

22	<p>Did you play any other positions while playing American tackle football in college?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to High School Football History, Q24</i></p>
22a	<p>What was your second most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i>Skip Logic: If “not sure” or “prefer not to answer” is selected, skip to Q23</i></p>
22b	<p>Thinking of all the games you played in in college, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q22a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer

23	<p>Did you play any other positions while playing American tackle football in college?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to High School Football History, Q24</p>
23a	<p>What was your third most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q24</p>

23b	<p>Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q23a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
24	<p>High School Football History</p> <p>Did you play organized American tackle football in high school, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Youth Football History, Q30</i></p>
25	<p>How many fall seasons did you play tackle football in high school? "Fall seasons" refers to regular seasons, which include late summer preseason through playoffs.</p> <ul style="list-style-type: none"> a. Number of fall seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
26	<p>How many spring seasons did you play tackle football in high school? "Spring seasons" refers to additional seasons with pads on.</p> <ul style="list-style-type: none"> a. Number of spring seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer

27

What was your primary position while playing American tackle football in high school?

Offensive

- ☐ Offensive Tackle
- ☐ Offensive Guard
- ☐ Offensive Center
- ☐ Offensive Tight End
- ☐ Other Offensive Linemen
- ☐ Offensive Quarterback
- ☐ Offensive Half Back
- ☐ Offensive Full Back
- ☐ Offensive Running Back
- ☐ Offensive Slot Back
- ☐ Offensive Wide Receiver
- ☐ Other Offensive

Defensive

- ☐ Defensive Tackle
- ☐ Defensive End
- ☐ Defensive Nose Guard
- ☐ Defensive Nose Tackle
- ☐ Other Defensive Linemen
- ☐ Defensive Middle Linebacker
- ☐ Defensive Strong Side Linebacker
- ☐ Defensive Weak Side Linebacker
- ☐ Defensive Outside Linebacker
- ☐ Defensive Other Linebacker
- ☐ Defensive Cornerback
- ☐ Defensive Safety
- ☐ Defensive Strong Safety
- ☐ Defensive Free Safety
- ☐ Other Defensive Back
- ☐ Other Defensive

Special Teams

- ☐ Punter
- ☐ Kicker
- ☐ Kick Returner
- ☐ Gunner
- ☐ Wedge Buster
- ☐ Return Blocker
- ☐ Kick Coverage
- ☐ FG/PAT Lineman
- ☐ Other Special Teams
- ☐ Not sure
- ☐ Prefer not to answer

Skip Logic: If “not sure” or “prefer not to answer” is selected, skip to Q28

27a	<p>Thinking of all the games you played in high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q27]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
28	<p>Did you play any other positions while playing American tackle football in high school?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to High School Football History, Q30</i></p>
28a	<p>What was your second most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q29</i></p>

28b	<p>Thinking of all the games you played in high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q28]</u> position? Please do not enter the percent sign (%) into the text box.</p> <p>a. Percentage (%): [Text box limited to numerical values 0-100]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
29	<p>Did you play any other positions while playing American tackle football in high school?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p> <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Youth Football History, Q30</i></p>
29a	<p>What was your third most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i><u>Skip Logic:</u> If "not sure" or "prefer not to answer" is selected, skip to Q30</i></p>

29b	<p>Thinking of all the games you played in high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q29]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
30	<p>Youth Football History</p> <p>Did you play organized American tackle football before high school, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Soccer History, Q34</i></p>
30a	<p>How many <u>fall</u> seasons did you play tackle football <u>before</u> high school? "Fall seasons" refers to regular seasons, which include late summer preseason through playoffs.</p> <ul style="list-style-type: none"> a. Number of fall seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
30b	<p>How many <u>spring</u> seasons did you play tackle football <u>before</u> high school? "Spring seasons" refers to additional seasons with pads on.</p> <ul style="list-style-type: none"> a. Number of spring seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
31	<p>What was your primary position before high school?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety

	<ul style="list-style-type: none"> ○ Defensive Free Safety ○ Other Defensive Back ○ Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> ○ Punter ○ Kicker ○ Kick Returner ○ Gunner ○ Wedge Buster ○ Return Blocker ○ Kick Coverage ○ FG/PAT Lineman ○ Other Special Teams ○ Not sure ○ Prefer not to answer <p><u>Skip Logic:</u> If “not sure” or “prefer not to answer” is selected, skip to Q32</p>
31a	<p>Thinking of all the games you played before high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q31]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
32	<p>Did you play any other positions while playing American tackle football before high school?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Soccer History, Q34</p>

32a	<p>What was your second most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i>Skip Logic: If "not sure" or "prefer not to answer" is selected, skip to Q33</i></p>
32b	<p>Thinking of all the games you played before high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q32a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer
33	<p>Did you play any other positions while playing American tackle football before high school?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Soccer History, Q34</i></p>

33a	<p>What was your third most played position?</p> <p>Offensive</p> <ul style="list-style-type: none"> <input type="radio"/> Offensive Tackle <input type="radio"/> Offensive Guard <input type="radio"/> Offensive Center <input type="radio"/> Offensive Tight End <input type="radio"/> Other Offensive Linemen <input type="radio"/> Offensive Quarterback <input type="radio"/> Offensive Half Back <input type="radio"/> Offensive Full Back <input type="radio"/> Offensive Running Back <input type="radio"/> Offensive Slot Back <input type="radio"/> Offensive Wide Receiver <input type="radio"/> Other Offensive <p>Defensive</p> <ul style="list-style-type: none"> <input type="radio"/> Defensive Tackle <input type="radio"/> Defensive End <input type="radio"/> Defensive Nose Guard <input type="radio"/> Defensive Nose Tackle <input type="radio"/> Other Defensive Linemen <input type="radio"/> Defensive Middle Linebacker <input type="radio"/> Defensive Strong Side Linebacker <input type="radio"/> Defensive Weak Side Linebacker <input type="radio"/> Defensive Outside Linebacker <input type="radio"/> Defensive Other Linebacker <input type="radio"/> Defensive Cornerback <input type="radio"/> Defensive Safety <input type="radio"/> Defensive Strong Safety <input type="radio"/> Defensive Free Safety <input type="radio"/> Other Defensive Back <input type="radio"/> Other Defensive <p>Special Teams</p> <ul style="list-style-type: none"> <input type="radio"/> Punter <input type="radio"/> Kicker <input type="radio"/> Kick Returner <input type="radio"/> Gunner <input type="radio"/> Wedge Buster <input type="radio"/> Return Blocker <input type="radio"/> Kick Coverage <input type="radio"/> FG/PAT Lineman <input type="radio"/> Other Special Teams <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer <p><i>Skip Logic: If "not sure" or "prefer not to answer" is selected, skip to Q34</i></p>
33b	<p>Thinking of all the games you played before high school, about what percentage of all the downs were you in the game at the <u>[auto-populate answer choice from Q33a]</u> position? Please do not enter the percent sign (%) into the text box.</p> <ul style="list-style-type: none"> a. Percentage (%): [Text box limited to numerical values 0-100] b. Not sure c. Prefer not to answer

Soccer History

This section of the survey will ask you about your experiences playing organized soccer.

34	<p>Did you play organized soccer at any level, which includes membership on a team with scheduled practices (not including pick-up or neighborhood games)?</p> <ul style="list-style-type: none">a. Yesb. Noc. Not sured. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Hockey History, Q67</i></p>
35	<p>At what age did you <u>start</u> playing soccer? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none">a. Age: [Text box limited to numerical values 0-99]b. Not surec. Prefer not to answer
36	<p>At what age did you <u>stop</u> playing soccer? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none">a. Age: [Text box limited to numerical values 0-99]b. Still playingc. Not sured. Prefer not to answer
37	<p>Professional Soccer History</p> <p>Did you play soccer professionally?</p> <ul style="list-style-type: none">a. Yesb. Noc. Not sured. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to National Soccer Level History, Q42</i></p>
38	<p>What league(s) did you play in? (Select all that apply)</p> <p>Women's</p> <ul style="list-style-type: none">○ USL League One (USL1)○ National Women's Soccer League (NWSL)○ United States Adult Soccer Association (USA SA)○ United Women's Soccer (UWS)○ Women's Premier Soccer League (WPSL)○ Other Women's United States Professional league○ Other Women's International Professional league <p>Men's</p> <ul style="list-style-type: none">○ Major League Soccer (MLS)○ National Independent Soccer Association (NISA)○ North American Soccer League (NASL)○ USL Championship (USLC)○ Other Men's United States Professional league○ Other Men's International Professional league○ Not sure○ Prefer not to answer

39	<p>How many years did you play soccer professionally?</p> <p>a. Years: [Text box limited to numerical values 0-40]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
40	<p>What was your primary position while playing soccer professionally?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
41	<p>Did you participate in heading drills when you played professionally?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p>
42	<p>National Soccer History</p> <p>Did you play soccer for a national team? (Check all that apply)</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p> <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Semi-Professional/Junior Level Soccer History, Q46</i></p>
42a	<p>What league(s) did you play in? (Select all that apply)</p> <p>Women's:</p> <ul style="list-style-type: none"> <input type="radio"/> United States Women's National Soccer Team (USWNT) <input type="radio"/> Other International Women's Soccer Team <p>Men's:</p> <ul style="list-style-type: none"> <input type="radio"/> United States Men's National Soccer Team (USWNT) <input type="radio"/> Other International Men's Soccer Team <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer

43	<p>How many years did you play soccer on a national team?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
44	<p>What was your primary position while playing soccer on the national team?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
45	<p>Did you participate in heading drills when you played on the national team?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
46	<p>Semi-Professional/Junior Level Soccer History</p> <p>Did you play soccer semi-professionally or at the junior level? Please note that this DOES NOT include college or high school teams.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to College Level Soccer History, Q50</i></p>
47	<p>How many years did you play soccer semi-professionally or at the junior level?</p> <ul style="list-style-type: none"> <input type="radio"/> Years: [Text box limited to numerical values 0-40] <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer

48	<p>What was your primary position while playing soccer semi-professionally or at the junior level?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
49	<p>Did you participate in heading drills at the semi-professional or junior level?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
50	<p>College Level Soccer History</p> <p>Did you play soccer in college? Please exclude years already recorded at semi-professional or junior level.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to High School Level Soccer History, Q55</p>

51	<p>In what league/division did you play soccer in college?</p> <ul style="list-style-type: none"> <input type="radio"/> I/FBS <input type="radio"/> IAA/FCS <input type="radio"/> II <input type="radio"/> III <input type="radio"/> Club <input type="radio"/> Intramural <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
52	<p>How many years did you play soccer in college?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
53	<p>What was your primary position while playing soccer in college?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
54	<p>Did you participate in heading drills at the college level?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
55	<p>High School Level Soccer History</p> <p>Did you play soccer for your high school team? Please do not include years already recorded at semi-professional or junior level.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Q57</p>

56	<p>How many seasons did you play soccer for your <u>high school team</u>? If you didn't play in college, also include years played after high school.</p> <p>a. Number of seasons: [Text box limited to numerical values 0-8]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
57	<p>Did you play soccer for a <u>club or town team</u> during your high school years? Please do not include years already recorded at semi-professional or junior level.</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p> <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Youth Soccer History, Q62</i></p>
58	<p>For how many seasons did you play soccer for a <u>club team</u> during your high school years? If you didn't play in college, also include years played after high school.</p> <p>a. Number of seasons: [Text box limited to numerical values 0-8]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
59	<p>For how many seasons did you play soccer for a <u>town or similar team</u> (not including "club" counted previously) during your high school years? If you didn't play in college, also include years played after high school.</p> <p>a. Number of seasons: [Text box limited to numerical values 0-8]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
60	<p>What was your primary position while playing soccer during your high school years?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
61	<p>Did you participate in heading drills at the high school level?</p> <p>a. Yes</p> <p>b. No</p> <p>c. Not sure</p> <p>d. Prefer not to answer</p>

62	<p>Youth Level Soccer History</p> <p>Did you play organized soccer, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games), prior to high school?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Hockey History, Q67</i></p>
63	<p>For how many seasons did you play soccer for a <u>club</u> team prior to high school?</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
64	<p>For how many seasons did you play soccer for a <u>town team or other similar</u> (not including club team) prior to high school?</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
65	<p>What was your primary position while playing soccer prior to high school?</p> <ul style="list-style-type: none"> <input type="radio"/> Center-back <input type="radio"/> Sweeper <input type="radio"/> Full-back/Right-back/Left-back <input type="radio"/> Wingback <input type="radio"/> Other Defender <input type="radio"/> Midfielder <input type="radio"/> Center Midfielder <input type="radio"/> Defensive Midfielder <input type="radio"/> Winger <input type="radio"/> Forward <input type="radio"/> Striker <input type="radio"/> Secondary Striker <input type="radio"/> Goalie <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
66	<p>Did you participate in heading drills at the youth level?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer

Hockey History

67	<p>Did you play organized hockey at any level?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Boxing History, Q93</i></p>
68	<p>At what age did you <u>start</u> playing hockey? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
69	<p>At what age did you <u>stop</u> playing hockey? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Still Playing c. Not sure d. Prefer not to answer
70	<p>Professional Hockey History</p> <p>Did you play hockey professionally? Please note that professional hockey refers ONLY to the National Hockey League (NHL), American Hockey League (AHL), and ECHL.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Semi-Professional/Junior Level Hockey History, Q75</i></p>
71	<p>What league(s) did you play in? (Check all that apply)</p> <ul style="list-style-type: none"> a. National Hockey League (NHL) b. American Hockey League (AHL) c. ECHL d. Other e. Not sure f. Prefer not to answer
72	<p>How many years did you play hockey professionally?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer

73	<p>What was your primary position while playing hockey professionally?</p> <ul style="list-style-type: none"> <input type="radio"/> Left Wing <input type="radio"/> Right Wing <input type="radio"/> Wing <input type="radio"/> Forward <input type="radio"/> Center <input type="radio"/> Left Defensemen <input type="radio"/> Right Defensemen <input type="radio"/> Defensemen <input type="radio"/> Goalie <input type="radio"/> Not sure <input type="radio"/> Other <input type="radio"/> Prefer not to answer
74	<p>Were you ever an enforcer while playing hockey professionally?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
75	<p>Semi-Professional/Junior Level Hockey History</p> <p>Did you play hockey semi-professionally or at the junior level? Please note that this DOES NOT include college or high school teams.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to College Level Hockey History, Q79</i></p>
76	<p>How many years did you play hockey semi-professionally or at the junior level?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
77	<p>What was your primary position while playing hockey semi-professionally or at the junior level?</p> <ul style="list-style-type: none"> <input type="radio"/> Left Wing <input type="radio"/> Right Wing <input type="radio"/> Wing <input type="radio"/> Forward <input type="radio"/> Center <input type="radio"/> Left Defensemen <input type="radio"/> Right Defensemen <input type="radio"/> Defensemen <input type="radio"/> Goalie <input type="radio"/> Not sure <input type="radio"/> Other <input type="radio"/> Prefer not to answer

78	<p>Were you ever an enforcer while playing hockey semi-professionally or at the junior level?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
79	<p>College Level Hockey History</p> <p>Did you play hockey in college? Please exclude years already recorded at semi-professional or junior level.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to High School Level Hockey History, Q83</i></p>
80	<p>In what league/division did you play while playing hockey in college?</p> <ul style="list-style-type: none"> a. Division I b. Division II c. Division III d. National Association of Intercollegiate Athletics (NAIA) e. Other f. Not sure g. Prefer not to answer
81	<p>For how many years did you play hockey in college?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
82	<p>What was your primary position while playing hockey in college?</p> <ul style="list-style-type: none"> ○ Left Wing ○ Right Wing ○ Wing ○ Forward ○ Center ○ Left Defensemen ○ Right Defensemen ○ Defensemen ○ Goalie ○ Not sure ○ Other ○ Prefer not to answer

83	<p>High School Level Hockey History</p> <p>Did you play hockey for your <u>high school team</u>? Please do not include years already recorded at semi-professional or junior level.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Q85</i></p>
84	<p>For how many seasons did you play hockey for your <u>high school team</u>? If you didn't play in college, also include years played after high school.</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
85	<p>Did you play hockey for a <u>club or town team</u> during your high school years? If you didn't play in college, also include years played after high school.</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Youth Hockey History, Q89</i></p>
86	<p>For how many seasons did you play hockey for a <u>club team</u> during your high school years? If you didn't play in college, also include years played after high school.</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
87	<p>For how many seasons did you play hockey for a <u>town or similar team</u> (not including "club" counted previously) during your high school years? If you didn't play in college, also include years played after high school.</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-8] b. Not sure c. Prefer not to answer
88	<p>What was your primary position while playing hockey during your high school years?</p> <ul style="list-style-type: none"> ○ Left Wing ○ Right Wing ○ Wing ○ Forward ○ Center ○ Left Defensemen ○ Right Defensemen ○ Defensemen ○ Goalie ○ Not sure ○ Other ○ Prefer not to answer

89	<p>Youth Level Hockey History</p> <p>Did you play organized hockey, which includes membership on a team with scheduled practices and games (excluding pick-up and neighborhood games) prior to high school?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Boxing History, Q93</i></p>
90	<p>For how many seasons did you play <u>club</u> hockey prior to high school?</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
91	<p>For how many seasons did you play <u>town or other similar</u> (not including club counted previously) hockey prior to high school? Please do not include club hockey</p> <ul style="list-style-type: none"> a. Number of seasons: [Text box limited to numerical values 0-15] b. Not sure c. Prefer not to answer
92	<p>What was your primary position while playing hockey prior to high school?</p> <ul style="list-style-type: none"> <input type="radio"/> Left Wing <input type="radio"/> Right Wing <input type="radio"/> Wing <input type="radio"/> Forward <input type="radio"/> Center <input type="radio"/> Left Defensemen <input type="radio"/> Right Defensemen <input type="radio"/> Defensemen <input type="radio"/> Goalie <input type="radio"/> Not sure <input type="radio"/> Other <input type="radio"/> Prefer not to answer

Boxing History

93	<p>Were you ever a boxer?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Other Sports History, Q99</i></p>
94	<p>At what age did you <u>start</u> boxing? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
95	<p>At what age did you <u>stop</u> boxing? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Still boxing c. Not sure d. Prefer not to answer

96	<p>How many total years did you box?</p> <ul style="list-style-type: none"> a. Total years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
97	<p>How many total amateur fights did you compete in?</p> <ul style="list-style-type: none"> a. Total amateur fights: [Text box limited to numerical values 0-200] b. Not sure c. Prefer not to answer
98	<p>How many total professional fights did you compete in?</p> <ul style="list-style-type: none"> a. Total professional fights: [Text box limited to numerical values 0-200] b. Not sure c. Prefer not to answer

Other Sports History

99	<p>Did you play any other organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Head & Neck Injuries, Q117</p>
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100	<p>What was your next major organized sport?</p> <ul style="list-style-type: none"> <input type="radio"/> Amateur Wrestling <input type="radio"/> Auto Racing <input type="radio"/> Bandy <input type="radio"/> Baseball <input type="radio"/> Basketball <input type="radio"/> Bodybuilding <input type="radio"/> Bowling <input type="radio"/> Bull Riding <input type="radio"/> Distance Running <input type="radio"/> Crew <input type="radio"/> Cross Country <input type="radio"/> Cycling <input type="radio"/> Decathlon <input type="radio"/> Diving <input type="radio"/> Equestrian <input type="radio"/> Field Hockey <input type="radio"/> Flag Football <input type="radio"/> Floor Hockey <input type="radio"/> Golf <input type="radio"/> Gymnastics <input type="radio"/> Horse Jumping <input type="radio"/> Ice Skating <input type="radio"/> Inline Skating <input type="radio"/> Karate <input type="radio"/> Kickball <input type="radio"/> Lacrosse <input type="radio"/> Martial Arts <input type="radio"/> Mixed Martial Arts (MMA) <input type="radio"/> Motorcycle Racing <input type="radio"/> Mountaineering <input type="radio"/> Parachuting <input type="radio"/> Pentathlon <input type="radio"/> Power Lifting <input type="radio"/> Entertainment Wrestling <input type="radio"/> Racquetball <input type="radio"/> Roller Hockey <input type="radio"/> Rugby <input type="radio"/> Skiing <input type="radio"/> Snowboarding <input type="radio"/> Soccer <input type="radio"/> Softball <input type="radio"/> Squash <input type="radio"/> Strongman <input type="radio"/> Swimming <input type="radio"/> Tennis <input type="radio"/> Track and Field <input type="radio"/> Triathlon <input type="radio"/> Ultimate Frisbee <input type="radio"/> Water Polo <input type="radio"/> Water Skiing <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Prefer not to answer
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101	<p>At what age did you start participating in [auto-populate answer choice from Q100]? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
102	<p>At what age did you stop competing in [auto-populate answer choice from Q100]? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Still playing c. Not sure d. Prefer not to answer
103	<p>How many total years did you compete in [auto-populate answer choice from Q100]? </p> <ul style="list-style-type: none"> a. Total years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
104	<p>What was your primary position while playing [auto-populate answer choice from Q100]? If the sport does not have positions (e.g. golf/tennis) please select “not applicable”.</p> <ul style="list-style-type: none"> a. Primary position: [Text box limited to text only (non-numeric)] b. Not applicable c. Not sure d. Prefer not to answer
105	<p>Did you play any other organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Head & Neck Injuries, Q117</p>

106

What was your next major organized sport?

- ☐ Amateur Wrestling
- ☐ Auto Racing
- ☐ Bandy
- ☐ Baseball
- ☐ Basketball
- ☐ Bodybuilding
- ☐ Bowling
- ☐ Bull Riding
- ☐ Distance Running
- ☐ Crew
- ☐ Cross Country
- ☐ Cycling
- ☐ Decathlon
- ☐ Diving
- ☐ Equestrian
- ☐ Field Hockey
- ☐ Flag Football
- ☐ Floor Hockey
- ☐ Golf
- ☐ Gymnastics
- ☐ Horse Jumping
- ☐ Ice Skating
- ☐ Inline Skating
- ☐ Karate
- ☐ Kickball
- ☐ Lacrosse
- ☐ Martial Arts
- ☐ Mixed Martial Arts (MMA)
- ☐ Motorcycle Racing
- ☐ Mountaineering
- ☐ Parachuting
- ☐ Pentathlon
- ☐ Power Lifting
- ☐ Entertainment Wrestling
- ☐ Racquetball
- ☐ Roller Hockey
- ☐ Rugby
- ☐ Skiing
- ☐ Snowboarding
- ☐ Soccer
- ☐ Softball
- ☐ Squash
- ☐ Strongman
- ☐ Swimming
- ☐ Tennis
- ☐ Track and Field
- ☐ Triathlon
- ☐ Ultimate Frisbee
- ☐ Water Polo
- ☐ Water Skiing
- ☐ Other
- ☐ Prefer not to answer

107	<p>At what age did you <u>start</u> participating in [auto-populate answer choice from Q106]? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
108	<p>At what age did you <u>stop</u> competing in [auto-populate answer choice from Q106]? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Still playing c. Not sure d. Prefer not to answer
109	<p>How many total years did you compete in [auto-populate answer choice from Q106]?</p> <ul style="list-style-type: none"> a. Total years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
110	<p>What was your primary position while playing [auto-populate answer choice from Q106]? If the sport does not have positions (e.g. golf/tennis) please select “not applicable”.</p> <ul style="list-style-type: none"> a. Primary position: [Text box] b. Not applicable c. Not sure d. Prefer not to answer
111	<p>Did you play any other organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Head & Neck Injuries, Q117</p>

112	<p>What was your next major organized sport?</p> <ul style="list-style-type: none"> <input type="radio"/> Amateur Wrestling <input type="radio"/> Auto Racing <input type="radio"/> Bandy <input type="radio"/> Baseball <input type="radio"/> Basketball <input type="radio"/> Bodybuilding <input type="radio"/> Bowling <input type="radio"/> Bull Riding <input type="radio"/> Distance Running <input type="radio"/> Crew <input type="radio"/> Cross Country <input type="radio"/> Cycling <input type="radio"/> Decathlon <input type="radio"/> Diving <input type="radio"/> Equestrian <input type="radio"/> Field Hockey <input type="radio"/> Flag Football <input type="radio"/> Floor Hockey <input type="radio"/> Golf <input type="radio"/> Gymnastics <input type="radio"/> Horse Jumping <input type="radio"/> Ice Skating <input type="radio"/> Inline Skating <input type="radio"/> Karate <input type="radio"/> Kickball <input type="radio"/> Lacrosse <input type="radio"/> Martial Arts <input type="radio"/> Mixed Martial Arts (MMA) <input type="radio"/> Motorcycle Racing <input type="radio"/> Mountaineering <input type="radio"/> Parachuting <input type="radio"/> Pentathlon <input type="radio"/> Power Lifting <input type="radio"/> Entertainment Wrestling <input type="radio"/> Racquetball <input type="radio"/> Roller Hockey <input type="radio"/> Rugby <input type="radio"/> Skiing <input type="radio"/> Snowboarding <input type="radio"/> Soccer <input type="radio"/> Softball <input type="radio"/> Squash <input type="radio"/> Strongman <input type="radio"/> Swimming <input type="radio"/> Tennis <input type="radio"/> Track and Field <input type="radio"/> Triathlon <input type="radio"/> Ultimate Frisbee <input type="radio"/> Water Polo <input type="radio"/> Water Skiing <input type="radio"/> Other <input type="radio"/> Prefer not to answer
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113	At what age did you <u>start</u> participating in [auto-populate answer choice from Q112]? If you are unsure of the exact age, please make your best guess. a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
114	At what age did you <u>stop</u> competing in [auto-populate answer choice from Q112]? If you are unsure of the exact age, please make your best guess. a. Age: [Text box limited to numerical values 0-99] b. Still playing c. Not sure d. Prefer not to answer
115	How many total years did you compete in [auto-populate answer choice from Q112]? a. Total years: [Text box limited to numerical values 0-40] b. Not sure c. Prefer not to answer
116	What was your primary position while playing [auto-populate answer choice from Q112]? If the sport does not have positions (e.g. golf/tennis) please select “not applicable”. a. Primary position: [Text box limited to text only (non-numeric)] b. Not applicable c. Not sure d. Prefer not to answer

Head & Neck Injuries

This section of the survey was adapted from the *Ohio State University Traumatic Brain Injury Identification Method*, a widely used and standardized way of assessing lifetime history of head injury. These questions will ask you about head and neck injuries that you may have had over the course of your lifetime.

117	In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. a. No b. Yes c. Not sure d. Prefer not to answer
118	In your lifetime, have you ever injured your head or neck in a car accident or from some other moving vehicle accident (e.g. motorcycle, ATV)? a. No b. Yes c. Not sure d. Prefer not to answer

119	<p>In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (e.g., falling from a bike, horse, rollerblades, falling on ice, being hit by a rock)? Have you ever been injured playing sports or on the playground?</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer
120	<p>In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone or being shaken violently? Have you ever been shot in the head?</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer
121	<p>Have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer
122	<p>Were you knocked out or unconscious following any of the <u>injuries</u> you mentioned previously?</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer <p><i><u>Skip/Display Logic:</u> If (a) is selected for all Q117-121, then skip to Q126. Display if answered "Yes" to any of the Qs 117-121.</i></p>
123	<p>Were you dazed or had a gap in your memory from the injury(ies) you mentioned previously? Please do not include being dazed or having a gap in your memory from alcohol blackouts.</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer
124	<p>In your lifetime, how many times did you experience a loss of consciousness ("knocked out") due to injury?</p> <ul style="list-style-type: none"> a. Number of times: [Text box limited to numerical values 0-50] b. Not sure c. Prefer not to answer

124a	<p>For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.</p> <table border="1" data-bbox="212 348 1529 725"> <thead> <tr> <th data-bbox="212 348 922 410">Age</th><th data-bbox="922 348 1529 410">Time Unconscious (Minutes)</th></tr> </thead> <tbody> <tr><td data-bbox="212 410 922 472"></td><td data-bbox="922 410 1529 472"></td></tr> <tr><td data-bbox="212 472 922 534"></td><td data-bbox="922 472 1529 534"></td></tr> <tr><td data-bbox="212 534 922 595"></td><td data-bbox="922 534 1529 595"></td></tr> <tr><td data-bbox="212 595 922 657"></td><td data-bbox="922 595 1529 657"></td></tr> <tr><td data-bbox="212 657 922 719"></td><td data-bbox="922 657 1529 719"></td></tr> </tbody> </table> <p><i>Display Logic: Display if answer to Q124 is greater than 0. Display each row (up to 5) based on number of injuries reported in Q124</i></p>	Age	Time Unconscious (Minutes)										
Age	Time Unconscious (Minutes)												
124b	<p>Thinking back to all the times you were knocked out, how many times were you knocked out for 30 minutes or longer?</p> <ul style="list-style-type: none"> a. Number of times: [Text box limited to numerical values] b. Not sure c. Prefer not to answer <p><i>Display Logic: Display if answer to Q124 is greater than 5</i></p>												
125	<p>Have you ever lost consciousness from a drug overdose or being choked?</p> <ul style="list-style-type: none"> a. No b. Yes c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (a), (c), or (d) is selected, skip to Concussion History, Q126</i></p>												
125a	<p>How many times did you lose consciousness from a drug overdose?</p> <ul style="list-style-type: none"> a. Number of times: [Text entry limited to numerical values 0-50] b. Not sure c. Prefer not to answer 												
125b	<p>How many times did you lose consciousness from being choked?</p> <ul style="list-style-type: none"> a. Number of times: [Text entry limited to numerical values 0-50] b. Not sure c. Prefer not to answer 												

Concussion History

Next, we'll be defining what a concussion is and asking you a series of questions regarding concussions you may have had in your lifetime.

126	<p><i>Some people have the misconception that concussions only happen when you black out after a hit to the head or when the symptoms last for a while. But, in reality, a concussion has occurred anytime you have had a blow to the head that caused you to have symptoms for any amount of time. These include: blurred or double vision, seeing stars, sensitivity to light or noise, headache, dizziness or balance problems, nausea, vomiting, trouble sleeping, fatigue, confusion, difficulty remembering, difficulty concentrating, or loss of consciousness. Whenever anyone gets a “ding” or their “bell rung,” that too is a concussion.</i></p> <p>Based on that definition of a concussion, have you ever had a concussion during your life?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><u><i>Skip Logic:</i></u> <i>If (b), (c), or (d) is selected, skip to Military History, Q134</i></p>
126a	<p>As best as you can remember, how many total concussions did you have during your life?</p> <ul style="list-style-type: none"> a. Total number of concussions: [Text box limited to numerical values] b. Not sure c. Prefer not to answer
127	<p>How old were you when you experienced your first concussion? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-50] b. Not sure c. Prefer not to answer
128	<p>How many concussions have you had in the past two years?</p> <ul style="list-style-type: none"> a. Total number of concussions: [Text box limited to numerical values 0-99] b. Not applicable c. Not sure d. Prefer not to answer
129	<p>How many concussions did you have while playing organized sports?</p> <ul style="list-style-type: none"> a. Total number of concussions: [Text box limited to numerical values 0-99] b. Not applicable c. Not sure d. Prefer not to answer <p><u><i>Display Logic:</i></u> <i>If (a) was selected for Q1</i></p>

130	<p>How many concussions did you have while playing in the American NFL?</p> <ul style="list-style-type: none"> a. Number of concussions: [Text box limited to numerical values 0-50] b. Not applicable c. Not sure d. Prefer not to answer <p><u>Display Logic:</u> If (a) was selected for Q6</p>
131	<p>How many concussions did you have while playing in non-NFL professional or semi-professional American football (not including college)?</p> <ul style="list-style-type: none"> a. Number of concussions: [Text box limited to numerical values 0-50] b. Not applicable c. Not sure d. Prefer not to answer <p><u>Display Logic:</u> If (a) was selected for Q10</p>
132	<p>How many concussions did you have while playing football in college?</p> <ul style="list-style-type: none"> a. Number of concussions: [Text box limited to numerical values 0-50] b. Not applicable c. Not sure d. Prefer not to answer <p><u>Display Logic:</u> If (a) was selected for Q16</p>
133	<p>Did a health care provider (including athletic trainer) ever diagnose you with Post-Concussion Syndrome?</p> <ul style="list-style-type: none"> a. Yes b. No c. Unsure d. Refuse <p><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to Military History, Q134</p>
133a	<p>How many times did you receive a diagnosis of Post-Concussion Syndrome?</p> <ul style="list-style-type: none"> a. Number of times: [Text box limited to numerical values 0-50] b. Not sure c. Prefer not to answer
133b	<p>How old were you when you were <u>first</u> diagnosed with Post-Concussion Syndrome? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
133c	<p>How old were you when you were <u>last</u> diagnosed with Post-Concussion Syndrome? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer <p><u>Display Logic:</u> Display if answer to Q133a is greater than or equal to 2.</p>

133d	<p>Does your health care provider think that you currently have post-concussion syndrome?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
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Military History

Next, you will be asked questions regarding any military history. Some questions may make you feel uncomfortable. Please remember that you do not need to answer any questions that make you uncomfortable. You may take a break at any point and come back to complete the questions at a later time. Fox Insight does not actively monitor information provided.

134	<p>Did you ever serve in the United States (U.S.) military?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i><u>Skip Logic:</u> If (b), (c), or (d) is selected, skip to end of survey</i></p>
135	<p>In which branch of the U.S. military did you serve?</p> <ul style="list-style-type: none"> ○ Air Force ○ Air Force Reserve ○ Army ○ Army Reserve ○ Army National Guard ○ Coast Guard ○ Coast Guard Reserve ○ Marine Corps ○ Marine Corps Reserve ○ Navy ○ Navy Reserve ○ Not sure ○ Other ○ Prefer not to answer
136	<p>How old were you when you entered the U.S. military? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Not sure c. Prefer not to answer
137	<p>How old were you when you left the U.S. military? If you are unsure of the exact age, please make your best guess.</p> <ul style="list-style-type: none"> a. Age: [Text box limited to numerical values 0-99] b. Still in the military c. Not sure d. Prefer not to answer

138	<p>Did you experience “Combatant” training while in the U.S. military?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
139	<p>Did you experience “Breaching” training while in the U.S. military?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
140	<p>Did you experience Counter-IED training while in the U.S. military?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer
141	<p>Did you experience any combat situations while in the U.S. military?</p> <ul style="list-style-type: none"> a. Yes b. No c. Not sure d. Prefer not to answer <p><i>Skip Logic: If (b), (c), or (d) is selected, skip to Military TBI, Q142</i></p>
141a	<p>How many years of combat did you have?</p> <ul style="list-style-type: none"> a. Years: [Text box limited to numerical values 0-50] b. Not sure c. Prefer not to answer
141b	<p>Where did you see combat?</p> <ul style="list-style-type: none"> a. Please specify: [Text box] b. Not sure c. Prefer not to answer

Military TBI

Next, you will be asked questions regarding any traumatic brain injuries you may have experienced during your time with the military. Some questions may make you feel uncomfortable. Please remember that you do not need to answer any questions that make you uncomfortable. You may take a break at any point and come back to complete the questions at a later time. Fox Insight does not actively monitor information provided.

142	<p>How many head injuries did you receive in the U.S. military?</p> <ul style="list-style-type: none"> a. Number of injuries: [Text box limited to numerical values 0-50] b. Not sure c. Prefer not to answer <p><i>Skip Logic: If (b) or (c) is selected, skip to Q144a</i></p>
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143	<p>How many head injuries penetrated the skull, such as by a bullet or shrapnel?</p> <p>a. Number of injuries: [Text box limited to numerical values 0-50]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
144	<p>How many head injuries were a result of a blast injury?</p> <p>a. Number of injuries: [Text box limited to numerical values 0-50]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p> <p><i>Skip Logic: If (b) or (c) is selected, skip to end of survey</i></p>
144a	<p>How many blasts were you exposed to within 25-100 meters (or about 81-330 feet)?</p> <p>a. Number of blasts: [Text box limited to numerical values 0-99]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
144b	<p>How many blasts were you exposed to within 10-25 meters (or about 30-80 feet)?</p> <p>a. Number of blasts: [Text box limited to numerical values 0-99]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
144c	<p>How many blasts were you exposed to within less than 10 meters (or less than 30 feet)?</p> <p>a. Number of blasts: [Text box limited to numerical values 0-99]</p> <p>b. Not sure</p> <p>c. Prefer not to answer</p>
<p>End of Survey</p> <p>Thank you for sharing your experiences with repetitive head impacts. Please click on the next arrow below (>>) to submit your responses and be redirected to the Fox Insight website.</p>	