

Concussion in Sport- What would you like to know?

Principal Investigator- Mark Beakey



General Athlete Information

1* What is your age?

☐ 12☐ 13☐ 14☐ 15☐ 16☐ 17☐ 18☐ 19

2 Which team sport do you currently play? (If you play in 2 or more of the sports listed below; please select your predominant (primary) sport)

☐ GAA (Gaelic Football, Hurling or Camogie)☐ Rugby☐ Soccer

3 Have you ever received any concussion education? If yes, please indicate **who you received the education from?**

Tick ALL that apply

☐ N/A I never received any education☐ Medical professional (Doctor, nurse, paramedic etc)☐ Parent(s)☐ Coach☐ Teacher☐ Physio☐ Guest Speaker☐ Media: Social Media/TV/Film/Radio etc.☐ Fellow player(s)☐ Professional/famed player☐ Professional coach☐

Other (Please Specify)

4 If answered **YES to Question 4 above**, what was the **educational modality** used? (If answered no, please skip to Question 7)

Tick ALL that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Information Sheet/Handout/Poster | <input type="checkbox"/> Educational video | <input type="checkbox"/> Computer/video game |
| <input type="checkbox"/> Website/Social Media/Mobile App/TV/Film etc. | <input type="checkbox"/> Presentation | <input type="checkbox"/> General conversation |
| <input type="checkbox"/> On-field demonstration | <input type="checkbox"/> Interactive demonstration (active participation from athletes AND educators) | |

☐

Other (Please Specify)

5 When did you receive your most recent education on sport-related concussion?

- | | | |
|--|---|---|
| <input type="checkbox"/> Within the last 12 months | <input type="checkbox"/> 12-24 months ago | <input type="checkbox"/> Over 2 years ago |
|--|---|---|

Concussion Education- What are you looking for?

6 In terms of education, **would you like to receive** more information regarding sport-related concussion?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

7 If YES, what **method of education** would you like to receive?

Tick ALL that apply.

(If answered NO to the Question above, please skip the remaining questions)

- | | | |
|--|---|---|
| <input type="checkbox"/> Informational Sheet/Handout/Poster | <input type="checkbox"/> Presentation | <input type="checkbox"/> Educational video |
| <input type="checkbox"/> Computer/video game | <input type="checkbox"/> Interactive demonstration (active participation from students AND educators) | <input type="checkbox"/> On-field demonstration |
| <input type="checkbox"/> Online learning/Use of social media/Mobile App | <input type="checkbox"/> General conversation | |
| <input type="checkbox"/> | | |

Other (Please Specify)

8 What **areas of sport-related concussion** would you like to know more about?

Tick ALL that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Signs and symptoms | <input type="checkbox"/> Incidence rates: sport and gender differences | <input type="checkbox"/> Short term health complications/risks |
| <input type="checkbox"/> Long term health complications/risks | <input type="checkbox"/> Importance of self-reporting | <input type="checkbox"/> Impact on athletic performance |
| <input type="checkbox"/> Identification/Diagnosis | <input type="checkbox"/> Safety equipment | <input type="checkbox"/> Legislation and litigation |
| <input type="checkbox"/> High profile cases | <input type="checkbox"/> Prevention | <input type="checkbox"/> Future studies/technologies |
| <input type="checkbox"/> Concussion management/ Return-to-Play (RTP) | <input type="checkbox"/> Misconceptions/media | <input type="checkbox"/> Impact on academics |
| <input type="checkbox"/> Educational strategies | | |
| <input type="checkbox"/> | | |

Other (Please Specify)

9 Who would you like to educate you on sport-related concussion?

Tick ALL that apply

☐ Parent(s)

☐ Coach

☐ Fellow player(s)

☐ Teacher

☐ Medical professional (Doctor,
nurse, paramedic etc)

☐ Guest Speaker/Concussion
Specialist

☐ Professional/famed player(s)

☐ Professional coach

☐ Physio

☐ Media

☐

Other (Please Specify)