Please indicate if the statements in the left column were true for the listed sports (*if offered at your school*) **during the most recent Fall season (Fall, 2014)** with YES or NO.

***In the hypothetical example sport of water polo, 23 students participated, zero of whom suffered an ACL injury. A YES was entered in the boxes for the statements that were true during 2014 and NO was entered for the statements that were not true during 2014. For the true statements pertaining to pre-season activities, the duration of activity prior to the season was noted.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Eg.,:* ***Water Polo*** | **Football** | **Volleyball** | **Girls Soccer** | **Boys Soccer** |
| **What section does your school belong to for the listed sports?** | *6AA* |  |  |  |  |
| **Number of students (grades 9-12) who participated in Fall 2014.** | *23* |  |  |  |  |
| **Student athletes received education and feedback regarding body mechanics (bend, jump, land & pivot).** | *YES* |  |  |  |  |
| **Student athletes trained with a licensed athletic trainer.** | *NO* |  |  |  |  |
| **Student athletes performed pre-season plyometric exercises. If yes, how long before the season began?** | *YES**2 weeks* |  |  |  |  |
| **Student athletes participated in pre-season strength training. If yes, how long before the season began?** | *YES* *2 weeks* |  |  |  |  |
| **Student athletes participated in pre-season aerobic training. If yes, how long before the season began?** | *YES* *2 weeks* |  |  |  |  |
| **Student athletes performed in-season plyometric exercises.** | *NO* |  |  |  |  |
| **Student athletes participated in in-season strength training.**  | *YES* |  |  |  |  |
| **Student athletes participated in in-season aerobic training.** | *YES* |  |  |  |  |
| **Number of student athletes who sustained a knee injury that included an anterior cruciate ligament (ACL) tear.** **If unsure, write “unsure.”** | *0* |  |  |  |  |

Do you consider the location of your school: \_\_\_\_\_\_ Urban \_\_\_\_\_\_Suburban \_\_\_\_\_\_ Rural

What is the training background of your school’s team physician? Mark all that apply.

\_\_\_\_\_ Sports medicine \_\_\_\_\_\_ Family medicine \_\_\_\_\_\_ Pediatrics \_\_\_\_\_\_\_Internal medicine

\_\_\_\_\_\_ Other medical specialty: (List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 ***COMMENTS WELCOME—WRITE ON THE BACK OF THIS PAGE***

Please indicate whether or not you would like to receive a survey results summary upon completion of this research project (approximately one year from now): \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No (If interested, please write your name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Thank you.