

# COMPETITIVE NETBALL SCREENING QUESTIONNAIRE



The information you provide in this questionnaire will be used to assess whether you are at risk of injury and, in case of injury, to contact your next of kin. It is confidential and will not be shown to anyone except the team coaching staff.

## 1 PERSONAL DETAILS

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Date this form was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

## 2 NEXT OF KIN (EMERGENCY PURPOSES ONLY)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

## 3 HEALTH HISTORY

Do you have any medical condition(s)/disability?  
 If the answer is "yes", please list the condition and any medication you take for it.

| Condition/disability<br><i>eg. asthma, heart disease, diabetes, epilepsy, HIV, anaemia, haemophilia, arthritis, viral illness, hepatitis A, B or C</i> | Medication<br><i>eg. tablets, inhalers, creams (give drug names)</i> | Frequency<br><i>eg. twice daily, only with symptoms</i> |
|--|--|---|
|  |  |   |
|  |  |   |

| Allergies<br><i>eg. bee stings</i> | Medication<br><i>eg. tablets, inhalers, creams (give drug names)</i> | Dose/frequency |
|------------------------------------|--|----------------|
|                                    |  |                |
|                                    |  |                |

# COMPETITIVE NETBALL SCREENING QUESTIONNAIRE *Continued...*

## 4 INJURY HISTORY

List any injuries you have had in the past three years and when they happened (eg. concussion, fracture, sprains, strains). List the treatment you had and who gave you the treatment eg. doctor/coach/physiotherapist.

| What was the injury?<br><i>eg. sprained ankle</i> | When did it happen?<br><i>eg. 11 July 2002</i> | What treatment did you get?<br><i>eg. R.I.C.E.D. on crutches for a while and then sessions with physiotherapist</i> | Who provided the treatment?<br><i>eg. physiotherapist</i> | Current status of the injury?<br><i>eg. fully recovered or not</i> |
|---|--|---|---|--|
|   |  |   |   |  |
|   |  |   |   |  |

## 5 LIFESTYLE ASSESSMENT

What does your main activity/occupation involve?

- Sedentary *eg. desk job, study*  
 Light physical work *eg. home maintenance, sales representative*  
 Heavy physical work *eg. courier, tradesperson*

How many hours do you spend at that activity/occupation a week?     \_ \_ . \_

Do you have reliable transport to and from training and games?      Yes      No

What other sports/commitments do you have? \_\_\_\_\_

Do you have the appropriate netball shoes to wear?      Yes      No

Do you wear ankle braces?      Yes      No

Do you use strapping?      Yes      No     Body part \_\_\_\_\_

## 6 PHYSICAL ASSESSMENT (FOR COACH/TRAINER TO COMPLETE)

Height in cm:     \_ \_ \_     Weight in kg:     \_ \_ . \_

|                                 |                          |  |
|---------------------------------|--------------------------|--|
| Aerobic endurance               | Beep test score:         |  |
|                                 | 3km time run:            |  |
| Speed                           | Time for 10m sprint:     |  |
| Speed and agility               | Time for propeller test: |  |
| Upper body strength             | Number of press-ups:     |  |
|                                 | Number of passes:        |  |
| Jumping technique               | Comments:                |  |
| Landing technique – double foot | Comments:                |  |
| Landing technique – 1-2 foot    | Comments:                |  |

| Flexibility | Good | Average | Poor | Balance  | Left leg | Right leg |
|-------------|------|---------|------|--|----------|-----------|
| Hamstrings  |      |         |      | Time for single leg balance – eyes open:                           |          |           |
| Lower back  |      |         |      | Time for single leg balance – eyes closed:                         |          |           |
| Calf        |      |         |      | Time for single leg balance<br>– eyes closed and head tilted back: |          |           |

7 Player's signature \_\_\_\_\_ Assessor's signature \_\_\_\_\_

Follow-up date:     \_ / \_ / \_  
Day     Month     Year