

SQUASH QUESTIONNAIRE

Name:

Sex: M F

Email Address:

Hand Dominance: R L

Phone:

Age: Height: Weight:

Do you warm-up? (please specify):

Years playing squash:

What level player are you?

How many times a week do you play:

Hours per squash session:

Do you wear protective eye wear?) Y N If no, why?

Have you had an eye injury? Y N What year?

What eye injury?

Treatment, including surgery:

What percentage of time do you wear protective eyewear during competition? % training? %

Do you wear any supportive braces or special taping when playing? Y N

If yes, where do you use support (knee, elbow, etc.), why, and for how long?

What percentage of time do you wear supportive equipment during competition? % training? %

Do you have any chronic musculoskeletal injuries?

Playing squash, have you ever sustained any of the following sports injuries:

Foot injury Groin sprain

Ankle sprain Hip injury

Achilles strain Back injury

Achilles rupture Wrist injury

Calf strain Elbow injury

Knee injury Hand injury

Hamstring strain/rupture Head/Neck injury

Other

If highlighted, please explain injury, date, and treatment:

Have you ever had surgery related to a squash injury? Please specify:

Number of events played in last two years:

Event Name Date

of Rounds Played

Approximate Time

Duration Per Match (Hours)

Prize/Place Finished

Injury sustained? Y/N-describe below:

Medical attention required? Y/N

Number of training/playing sessions per week:

Number of hours per week on court training/playing:

Number of hours per week off court training:

Please describe your off-court training regimen per week (i.e., weightlifting, aerobic training, yoga, stretching, etc.):

Please describe below any injuries sustained during the last two years while on court playing or practicing:

Date of injury:

Injury type/ how did it happen?

Did the injury occur closer to the end or beginning of the match?

Treatment/Surgery/ Rehab?

Time off from playing?

Do you have any arthritis? Please list the joints where you have any arthritis:

Have you had treatment for your arthritis? (Please list injections, medications, surgeries, etc. that you have had.)

Please mail completed surveys to Marty Clark: 866 West End Ave. Apt. 3B, NY, NY, 10025

Thank you very much!