

Survey

0.0	<p>The answers to the questionnaire will be accessible only to the research team. The data is encoded by a software and therefore it will not be possible to trace you back after completion of the questions.</p> <p>If published in a scientific journal, we will not use data from a single team or individual to ensure that it is not possible to trace back to that individual or team.</p> <p>By answering "Yes" to this question, you are giving your consent to participate in this study and authorise us to use your answers for the given purpose of our study.</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Characteristics of participants

The purpose of this section is to define the profile of the participants in the study.

1	I am <input type="checkbox"/> An athlete <input type="checkbox"/> Head coach <input type="checkbox"/> Assistant coach/Technical coach <input type="checkbox"/> Conditioning training <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Doctor <input type="checkbox"/> Massage therapist <input type="checkbox"/> Other (FILL)
2	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans* <input type="checkbox"/> Other
3	Year of birth <i>(Please indicate your birth year in numerical terms - Ex : 1984)</i>
	TEXT
4	Height (cm) (Athlete only) <i>(Please indicate your height in cm - Ex : 178)</i>
	TEXT
5	Weight (kg) (Athlete only) <i>(Please indicate your weight in kg - Ex: 78)</i>
	TEXT
6	Nationality <i>(Please indicate your nationality - Ex : Swiss)</i>
	TEXT
7	Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Afro-american <input type="checkbox"/> Asian <input type="checkbox"/> Middle-east <input type="checkbox"/> Indian <input type="checkbox"/> Other (FILL)

8	Level of academic qualification <i>(If you are currently in a course or on-going qualification, please select the highest present academic qualification)</i>
	<input type="checkbox"/> Compulsory Education <input type="checkbox"/> Diploma of General Education School (Baccalaureate, Specialised Baccalaureate, Specialised School Certificate) <input type="checkbox"/> Vocational Education and Training (Federal Certificate of Vocational Education and Training, Federal Diploma of Vocational Education and Training, Federal Vocational Baccalaureate) <input type="checkbox"/> Professional Education (Advanced Federal Diploma of Higher Education, Federal Diploma of Higher Education) <input type="checkbox"/> Universities (Bachelor's Degree, Master's Degree, PhD/Doctorat) <input type="checkbox"/> Other (FILL)
9	Do you have a sport-specific qualification? (Physiotherapist, conditioner, MD)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	If YES to 9 – What qualifications have you completed?(Physiotherapist) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Further qualifications : CAS in sports rehabilitation <input type="checkbox"/> Further qualifications : DAS in sports physiotherapy <input type="checkbox"/> Master's degree in sports physiotherapy <input type="checkbox"/> Other (FILL)
11	If YES to 9 – What qualifications have you completed?(Condi trainer) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Master's degree in sports sciences <input type="checkbox"/> Master's degree in sports sciences, athletic performance orientation <input type="checkbox"/> Swiss Olympic Physical condition trainer <input type="checkbox"/> Other (FILL)
12	If YES to 9 – What qualifications have you completed?(MD) <i>Please, tick the box only for the qualifications you have completed (Multiple answers allowed)</i>
	<input type="checkbox"/> Post-graduate training (Advanced interdisciplinary training in Sports medicine) <input type="checkbox"/> GOTS « Sports Doctor » Certificate <input type="checkbox"/> IOC Diploma in Sports Medicine <input type="checkbox"/> Other (FILL)
13	Please indicate your level of qualification specific to basketball <i>(Select your present highest level of qualification)</i>
	<input type="checkbox"/> Trainer 1 <input type="checkbox"/> Trainer 2 <input type="checkbox"/> Trainer 2+ <input type="checkbox"/> Trainer 3 <input type="checkbox"/> Trainer 4 <input type="checkbox"/> SO Reg. <input type="checkbox"/> SO Nat.
14	In what league do you play/coach? <i>(If you play/coach in multiple teams, please select the team which plays at the highest level)</i>
	<input type="checkbox"/> SBL Men <input type="checkbox"/> SBL Women <input type="checkbox"/> NLB Men <input type="checkbox"/> NLB Women <input type="checkbox"/> NL1 Men <input type="checkbox"/> NL1 Women

15	In what league does the team for which you work for play in? <i>(If you work with multiple teams, please select the team which plays at the highest level)</i>
	<input type="checkbox"/> SBL Men <input type="checkbox"/> SBL Women <input type="checkbox"/> NLB Men <input type="checkbox"/> NLB Women <input type="checkbox"/> NL1 Men <input type="checkbox"/> NL1 Women
16	In which team do you play/coach/work for ?
	List of the teams related to 1.8/1.8b
17	What position do you play ? (Athlete)
	<input type="checkbox"/> Poste 1 (Point Guard) <input type="checkbox"/> Poste 2 (Shooting Guard) <input type="checkbox"/> Poste 3 (Small Forward) <input type="checkbox"/> Poste 4 (Power Forward) <input type="checkbox"/> Poste 5 (Center)
18	Number of years of professional career as a basketball player within a basketball league (Athlete) <i>(Please indicate the number corresponding to the amount of years spent as a basketball player in Switzerland or abroad – Ex: 5)</i>
	TEXT
19	Number of years of professional career as a basketball player playing in your current league (Athlete) <i>(Please indicate the number corresponding to the amount of years spent in your current league – Ex: 5)</i>
	TEXT
20	Do you have any experience as a basketball player? (Coach & Med. Staff)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If YES to 20 – For how many years were you a basketball player? <i>(Please indicate the number corresponding to the amount of years spent as a basketball player – Ex: 5)</i>
	TEXT
22	If YES to 20 – What was the highest level you played at? <i>(please indicate the highest level at which you played – E.g: A League, national team...)</i>
	TEXT
23	How many years have you been a coach for a basketball team? (Coaching Staff) <i>(Please indicate the amount of years you have coached in basketball - E.g. 5)</i>
	TEXT
24	How many years have you practiced as a medical professional on a basketball team? <i>(Please indicate the amount of years during which you worked as a medical professional in a basketball team - E.g. 5)</i> (Med. Staff)
	TEXT
25	During the past 24 months, have you suffered an injury that did not require stopping sport while playing basketball at your club (E.g: head, shoulder, hip, groin, thigh, knee, calf, shin, ankle, foot...) (Athlete only)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	If YES to 25 – Which parts of the body were concerned <i>(Multiple answers allowed)</i> (Athlete)
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder

	<input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other...
27	If YES to 25 – How did you get your XXX injury (<i>XXX= Body part</i>) (Athlete)
	<input type="checkbox"/> Contact with an opponent <input type="checkbox"/> After contact <input type="checkbox"/> No contact <input type="checkbox"/> Overuse
28	If YES to 25 – What injury was it (<i>Please, specify the diagnosis of each injury – E.g: ankle sprain</i>) (Athlete)
OPEN TEXT	
29	During the past 24 months, have you injured yourself as a result of playing basketball which prevented you from participating in games or training sessions? (E.g: head, shoulder, hip, groin, thigh, knee, calf, shin, ankle, foot...) (Athlete)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	If YES to 29 – Which parts of the body were concerned (<i>Multiple answers allowed</i>) (Athlete)
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other (FILL)
31	If YES to 29 – How did you get your XXX injury (<i>XXX= Body part</i>)
	<input type="checkbox"/> Contact with an opponent <input type="checkbox"/> After contact <input checked="" type="checkbox"/> No contact <input type="checkbox"/> Overuse

32	If YES to 29 – What injury was it <i>(Please, specify the diagnosis of each injury – E.g: ankle sprain)</i> (Athlete)
OPEN TEXT	

Knowledge, Opinions, Attitude and Beliefs.

The purpose of this section is to assess the participants' knowledge, opinions, attitudes and beliefs regarding injury prevention.

33	In your opinion, how high is the risk of getting injured as a basketball player?
<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> I don't know	
34	At what point of the season is the risk of injury the highest?
<input type="checkbox"/> Before the season <input type="checkbox"/> During the season	
35	If DURING THE SEASON at 2.2 – In your opinion, at what moment is the injury risk the highest?
<input type="checkbox"/> During practice <input type="checkbox"/> During games <input type="checkbox"/> Other (FILL)	
36	Please indicate which areas you think are most susceptible to injury when playing basketball. Choose the five most injury prone areas and rank them according to their level of risk (1=most at risk) <i>(One answer possible per column)</i>
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other...	
37	In your opinion, what do you think are the most common reasons for injury among basketball players ? <i>(Multiple answers allowed)</i>
<input type="checkbox"/> Poor physical condition <input type="checkbox"/> Deconditioning following an injury <input type="checkbox"/> Lack of flexibility <input type="checkbox"/> Lack of strength <input type="checkbox"/> Lack of endurance <input type="checkbox"/> Lack of coordination	

<input type="checkbox"/> Bad equipment <input type="checkbox"/> Lack of training <input type="checkbox"/> Lack of recovery <input type="checkbox"/> Psychological fatigue <input type="checkbox"/> Physical fatigue <input type="checkbox"/> Other (FILL)					
38	Can you indicate what, in your opinion, the importance of the intrinsic risk factors listed below in relation to non-contact injuries is? (Coaches & Medical staff) <i>(Intrinsic: belonging naturally, essential, inherent)</i>				
Very high	High	Moderate	Low	Very low	don't know
<input type="checkbox"/> History of injury <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Maximal strength <input type="checkbox"/> Strength endurance <input type="checkbox"/> Muscle imbalance (difference between right and left sides) <input type="checkbox"/> Muscle imbalance between two opposing muscle groups (E.g: quadriceps-hamstrings) <input type="checkbox"/> Balance, coordination <input type="checkbox"/> Joint mobility <input type="checkbox"/> Flexibility <input type="checkbox"/> Well-being (mood, fatigue, aches...) <input type="checkbox"/> Psychological factors (stress, anxiety) <input type="checkbox"/> Physical fitness <input type="checkbox"/> Technique <input type="checkbox"/> Genetics					
39	Can you indicate what, in your opinion, the importance of the extrinsic risk factors listed below in relation to non-contact injuries is? (Coaches & Medical staff) <i>(Intrinsic: not part of the essential nature of someone or something)</i>				
Very high	High	Moderate	Low	Very low	I don't know
<input type="checkbox"/> Training load <input type="checkbox"/> Warm-up quality <input type="checkbox"/> Training infrastructures <input type="checkbox"/> Match/Game participation <input type="checkbox"/> League level <input type="checkbox"/> Equipment <input type="checkbox"/> Type of basketball court (wood, synthetic) <input type="checkbox"/> External pressure (relatives, club committee) <input type="checkbox"/> Recovery (sleep, nutrition)					
40	Can you indicate how important you think the risk factors listed below are in relation to non-contact injuries? (Athlete)				
Very high	High	Moderate	Low	Very low	I don't know
<input type="checkbox"/> History of injury <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Maximal strength <input type="checkbox"/> Strength endurance <input type="checkbox"/> Muscle imbalance (difference between right and left sides)					

	<input type="checkbox"/> Muscle imbalance between two opposing muscle groups (E.g: quadriceps-hamstrings) <input type="checkbox"/> Balance, coordination <input type="checkbox"/> Joint mobility <input type="checkbox"/> Flexibility <input type="checkbox"/> Well-being (mood, fatigue, aches...) <input type="checkbox"/> Psychological factors (stress, anxiety) <input type="checkbox"/> Physical fitness <input type="checkbox"/> Technique <input type="checkbox"/> Genetics <input type="checkbox"/> Training load <input type="checkbox"/> Warm-up quality <input type="checkbox"/> Training infrastructures <input type="checkbox"/> Match/Game participation <input type="checkbox"/> League level <input type="checkbox"/> Equipment <input type="checkbox"/> Type of basketball court (wood, synthetic) <input type="checkbox"/> External pressure (relatives, club committee) <input type="checkbox"/> Recovery (sleep, nutrition)
41	In your opinion, is it possible to reduce the risk of injury in basketball?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	How important do you think it is to prevent injuries in basketball?
	<input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very low <input type="checkbox"/> I don't know
43	In your opinion, does physical preparation play a role in injury prevention?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	In your opinion, can the risk of injury be reduced by using an exercise program adapted to the individual?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
45	In your opinion, can a specific warm-up decrease the risk of injury?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	In your opinion, is it possible to reduce the risk of injury by monitoring the training load?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	In your opinion, is it possible to avoid injuries by staying hydrated and having good nutrition?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

48	In your opinion, is it possible to reduce the risk of injury by getting enough sleep (>8 hours) and paying attention to the players' recovery? (Coaches & Medical staff)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
49	In your opinion, is it possible to reduce the risk of injury by getting enough sleep (>8 hours) and paying attention to your recovery? (Athletes)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
50	In your opinion, what is the minimum amount of times an injury prevention program must be done per week to achieve a positive result?		
	<input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> 3x a week <input type="checkbox"/> 4x a week <input type="checkbox"/> More than 4x a week		
51	What do you think are the benefits of doing an injury prevention program for athletes?		
	<input type="checkbox"/> Reduce the risk of injury <input type="checkbox"/> Improve flexibility <input type="checkbox"/> Improve speed <input type="checkbox"/> Improve strength <input type="checkbox"/> Improve balance <input type="checkbox"/> Overall improvement in athletic performance <input type="checkbox"/> Improved coordination <input type="checkbox"/> Other (FILL)		
52	How important to you are the perceived benefits of doing an injury prevention program?		
	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know		
53	Please indicate which people or groups of people you think are most responsible for preventing injuries. Choose from the list below the three most important and classify them according to their level of responsibility (1=most responsible) <i>(One answer possible per column)</i>		
	1	2	3
	<input type="checkbox"/> Trainer <input type="checkbox"/> Athlete <input type="checkbox"/> Swiss Basketball League <input type="checkbox"/> Referee <input type="checkbox"/> Medical staff (doctor, physiotherapist...) <input type="checkbox"/> Parents and relatives <input type="checkbox"/> Other (FILL)		

Practices

The purpose of this section is to assess the injury prevention interventions currently in place in the participant's club

54	Has your team done injury prevention workouts or other injury prevention strategies in the past 24 months
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
55	If YES to 54 – If yes, on which areas did you try to prevent injuries? <i>(Multiple answers allowed)</i>
	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot
56	Has your team implemented exercise-based interventions to decrease the risk of injury?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
57	If YES to 56 – Please select at which point in the season these interventions are carried out <i>(Multiple answers allowed)</i>
	<input type="checkbox"/> Off season (before/after the season) <input type="checkbox"/> During the season
58	If YES to 56 – Please select when these interventions are being performed <i>(multiple answers allowed)</i>
	<input type="checkbox"/> Before training <input type="checkbox"/> During training <input type="checkbox"/> After training <input type="checkbox"/> Before games <input type="checkbox"/> After games <input type="checkbox"/> Outside of practice during specific training sessions
59	How many days a week do you have scheduled training?
	<input type="checkbox"/> 1 day a week <input type="checkbox"/> 2 days a week <input type="checkbox"/> 3 days a week <input type="checkbox"/> 4 days a week <input type="checkbox"/> 5 days a week <input type="checkbox"/> 6 days a week <input type="checkbox"/> 7 days a week
60	What type of training do you do at your club? And how many days a week <i>(multiple answers allowed)</i>

1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk	6 days/wk	7 days/wk
<input type="checkbox"/> General warm-up <input type="checkbox"/> Movement preparation/Basketball specific movements <input type="checkbox"/> On-court muscular strengthening <input type="checkbox"/> Muscular strengthening before/after practice <input type="checkbox"/> Muscular strengthening during a specific training session <input type="checkbox"/> Mobility training on-court <input type="checkbox"/> Mobility training before/after practice <input type="checkbox"/> Mobility training during a specific training session <input type="checkbox"/> Coordination training <input type="checkbox"/> Sprint training <input type="checkbox"/> Cool-down <input type="checkbox"/> Injury prevention protocols (Ex: FIFA11+) <input type="checkbox"/> Other measures (FILL)						

Barriers and facilitators

The purpose of this section is to assess the barriers and/or facilitators perceived by the participants that could favour or prevent the implementation of injury prevention strategies and interventions.

61	In your opinion, how important is team compliance when trying to implement an injury prevention intervention? <i>Compliance : the act of an individual to follow professional recommendations regarding the predetermined dosage, timing, and frequency of an intervention</i>					
<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know						
62	In your opinion, how important is the compliance of the coach when trying to implement an injury prevention intervention? <i>Compliance : the act of an individual to follow professional recommendations regarding the predetermined dosage, timing, and frequency of an intervention</i>					
<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Moderate <input type="checkbox"/> Less important <input type="checkbox"/> Not important <input type="checkbox"/> I don't know						
63	For each option on the list, please rate their importance in facilitating the implementation of an injury prevention intervention					
Very important	Important	Moderate	Less important	Not important	I don't know	
<input type="checkbox"/> Motivation from the coach <input type="checkbox"/> Motivation from the players <input type="checkbox"/> Training of the athlete's support staff (conditioning trainer, physiotherapist...) <input type="checkbox"/> Duration of the injury prevention program (in minutes) <input type="checkbox"/> Infrastructures available <input type="checkbox"/> Number of training sessions per week						

64	In your opinion, who do you think is the most influential person when wanting to implement an injury prevention intervention ?				
<input type="checkbox"/> Head coach <input type="checkbox"/> Assistant coach/Technical coach <input type="checkbox"/> Conditioning trainer <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Doctor <input type="checkbox"/> Athlete <input type="checkbox"/> Other (FILL)					
65	Please indicate your response to the statements listed below that relate to women's basketball				
Completely agree	Agree	Neutral	Disagree	Completely disagree	I don't know
<input type="checkbox"/> Male athletes have more access to training room (E.g: basketball court, fitness) than female athletes <input type="checkbox"/> Male athletes have easier access to physical preparation resources (E.g: fitness) than female athletes <input type="checkbox"/> Male athletes have easier access to supervision by coaches than female athletes <input type="checkbox"/> Male athletes have easier access to medical resources (E.g: doctor, physiotherapist) than female athletes <input type="checkbox"/> Male athletes have more qualified staff (E.g: coach, conditioning trainer, medical staff) than female athletes <input type="checkbox"/> Male athletes have greater human resources to supervise them (E.g: number of coaches, presence of a conditioning trainer, number of people in the medical team) than female athletes					