

Pre -Season Questionnaire

First Name

Last Name

DOB

Gender M or F

Have you ever had a brain injury or motor vehicle accident that injured your brain, as diagnosed by a physician? Yes No

How many concussions have you had that were diagnosed by a physician?

For Researcher only

Subject identifier

Mid -Season Questionnaire

First Name

Last Name

Gender M or F

Have you ever had a brain injury or motor vehicle accident that injured your brain, as diagnosed by a physician, since the first soccer game of the 2016 season? Yes No

How many concussions have you had that were diagnosed by a physician since the start of the first soccer game of the 2016 season?

For Researcher only

Subject identifier

Post -Season Questionnaire

First Name

Last Name

Gender M or F

Have you ever had a brain injury or motor vehicle accident that injured your brain, as diagnosed by a physician, during the second half of the 2016 soccer season ? Yes No

How many concussions have you had that were diagnosed by a physician during the second half of the 2016 soccer season?

For Researcher only

Subject identifier