

PŘÍLOHY

1. Vstupní dotazník

Qualtrics Survey Software

Welcome page and informed consent

Welcome to the research study!

We are interested in analyzing common injuries and most loaded body parts in modern pentathlon. It may help to predict and prevent future injury occurrence and offers a possibility to adjust or create a new, more sport-specific preventing program which will make you, modern pentathletes, as injury-free as possible and may even help to lengthen your time in competitive participation. 😊🏆

In the first part (**entry questionnaire**), you will be asked to answer some basic demographic questions, questions about your training volume and experience, about your dominant hand, and your training habits. This questionnaire is supposed to be filled in only **once**. It takes about **3-5 minutes** to complete.

The main part of this research is the **weekly questionnaire** on injuries, pain, or discomfort you have experienced during the past week. You will receive an email with a link every Sunday and you are supposed to answer all questions truthfully. If no answer comes, you will receive one reminder email in 3 days. This part takes about **2-4 minutes every Sunday** for 12 weeks.

All your responses will be kept completely confidential and overall results will be published anonymously.

The author of this study can be contacted anytime at pentathlon.survey@gmail.com.

By clicking the button below, you acknowledge:

You are a modern pentathlete of age between 15 and 35 years.

You practice all five disciplines of the modern pentathlon.

Your participation in this research is voluntary.

You are aware that you may choose to terminate your participation at any time for any reason.

- I consent, begin the study
- I do not consent, I do not wish to participate

Email address

Please enter your email address, which we can use for sending you the weekly questionnaire.

Demographics

What is your age? (move the slider to select the value)

What is your gender?

- Male
- Female

From which country are you?

Training load and experience

Average training load per week

- less than 5 hours
- 5-10 hours
- 10-15 hours
- 15-20 hours
- 20-25 hours
- 25-30 hours
- more than 30 hours

How many years are you doing modern pentathlon? (move the slider to select the value)

Level

- Professional athlete, member of the national team
- Supported athlete, not member of the national team
- Unsupported athlete

Few questions about yourself

Fencing guard

- Right
- Left

Shooting arm

- Right
- Left

History of injuries

Choose your **3 most injured/ overloaded locations**

- Head/face
- Neck
- Shoulder (including clavicle)
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand/fingers
- Chest/ribs
- Abdomen
- Thoracic spine
- Lumbar spine
- Pelvis and buttock
- Hip and groin
- Thigh
- Knee
- Lower leg
- Ankle
- Foot/toes
- Other

Training habits

Warm-up before training sessions

	Average time (minutes)						Type of warm-up (you can choose more options). If no warm-				
	0	5	10	15	20	> 20	Static stretching	Dynamic stretching	Sport-specific preactivation exercises	Core and stability exercises	Strength exercises
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Cool-down after training sessions

Average time (minutes)	Type of cool-down (you can choose more options). If no cool-down discipline, select option "none".
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	0	5	10	15	20	> 20	Static stretching	Strength Exercises	Core and stability exercises	Massage, foam rolling, theragun	Light aerobic activity
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Injury prevention strategies (you can choose more options). If you don't use any injury prevention strategy, select option "none".

- Strength training
- Stretching
- Core training
- Proprioception training
- Balance training
- Massage
- Individual prevention program
- Physiotherapy
- Proper warm-up and cool-down
- None

2. 10týdenní dotazník

Qualtrics Survey Software

Have you had any **difficulties participating in normal training and competition** due to injury, illness or other health problems during the past week?

- Full participation, without health problems
- Full participation, but with injury, illness or other health problems
- Reduced participation due to injury, illness or other health problems
- Cannot participate due to injury, illness or other health problems

To what extent have you reduced your **training volume** due to injury, illness or other health problems during the past week?

- No reduction
- To a minor extent
- To a moderate extent
- To a major extent
- Cannot participate at all

To what extent has injury, illness or other health problems affected your **performance** during the past week?

- No effect
- To a minor extent
- To a moderate extent

- To a major extent
- Cannot participate at all

Health problem type

Is the health problem referred to in the first three questions an injury, an illness or both?
(multiple answer possible)

(if you have multiple injuries, please complete a separate registration for each one)

- Injury (any pain or discomfort)
- Illness (symptoms like: fever, fatigue, sore throat, etc.)
- Other health problem

Injury registration

Injury area

Please select a box that best describes the location of your injury. If the injury involves several locations please select the main area. If you have multiple injuries please complete a separate registration of each one.

Diagnosis *(if known - optional question)*

Choose which **grade of pain severity** matches best to the referred problem

Severity	Description of Experience
10 Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8 Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7 Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6 Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5 Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4 Moderate	I am constantly aware of my pain but I can continue most activities.
3 Uncomfortable	My pain bothers me but I can ignore it most of the time.
2 Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.

Select the pain severity here ↗



Please state the number of days over the past 7-day period that you have had to **completely miss** training or competition due to this problem

0 1 2 3 4 5 6 7

Please state the number of days over the past 7-day period that you have had to **modify or reduce** your training volume due to this problem

0 1 2 3 4 5 6 7

In which **discipline** the referred problem occurred?

- Fencing
- Swimming

- Riding
- Shooting
- Running
- Other

Have you felt **discomfort** in this area for several days **preceding the injury**?

- Yes
- No

Is this the first time you have registered this problem through this monitoring system?

- Yes, this is the first time
- No, I have reported this problem in one of the previous four weeks
- No, I have reported the same problem previously, but it was more than four weeks ago

I have reported this problem to (multiple answer possible)

- Medical doctor
- Physiotherapist
- Other health specialist
- I have not reported this problem

Do you have any **other injuries** to register?

- Yes
- No

Injury registration 2

Injury area

Please select a box that best describes the location of your injury. If the injury involves several locations please select the main area. If you have multiple injuries please complete a separate registration of each one.

Diagnosis *(if known - optional question)*

Choose which **grade of pain severity** matches best to the referred problem

Severity	Description of Experience
10 Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
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1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.

Select the pain severity here ↗



Please state the number of days over the past 7-day period that you have had to **completely miss** training or competition due to this problem

0 1 2 3 4 5 6 7

Please state the number of days over the past 7-day period that you have had to **modify or reduce** your training volume due to this problem

0 1 2 3 4 5 6 7

In which **discipline** the referred problem occurred?

- Fencing
- Swimming
- Riding
- Shooting
- Running
- Other

Have you felt **discomfort** in this area for several days **preceding the injury**?

- Yes
- No

Is this the first time you have registered this problem through this monitoring system?

- Yes, this is the first time
- No, I have reported this problem in one of the previous four weeks
- No, I have reported the same problem previously, but it was more than four weeks ago

I have reported this problem to (multiple answer possible)

- Medical doctor
- Physiotherapist
- Other health specialist
- I have not reported this problem