

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?
