

HEALTH STATUS SURVEY

Declaration of consent

The Prix de Lausanne is working to improve and protect the health of dancers. In this aim, the determination of the characteristics of your health status is important. To achieve this goal, the Prix de Lausanne will conduct a scientific analysis of anonymized dancer health data to inform future health protection strategies. All information will be treated with strict confidentiality. The completed online health documents will be stored in an encrypted health science research secure database at McMaster University, Canada. These will be made anonymous and destroyed after the statistical analysis. Confidentiality of all identifying information will be ensured so that no individual dancer can be identified. Likewise, reporting of the outcomes will be at a group level so that individual results cannot be identified.

If you are over 18 years of age, please sign your consent to participate in the health promotion study

NAME _____ DATE _____

If under 18 years of age, parental/legal guardian consent is required to participate in the health promotion study

NAME _____ DATE _____

Your rights

You can refuse to participate in this study by simply not consenting to participate in the health promotion study. For the purposes of ensuring the proper monitoring of the research study, it is possible that a member of the Hamilton Integrated Research Ethics Board may consult your research data. By participating in this study, you authorize such access. By participating in this study, you do not waive any rights to which you may be entitled under law.

Your research team

Dr. Carlo Bagutti (sport medicine) Prix de Lausanne – Switzerland

Clinical Professor Margo Mountjoy (sport medicine, sport science) McMaster University - Canada

Dr. Astrid Junge (sport science) University of Hamburg - Germany

STATE OF HEALTH

1. At the time of completion of this survey for the Prix de Lausanne, ...	
.. are you having any difficulties participating in training and performing due to injury, illness or other health problems?	<input type="checkbox"/> full participation without health problems <input type="checkbox"/> full participation, but with health problems <input type="checkbox"/> reduced participation due a health problem <input type="checkbox"/> could not participate due to a health problem
.. to what extent are you modifying your training due to injury, illness or other health problems	<input type="checkbox"/> no modification <input type="checkbox"/> to a minor extent <input type="checkbox"/> to a moderate extent <input type="checkbox"/> to a major extent
.. to what extent is injury, illness or other health problems affecting your performance?	<input type="checkbox"/> no effect <input type="checkbox"/> to a minor extent <input type="checkbox"/> to a moderate extent <input type="checkbox"/> to a major extent
.. to what extent are you experiencing symptoms/health complaints?	<input type="checkbox"/> no symptoms / health problems <input type="checkbox"/> to a mild extent <input type="checkbox"/> to a moderate extent <input type="checkbox"/> to a severe extent

<p>2. Please select the location of your worst musculo-skeletal complaint (e.g. low backpain) or injury (e.g. shoulder sprain) you are experiencing.</p> <p><input type="checkbox"/> no musculo-skeletal pain / complaint or injury <i>(please go to question 5)</i></p> <table border="0"> <tr> <td><input type="checkbox"/> head</td> <td><input type="checkbox"/> shoulder (including clavicle)</td> <td><input type="checkbox"/> hip / groin</td> </tr> <tr> <td><input type="checkbox"/> neck / cervical spine</td> <td><input type="checkbox"/> upper arm</td> <td><input type="checkbox"/> thigh</td> </tr> <tr> <td><input type="checkbox"/> chest / ribs</td> <td><input type="checkbox"/> elbow</td> <td><input type="checkbox"/> knee</td> </tr> <tr> <td><input type="checkbox"/> thoracic spine / upper back</td> <td><input type="checkbox"/> forearm</td> <td><input type="checkbox"/> lower leg / Achilles tendon</td> </tr> <tr> <td><input type="checkbox"/> abdomen</td> <td><input type="checkbox"/> wrist</td> <td><input type="checkbox"/> ankle</td> </tr> <tr> <td><input type="checkbox"/> lumbar spine / lower back</td> <td><input type="checkbox"/> hand</td> <td><input type="checkbox"/> foot / toes</td> </tr> <tr> <td><input type="checkbox"/> pelvis / buttock</td> <td><input type="checkbox"/> fingers / thumb</td> <td><input type="checkbox"/> other, specify _____</td> </tr> </table>	<input type="checkbox"/> head	<input type="checkbox"/> shoulder (including clavicle)	<input type="checkbox"/> hip / groin	<input type="checkbox"/> neck / cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> thigh	<input type="checkbox"/> chest / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> knee	<input type="checkbox"/> thoracic spine / upper back	<input type="checkbox"/> forearm	<input type="checkbox"/> lower leg / Achilles tendon	<input type="checkbox"/> abdomen	<input type="checkbox"/> wrist	<input type="checkbox"/> ankle	<input type="checkbox"/> lumbar spine / lower back	<input type="checkbox"/> hand	<input type="checkbox"/> foot / toes	<input type="checkbox"/> pelvis / buttock	<input type="checkbox"/> fingers / thumb	<input type="checkbox"/> other, specify _____
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<p>2a. Is this complaint / injury caused by dancing?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> don't know</p>																					
<p>2b. Is this complaint / injury new, recurrent or chronic?</p> <p><input type="checkbox"/> new (you never had this before) <input type="checkbox"/> recurrent after full recovery <input type="checkbox"/> worsening /chronic</p>																					

<p>3. Please select the location of your second worst musculo-skeletal complaint or injury you are experiencing.</p> <p><input type="checkbox"/> no further musculo-skeletal pain / complaint or injury <i>(please go to question 5)</i></p> <table border="0"> <tr> <td><input type="checkbox"/> head</td> <td><input type="checkbox"/> shoulder (including clavicle)</td> <td><input type="checkbox"/> hip / groin</td> </tr> <tr> <td><input type="checkbox"/> neck / cervical spine</td> <td><input type="checkbox"/> upper arm</td> <td><input type="checkbox"/> thigh</td> </tr> <tr> <td><input type="checkbox"/> chest / ribs</td> <td><input type="checkbox"/> elbow</td> <td><input type="checkbox"/> knee</td> </tr> <tr> <td><input type="checkbox"/> thoracic spine / upper back</td> <td><input type="checkbox"/> forearm</td> <td><input type="checkbox"/> lower leg / Achilles tendon</td> </tr> <tr> <td><input type="checkbox"/> abdomen</td> <td><input type="checkbox"/> wrist</td> <td><input type="checkbox"/> ankle</td> </tr> <tr> <td><input type="checkbox"/> lumbar spine / lower back</td> <td><input type="checkbox"/> hand</td> <td><input type="checkbox"/> foot / toes</td> </tr> <tr> <td><input type="checkbox"/> pelvis / buttock</td> <td><input type="checkbox"/> fingers / thumb</td> <td><input type="checkbox"/> other, specify _____</td> </tr> </table>	<input type="checkbox"/> head	<input type="checkbox"/> shoulder (including clavicle)	<input type="checkbox"/> hip / groin	<input type="checkbox"/> neck / cervical spine	<input type="checkbox"/> upper arm	<input type="checkbox"/> thigh	<input type="checkbox"/> chest / ribs	<input type="checkbox"/> elbow	<input type="checkbox"/> knee	<input type="checkbox"/> thoracic spine / upper back	<input type="checkbox"/> forearm	<input type="checkbox"/> lower leg / Achilles tendon	<input type="checkbox"/> abdomen	<input type="checkbox"/> wrist	<input type="checkbox"/> ankle	<input type="checkbox"/> lumbar spine / lower back	<input type="checkbox"/> hand	<input type="checkbox"/> foot / toes	<input type="checkbox"/> pelvis / buttock	<input type="checkbox"/> fingers / thumb	<input type="checkbox"/> other, specify _____
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3a. Is this complaint / injury **caused by dancing**?

- no yes don't know

3b. Is this complaint / injury **new, recurrent or chronic**?

- new (you never had this before) recurrent after full recovery worsening /chronic

4. Please select the **location of your third worst musculo-skeletal complaint or injury** you are experiencing.

- no further musculo-skeletal pain / complaint or injury** (please go to question 5)
- | | | |
|--|--|--|
| <input type="checkbox"/> head | <input type="checkbox"/> shoulder (including clavicle) | <input type="checkbox"/> hip / groin |
| <input type="checkbox"/> neck / cervical spine | <input type="checkbox"/> upper arm | <input type="checkbox"/> thigh |
| <input type="checkbox"/> chest / ribs | <input type="checkbox"/> elbow | <input type="checkbox"/> knee |
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| <input type="checkbox"/> lumbar spine / lower back | <input type="checkbox"/> hand | <input type="checkbox"/> foot / toes |
| <input type="checkbox"/> pelvis / buttock | <input type="checkbox"/> fingers / thumb | <input type="checkbox"/> other, specify _____ |

4a. Is this complaint / injury caused by dancing?

- no yes don't know

4b. Is this complaint / injury **new, recurrent or chronic**?

- new (you never had this before) recurrent after full recovery worsening /chronic

5. Please select all other **physical complaints** (e.g. headache, menstrual pain) or **illnesses** (e.g. influenza, diarrhoea) you are currently experiencing.

- no illnesses or physical complaints**
- | | | |
|---|--|--|
| <input type="checkbox"/> allergy, e.g. hay fever | <input type="checkbox"/> diarrhoea, nausea, vomiting | <input type="checkbox"/> heart palpitations |
| <input type="checkbox"/> asthma | <input type="checkbox"/> headache, migraine | <input type="checkbox"/> fatigue, lack of energy |
| <input type="checkbox"/> flu, influenza, sinusitis, cold, cough | <input type="checkbox"/> menstrual pain / cramps | <input type="checkbox"/> others, specify _____ |