

Study questionnaire: Risk of Osteoarthritis in Performance Sport climbers

Name: _____

Surname: _____

Date of birth: _____

Height: _____ m

Weight: _____ kg

Profession: _____

Hand-Dominance: Right / Left

When did you start climbing?

Age: _____

How long have you been climbing? (Keyword interruptions)

Years: _____

Current training

How often do you train per week? _____ h/week

How many hours per week do you climb? _____ h/week

How many hours per week do you boulder? _____ h/week

Training behavior over the career

How has the training pattern/week changed during your career?

5 - 10 years of age: _____ h/week

11 - 20 years of age: _____ h/week

21 - 30 years of age: _____ h/week

31 - 40 years of age: _____ h/week

41 - 50 years of age: _____ h/week

51 - 60 years of age: _____ h/week

Best performance

What was your most difficult route redpoint? _____

What was your most difficult on sight? _____

What was your most difficult boulder redpoint? _____

Current climbing performance

route redpoint? _____

on sight? _____

boulder redpoint? _____

Climbing level over the career

1.) International elite level (UIAA >XI or >9a), Boulder Fb >8b:

(In years): _____ Years of life from to. : _____

2.) Elite level (UIAA X+ - XI- or 8b - 8c+), Boulder Fb 7c+ - 8a+:

(In years): _____ Years of life from to. : _____

3.) Experienced level (UIAA IX- - X or 7b - 8b), Boulder Fb 7a - 7c:

(In years): _____ Years of life from to. : _____

4.) Intermediate level (UIAA VII- - VIII+ or 6b+ - 7a+), Boulder Fb 6a - 6c+:

(In years): _____ Years of life from to. : _____

Diseases

Do you have any disease? ☐ yes ☐ no

? _____

Medication

Take medication regularly? ☐ yes ☐ no

If yes, which? _____

Finger pain

Have you had pain in your fingers in the last 6 months? ☐ yes ☐ no

Which fingers exactly?

Have you had pain in your fingers during climbing in the last 6 months? ☐ yes ☐ no

Which fingers exactly?

Have you had pain in your fingers at rest in the last 6 months? ☐ yes ☐ no

Which fingers exactly?

Have you ever had an acute injury to the fingers? ☐ yes ☐ no

Which fingers exactly?

Have you ever had a chronic injury to your fingers? ☐ yes ☐ no

Which fingers exactly?

How long did you have this pain (in years): _____ years

Have you ever had surgery on your fingers? ☐ yes ☐ no

Which fingers exactly?

Which surgery exactly?

Morning finger stiffness

Have you had stiffness in your fingers in the last 6 months? ☐ yes ☐ no

Which fingers exactly?
