

Investigating Elite Footballers' Perceptions and Understanding of the Pre-competition Medical Assessment

The following is a 25 question survey designed to evaluate your understanding of the *Football Federation Australia* (FFA) pre-competition medical assessment (PCMA).

Please answer all questions. Please answer as honestly as possible and not how you think the investigators of this study would like you to answer.

Your answers will remain anonymous with no collection of identifying information.

This questionnaire should take less than 10 minutes to complete. Please return this to your team doctor/physiotherapist after completion.

Demographics:

1. What gender do you associate with?
 - ☐ Male
 - ☐ Female
 - ☐ Gender diverse
2. What is your age in years? _____ years
3. What League do you currently play for? Please select one from the following:
 - ☐ A-League
 - ☐ W-League
4. How many years have you played football for a professional club? _____ years. Please round to the nearest year.

Understanding of the pre-competition medical assessment (PCMA):

5. Have you heard of the term PCMA (pre-competition medical assessment) before?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure

6. How many total PCMA's have you undergone in the past?

- ☐ I have never had a PCMA
- ☐ 1
- ☐ 2
- ☐ More than 2
- ☐ Unsure

7. What do you believe the purposes of the PCMA are? Please select all that apply:

- ☐ To meet the team doctor
- ☐ To detect current injuries
- ☐ To prevent future injuries
- ☐ To improve performance
- ☐ To detect medical conditions that may affect performance
- ☐ To detect potentially life threatening medical conditions
- ☐ To prevent concussion
- ☐ To identify potential drug testing issues
- ☐ FFA requires it
- ☐ Unsure
- ☐ Other – Please detail: _____

8. Would you say you were satisfied with the most recent PCMA experience you have undergone?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

9. Do you think you can safely play without a PCMA?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

10. If you have had a normal PCMA you cannot have a cardiac arrest?

- ☐ Strong agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

11. Regarding your most recent PCMA experience, were you given any information about why the PCMA was being completed (either written or verbal explanation)?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
12. Regarding your most recent PCMA, you were asked questions about your past medical history. Who were these completed by? Please select one.
- ☐ On your own
 - ☐ On your own with physician supervision
 - ☐ By the physician
 - ☐ On your own with physiotherapist supervision
 - ☐ By the physiotherapist
13. Do you know what syncope is?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
14. Do you know what Marfan syndrome is?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
15. Did your team doctor perform a physical exam on you?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
16. If your team doctor did not perform one, was this performed by a doctor other than your team doctor?
- ☐ Yes
 - ☐ No
17. Have you had an ECG (recording of the heart's electrical activity) performed as part of your PCMA?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
18. Have you had an echocardiogram (heart ultrasound) performed as part of your PCMA?
- ☐ Yes
 - ☐ No
 - ☐ Unsure

19. After completing the medical assessment, and all associated tests, did you meet with a doctor to review all of the completed medical tests?

- ☐ Yes I did
- ☐ No I didn't
- ☐ Unsure

20. Have you had a PCMA identify a **potential** problem that required further investigation or treatment?

- ☐ Yes
- ☐ No
- ☐ Unsure

If applicable, please answer questions 21 and 22 about your further investigation or treatment received.

If you have had more than one potential problem identified, please answer these in response to the problem you feel was most significant:

21. Who investigated this potential problem for you?

- ☐ Team doctor
- ☐ Family doctor
- ☐ Other doctor
- ☐ Unsure
- ☐ Other – Please detail: _____

22. The investigations or treatment was conducted promptly?

- ☐ Strong agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

23. Did you know you could be disqualified from playing if a significant cardiac (or other) abnormality was detected on your PCMA?

- ☐ Yes
- ☐ No

24. Should a problem be identified on your PCMA and you were advised not to play football, would you comply with this advice by stopping playing?

- ☐ Strong agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

25. Would you consider withholding information to avoid disqualification?

- ☐ Yes
- ☐ No

Check that you've answered all applicable questions then please return this to your team doctor/physiotherapist after completion