

SOCIAL 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 organiser.

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

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

SOCIAL 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? <i>eg. sprained ankle</i>	When did it happen? <i>eg. 11 July 2002</i>	What treatment did you get? <i>eg. R.I.C.E.D. on crutches for a while and then sessions with physiotherapist</i>	Who provided the treatment? <i>eg. physiotherapist</i>	Current status of the injury? <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 rep*
 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

6 PHYSICAL ASSESSMENT

Height in cm: ___ ___ ___ Weight in kg: ___ ___ ___ • ___

7 Player's signature _____

Follow-up date: ___ ___ / ___ ___ / ___ ___ ___
Day Month Year