Perceptions of concussion in Rugby Union

Information Form

This questionnaire has been designed at Cardiff University, in collaboration with the WRU and should take approximately 10 minutes to complete. It has been designed to collect data about the understandings of players, coaches, referees and medical staff regarding concussion in rugby. We aim to gather an understanding of the current perceptions and awareness amongst all involved, and guide future education to improve player welfare in Rugby Union.

All data will be analysed and interpreted confidentially and may be retained indefinitely. The project supervisor at Cardiff University will store consent forms and questionnaires separately. No identifiable data will be used in any publically available material so data will not be traceable back to you. The data is intended for use within Cardiff University and the WRU to guide further education, but some may be used in scientific literature for publication. Please be aware that you are in no way obliged to complete this questionnaire and may withdraw at any point prior to submitting your responses. Your club will be informed of our overall findings.

We ask for your personal postcode in the questionnaire to allow us to map your responses against the type of area you live in and to identify whether certain areas need different amounts or types of education. This will not be used to track you individually, and demographic information about your area will be obtained from the Public Health Wales Observatory.

Data collection is being undertaken by Mr Dan Evans, as part of a final year undergraduate project. Cardiff University Bioscience School Research Ethics Committee (BIOSISREC) has granted ethical approval for this study. If you have any concerns or questions regarding the ethical aspects of this research, please contact the SREC secretary at BIOSIETHICS@cf.ac.uk.

PLEASE NOTE, this study does not provide any diagnostic information. If you have ANY concerns regarding concussion or your health generally you should contact a medical professional such as your GP, in the normal way.

Thank you for completing this questionnaire and contributing to improving education regarding concussion in rugby.

Kind regards,

Mr D Evans (Cardiff University)
Mr P Mathema (WRU)
Dr C Ranson (Cardiff Metropolitan University & WRU)
Dr S Amici-Dargan (Cardiff University)
Dr R Martin (Cwm Taf Health Board)

Any additional questions may be directed to:

Dr Sheila Amici-Dargan (Project supervisor) at amici-dargansl@Cardiff.ac.uk
Perceptions of concussion in Rugby Union

Consent Form

COPY TO BE RETAINED FOR STUDY RECORDS

I confirm that I have read and understood the information sheet and that I have had the opportunity to ask questions.

I give my consent for the data collected from this questionnaire to be used confidentially for research, statistical and analysis purposes by Cardiff University and the WRU. I also acknowledge that this information will remain confidential at all times and that reference to individuals shall not be made in any report or published material.

I understand that my postcode is requested in the questionnaire in order to map the responses I give with the type of area I live in, and to inform further education regarding concussion.

In addition, I understand that my participation is purely voluntary and that I may withdraw at any time before submission of the questionnaire without giving a reason.

____________________  ______  __________________
Signature          Date           Name (please print)
COACHES QUESTIONNAIRE

For adult concussion only (19yrs and over)

Please CIRCLE ONE answer to each question, unless instructed otherwise

Section 1. BACKGROUND

1. Club / Team ________________ 1.1 Home postcode _____________

2. Gender ________________ 3. Age _____________
   a) Male
   b) Female

4. For how many years have you worked as a Rugby Union coach? _____________

5. What is the highest level of Rugby Union you have coached in the last 12 months?
   a) International
   b) Adult Professional
   c) International Age Grade
   d) Adult Club
   e) Youth Club

6. What is your coaching role?
   a) Director of Rugby/Head coach
   b) Assistant coach
   c) Forwards coach
   d) Backs coach
   e) Kicking coach
   f) Other (please specify) ________________

7. Have you ever played Rugby Union?
   No (go to question 11)
   Yes (go to question 8)

8. For how many years have you played? _____________

9. What is the highest level of Rugby Union that you have played?
   a) International
   b) Adult Professional
   c) International Age Grade
   d) Adult Club
   e) Youth Club

10. What is/was your main Rugby Union playing position (1-15)? _____________
Section 2. KNOWLEDGE OF CONCUSSION

11. Have you ever heard of the term concussion?

Yes
No (if no, please move to question 33 of the questionnaire)

12. Which of the following are common signs or symptoms of concussion (please tick YES or NO)

<table>
<thead>
<tr>
<th>SIGNS and SYMPTOMS</th>
<th>YES</th>
<th>NO</th>
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13. Do you have to be ‘knocked out’ to be concussed?

Yes
No
Section 3. PERSONAL EXPERIENCES

14. Have you ever been knocked out?
   Yes
   No

15. Have you ever been concussed?
   Yes   (if yes, go to question 15.1)
   No    (if no, go to question 17)

15.1. How many times?
   a) 1 – 2
   b) 3 – 5
   c) 6 – 10
   d) 10+

16. Did you seek medical attention after being concussed?
   Yes   (if yes, go to question 16.1 and 16.2)
   No    (if no, go to question 17)

16.1 If Yes; after how many of these concussions?
   a) All
   b) 1 – 2
   c) 3 – 5
   d) 6 – 10
   e) 10+

16.2 If Yes; which of these medical providers?
   (Circle all of the relevant answers)
   a) Physiotherapist
   b) Team Doctor
   c) GP
   d) A&E
   e) Hospital Doctor
   f) Other (please specify) __________________________
Section 4. RETURNING TO PLAY

17. Should a player who has been knocked out be allowed to remain on the field of play if they feel fine and have no signs of concussion?

Yes
No
Don’t Know

17.1 Should a player who has shown signs of concussion be allowed to remain on the field of play if they report feeling fine?

Yes
No
Don’t Know

18. Are you aware of any official guidelines regarding returning to play following a concussion?

Yes (please specify) ______________________
No

19. At any time, which of the following do you think would slow a player’s recovery from a concussion? (Circle all of the relevant answers)

a) Poor night’s sleep
b) Drinking any alcohol
c) Taking paracetamol
d) Drinking excessive alcohol
e) Putting ice on your head
f) Wearing a headguard
g) Doing maths the same day
h) Going to the gym the next day
i) Computer games the same day
j) Going swimming the same day
Section 4. RETURNING TO PLAY (continued)

20. Are players at your club monitored and guided by medical staff during their return to play process following a concussion?

Yes (please answer questions 20.1 to 20.5)
No (please answer questions 20.6 and 20.7)

Questions 20.1, 20.2, 20.3, 20.4 and 20.5

20.1 Which of the following is the next step for a player who has sustained a concussion and has been symptom free for 24 hours?

a) Nothing, they should rest another 24 hours
b) Nothing, they should rest another 3 days
c) Cycling up to 70% max HR
d) Running drills, no head impact activities
e) Non-contact drills
f) Contact drills
g) Don’t know

20.2 Which of the following is the next step for a player experiencing symptoms such as headache, dizziness, or tiredness during exercise in the week after suffering a concussion?

a) Rest 1 week and be reassessed
b) Rest 2 days and be reassessed
c) Rest 24 hours and be reassessed
d) Proceed to the next stage of the return to play protocol
e) Don’t know

20.3 Have all of your players had a baseline SCAT 3 test?

a) Don’t know what SCAT 3 is
b) Yes
c) No
d) Don’t know

20.4 Have all of your players had a baseline CogSport test?

a) Don’t know what CogSport is
b) Yes
c) No
d) Don’t know

20.5 Do you have full confidence of the medical systems in place to deal with concussion?

Yes
No
Questions 20.6 and 20.7

**ANSWER ONLY IF YOU DO NOT HAVE MEDICAL STAFF WHO WOULD GUIDE AND MONITOR YOUR PLAYERS RETURNING TO PLAY PROCESS**

20.6 What is the minimum time a player should have off exercising once all symptoms of concussion have resolved?

a) No Time
b) 24 hours
c) 2-3 days
d) 4-5 days
e) 6-10 days
f) 2 weeks
g) 3 weeks
h) Don't Know

20.7 What is the minimum time a player should have off full contact matches once the symptoms of concussion have disappeared?

a) No Time
b) 24 hours
c) 2-3 days
d) 4-5 days
e) 6-10 days
f) 2 weeks
g) 19 days
h) 3 weeks
i) Don't Know
Section 5. PERSONAL EXPERIENCES 2

The following questions should be answered in the context of your role as a coach

21. How many times have you seen a player of your team concussed?
   a) 0-10
   b) 11-20
   c) 21-40
   d) 40+

22. What would you do if you thought one of your players was concussed? (Choose one response)
   a) Remove immediately
   b) Look again in 5 minutes to see if they have run it off
   c) Give them a headguard
   d) Nothing, it’s the player’s responsibility to tell me
   e) Rely on the medical team to make the right decision

23. What would you do if a player was showing signs of concussion but insisted they were fine to play on? (Choose one response)
   a) Allow them to play on, it’s the player’s decision
   b) Try to persuade them to come off but if they refuse allow them to continue
   c) Allow them to play for another 5 minutes to see if they run it off
   d) Consult the referee
   e) Insist they leave the pitch
   f) If present, rely on the match medical team to make the right decision
Section 5. PERSONAL EXPERIENCES 2 (continued)

24. Have you ever allowed a player to continue that you thought was concussed?
   Yes
   No
   Prefer not to answer

25. Have you ever pressured a player into playing with signs of a concussion?
   Yes
   No
   Prefer not to answer

26. Have you ever seen other coaching staff allowing a player to continue that you thought was concussed?
   Yes
   No
   Prefer not to answer

27. At what times do players have access to medical staff (Doctor/Physiotherapist/Sports Therapist/First Aider) at your club?
   a) Always during training sessions and matches
   b) Only on match days
   c) Some matches
   d) Never
Section 6. CONSEQUENCES OF CONCUSSION

28. Which of these are potential risks of returning to play when concussed? (Circle all of the relevant answers)

a) Second Impact Syndrome
b) Slower Recovery
c) There are no risks
d) Subdural haematoma
e) Injuries to other parts of the body
f) More serious brain injury
g) Reduced performance

29. Which of these do you think are potential long-term consequences of repeated concussion? (Circle all of the relevant answers)

a) Early onset dementia
b) Hair Loss
c) There are no potential long term consequences
d) Chronic Traumatic Encephalopathy (CTE)
e) Cataracts
f) Early onset Parkinson's disease
g) Reduced brain function
h) Cerebral Palsy

30. Which of these types of protective equipment could help prevent concussion? (Circle all of the relevant answers)

a) Headguard
b) Shoulder pads
c) Mouthguard
d) There isn’t any
Section 7. CONCUSSION EDUCATION

31. Have you ever had any education regarding concussion?

Yes  (if yes, go to question 31.1)
No   (if no, go to question 32)

31.1 From which of the below?  
(Circle all of the relevant answers and state the source)

a) Online training __________________

b) Group training __________________

c) Team Medic/Physiotherapist ____________

d) First Aid Course ____________________

e) Other ______________________________

32. Which of the following currently provides you information about recognising and managing concussion?  
(Circle all of the relevant answers)

a) Online search ____________________

b) IRB Website ______________________

c) WRU Website ______________________

d) Rugby Magazine __________________

e) Team Medic/Physiotherapist ______

f) Coach ___________________________

g) Training Course __________________

h) Other players _____________________

i) Local GP _________________________

j) Hard copy educational handouts ______

k) Free Smartphone App (please specify) __________________

l) Other (please specify) ______________

33. In the future which of these would be your preferred source/s of information about recognising and managing concussion?  
(Circle all of the relevant answers)

a) Online search ____________________

b) IRB Website ______________________

c) WRU Website ______________________

d) Rugby Magazine __________________

e) Team Medic/Physiotherapist ______

f) Coach ___________________________

g) Training Course __________________

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__________________________  __________  ______________________
Signature               Date               Name (please print)
MEDICAL STAFF QUESTIONNAIRE

For adult concussion only (19yrs and over)

Please CIRCLE ONE answer to each question, unless instructed otherwise

Section 1. BACKGROUND

1. Club / Team __________________ 1.1 Home postcode ______________
2. Gender __________________ 3. Age ______
   a) Male   b) Female
4. I am a __________________
   a) Physiotherapist   b) Doctor
   c) Sports Therapist  d) First Aid Responder
   e) Other (please specify) __________________
5. For how many years have you worked in this role within Rugby? ______
6. What is the highest level of Rugby Union you have provided medical cover for?
   a) International   b) Adult Professional
   c) International Age Grade   d) Adult Club
   e) Youth Club
7. Have you ever played Rugby Union?
   No (go to question 11)
   Yes (go to question 8)
8. For how many years have you played? ______
9. What is the highest level of Rugby Union that you have played?
   a) International   b) Adult Professional
   c) International Age Grade   d) Adult Club
   e) Youth Club
10. What is/was your main Rugby Union playing position (1-15)? ______
Section 2. KNOWLEDGE OF CONCUSSION

11. Have you ever heard of the term concussion?

Yes
No (if no, please move to question 35 of the questionnaire)

12. Which of the following are common signs or symptoms of concussion (please tick YES or NO)

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13. Do you have to be ‘knocked out’ to be concussed?

Yes
No
Section 3. PERSONAL EXPERIENCES

14. Have you ever been knocked out?
Yes
No

15. Have you ever been concussed?
Yes (if yes, go to question 15.1)
No (if no, go to question 17)

15.1. How many times?
   a) 1 – 2
   b) 3 – 5
   c) 6 – 10
   d) 10+

16. Did you seek medical attention after being concussed?
Yes (if yes, go to question 16.1 and 16.2)
No (if no, go to question 17)

16.1 If Yes; after how many of these concussions?
   a) All
   b) 1 – 2
   c) 3 – 5
   d) 6 – 10
   e) 10+

16.2 If Yes; from which of these medical providers? (Circle all of the relevant answers)
   a) Physiotherapist
   b) Team Doctor
   c) GP
   d) A&E
   e) Hospital Doctor
   f) Other (please specify) ______________________
Section 4. RETURNING TO PLAY

17. Should a player who has been knocked out be allowed to remain on the field of play if they feel fine and have no signs of concussion?

Yes
No
Don’t Know

17.1 Should a player who has shown signs of concussion be allowed to remain on the field of play if they report feeling fine?

Yes
No
Don’t Know

18. Are you aware of any official guidelines regarding returning to play following a concussion?

Yes (please specify) ______________________
No

19. At any time, which of the following do you think would slow a player’s recovery from a concussion? (Circle all of the relevant answers)

a) Poor night’s sleep
b) Drinking any alcohol
c) Taking paracetamol
d) Drinking excessive alcohol
e) Putting ice on your head
f) Wearing a headguard
g) Doing maths the same day
h) Going to the gym the next day
i) Computer games the same day
j) Going swimming the same day
Section 4. RETURNING TO PLAY (continued)

20. Please complete BOTH sections below regarding;

20 a) Players managed through a return to play process by a Doctor or Physiotherapist

Questions 20.1, 20.2, 20.3 and 20.4

20.1 Which of the following is the next step for a player who has sustained a concussion and has been symptom free for 24 hours?

a) Nothing, they should rest another 24 hours
b) Nothing, they should rest another 3 days
c) Cycling up to 70% max HR
d) Running drills, no head impact activities
e) Non-contact drills
f) Contact drills
g) Don’t know

20.2 Which of the following is the next step for a player experiencing symptoms such as headache, dizziness, or tiredness during exercise in the week after suffering a concussion?

a) Rest 1 week and be reassessed
b) Rest 2 days and be reassessed
c) Rest 24 hours and be reassessed
d) Proceed to the next stage of the return to play protocol
e) Don’t know

20.3 Have all of your players had a baseline SCAT 3 test?

a) Don’t know what SCAT 3 is
b) Yes
c) No
d) Don’t know

20.4 Have all of your players had a baseline CogSport test?

a) Don’t know what CogSport is
b) Yes
c) No
d) Don’t know
Section 4. RETURNING TO PLAY (continued)

20 b) Players **NOT** being managed through a return to play process by a Doctor or Physiotherapist

**Questions 20.5 and 20.6**

20.5 What is the minimum time a player should have off exercising once all symptoms of concussion have resolved?

- a) No Time
- b) 24 hours
- c) 2-3 days
- d) 4-5 days
- e) 6-10 days
- f) 2 weeks
- g) 3 weeks
- h) Don't Know

20.6 What is the minimum time a player should have off full contact matches once the symptoms of concussion have disappeared?

- a) No Time
- b) 24 hours
- c) 2-3 days
- d) 4-5 days
- e) 6-10 days
- f) 2 weeks
- g) 19 days
- h) 3 weeks
- i) Don't Know
Section 5. PERSONAL EXPERIENCES 2

21. Have you ever felt pressured by coaching staff to clear a player you feel is concussed during a match?
   Yes
   No

22. Have you ever felt pressured by a player who you feel is concussed to allow them to play on during a match?
   Yes
   No

   IF YOU DO NOT HAVE ACCESS TO PLAYERS THROUGHOUT THE WEEK IN ORDER TO MONITOR THEM THROUGH A GRADUATED RETURN TO PLAY PROCESS, PLEASE MOVE TO QUESTION 25

23. Have you ever felt pressured by coaching staff to make a player available that you feel is still suffering post-concussive signs or symptoms during the return to play process?
   Yes
   No

24. Have you ever felt pressured by a player to make them available that you feel is still suffering post-concussive signs or symptoms during the return to play process?
   Yes
   No

25. How difficult do you find diagnosing a player with concussion mid-game?
   a) Very Difficult
   b) Difficult
   c) Neutral
   d) Easy
   e) Very Easy

26. Have you heard of the IRB Pitch Side Concussion Assessment Tool (PSCA)?
   Yes   (if yes, go to question 26.1)
   No    (if no, go to question 27)

   26.1 Have you used the PSCA?
       Yes
       No

   26.2 Was it useful? (please continue overleaf if required)
       Yes  Why was it useful – please specify _______________________________
       No   Why wasn’t it useful – please specify ______________________________
Section 5. PERSONAL EXPERIENCES 2 (continued)

27. Do you think lack of player and coach knowledge makes it difficult for you to manage concussion?

Yes
No

28. Do you think improved player and coach education would help your role in managing concussion?

Yes
No

29. Which of the signs listed below would make you refer a player to an Emergency Department? (Circle all of the relevant answers)

a) Two or more episodes of vomiting
b) Decrease in consciousness
c) Amnesia of the 5 minutes before impact
d) More than one episode of concussion
e) Increasing headache
f) Amnesia of the 30 minutes before impact
Section 6. CONSEQUENCES OF CONCUSSION

30. Which of these are potential risks of returning to play when concussed? (Circle all of the relevant answers)

a) Second Impact Syndrome
b) Slower Recovery
c) There are no risks
d) Subdural haematoma
e) Injuries to other parts of the body
f) More serious brain injury
g) Reduced performance

31. Which of these do you think are potential long-term consequences of repeated concussion? (Circle all of the relevant answers)

a) Early onset dementia
b) Hair Loss
c) There are no potential long term consequences
d) Chronic Traumatic Encephalopathy (CTE)
e) Cataracts
f) Early onset Parkinson's disease
g) Reduced brain function
h) Cerebral Palsy

32. Which of these types of protective equipment could help prevent concussion? (Circle all of the relevant answers)

a) Headguard
b) Shoulder pads
c) Mouthguard
d) There isn’t any
Section 7. CONCUSSION EDUCATION

33. Have you ever had any education regarding concussion?

Yes  (if yes, go to question 33.1)
No   (if no, go to question 34)

33.1 From which of the below?
(Circle all of the relevant answers and state the source)

a) Online training
b) Group training
c) Team Medic/Physiotherapist
d) First Aid Course
e) Other

34. Which of the following currently provides you information about recognising and managing concussion?
(Circle all of the relevant answers)

a) Online search
b) IRB Website
c) WRU Website
d) Rugby Magazine
e) Team Medic/Physiotherapist
f) Coach
g) Training Course
h) Other players
i) Local GP
j) Hard copy educational handouts
k) Free Smartphone App (please specify)
l) Other (please specify)

35. In the future which of these would be your preferred source/s of information about recognising and managing concussion?
(Circle all of the relevant answers)

a) Online search
b) IRB Website
c) WRU Website
d) Rugby Magazine
e) Team Medic/Physiotherapist
f) Coach
g) Training Course
h) Other players
i) Local GP
j) Hard copy educational handouts
k) Free Smartphone App (please specify)
l) Other (please specify)
Perceptions of concussion in Rugby Union

Information Form

This questionnaire has been designed at Cardiff University, in collaboration with the WRU and should take approximately 10 minutes to complete. It has been designed to collect data about the understandings of players, coaches, referees and medical staff regarding concussion in rugby. We aim to gather an understanding of the current perceptions and awareness amongst all involved, and guide future education to improve player welfare in Rugby Union.

All data will be analysed and interpreted confidentially and may be retained indefinitely. The project supervisor at Cardiff University will store consent forms and questionnaires separately. No identifiable data will be used in any publically available material so data will not be traceable back to you. The data is intended for use within Cardiff University and the WRU to guide further education, but some may be used in scientific literature for publication. Please be aware that you are in no way obliged to complete this questionnaire and may withdraw at any point prior to submitting your responses. Your club will be informed of our overall findings.

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Data collection is being undertaken by Mr Dan Evans, as part of a final year undergraduate project. Cardiff University Bioscience School Research Ethics Committee (BIOSISREC) has granted ethical approval for this study. If you have any concerns or questions regarding the ethical aspects of this research, please contact the SREC secretary at BIOSIETHICS@cf.ac.uk.

PLEASE NOTE, this study does not provide any diagnostic information. If you have ANY concerns regarding concussion or your health generally you should contact a medical professional such as your GP, in the normal way.

Thank you for completing this questionnaire and contributing to improving education regarding concussion in rugby.

Kind regards,

Mr D Evans (Cardiff University)
Mr P Mathema (WRU)
Dr C Ranson (Cardiff Metropolitan University & WRU)
Dr S Amici-Dargan (Cardiff University)
Dr R Martin (Cwm Taf Health Board)

Any additional questions may be directed to:

Dr Sheila Amici-Dargan (Project supervisor) at amici-dargansl@Cardiff.ac.uk
Perceptions of concussion in Rugby Union

Consent Form

COPY TO BE RETAINED FOR STUDY RECORDS

I confirm that I have read and understood the information sheet and that I have had the opportunity to ask questions.

I give my consent for the data collected from this questionnaire to be used confidentially for research, statistical and analysis purposes by Cardiff University and the WRU. I also acknowledge that this information will remain confidential at all times and that reference to individuals shall not be made in any report or published material.

I understand that my postcode is requested in the questionnaire in order to map the responses I give with the type of area I live in, and to inform further education regarding concussion.

In addition, I understand that my participation is purely voluntary and that I may withdraw at any time before submission of the questionnaire without giving a reason.

☐ By checking this box I acknowledge and agree with all of the above comments and give my informed consent

Date: ____________________________

Name: ___________________________
REFEREES QUESTIONNAIRE

For adult concussion only (19yrs and over)

Please CHECK ONE answer to each question, unless instructed otherwise

Section 1. BACKGROUND

1. Gender
   a) Male
   b) Female

1.1 Home postcode

2. Age

3. For how many years have you acted as a Rugby Union referee?

4. What is the highest level of Rugby Union you have refereed?
   a) International
   b) Adult Professional
   c) International Age Grade
   d) Adult Club
   e) Youth Club

5. What is your refereeing grade?
   a) Elite
   b) Premiership
   c) Championship
   d) Grade 1
   e) Grade 2
   f) Grade 3
   g) Grade 4
   h) Grade 5

6. Have you ever played Rugby Union?
   No (go to question 10)
   Yes (go to question 7)

7. For how many years have you played Rugby Union?

8. What is the highest level of Rugby Union that you have played?
   a) International
   b) Adult Professional
   c) International Age Grade
   d) Adult Club
   e) Youth Club

9. What is/was your main Rugby Union playing position (1-15)?
Section 2. KNOWLEDGE OF CONCUSSION

10. Have you ever heard of the term concussion?
   Yes  
   No  (if no, please move to question 27)

11. Which of the following are common signs or symptoms of concussion (please tick YES or NO)

<table>
<thead>
<tr>
<th>SIGNS and SYMPTOMS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm Pain</td>
<td></td>
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</table>

12. Do you have to be ‘knocked out’ to be concussed?
   Yes  
   No   

Section 3. PERSONAL EXPERIENCES 1

13. Have you ever been knocked out?
Yes □
No □

14. Have you ever been concussed?
Yes (if yes, go to question 14.1) □
No (if no, go to question 16) □

14.1. How many times?
   a) 1 – 2 □
   b) 3 – 5 □
   c) 6 – 10 □
   d) 10+ □

15. Did you seek medical attention after being concussed?
Yes □ (if yes, go to question 15.1 and 15.2)
No □ (if no, go to question 16)

15.1 If Yes; after how many of these concussions?
   a) All □
   b) 1 – 2 □
   c) 3 – 5 □
   d) 6 – 10 □
   e) 10+ □

15.2 If Yes; from which of these medical providers? (Check all relevant answers)
   a) Physiotherapist □
   b) Team Doctor □
   c) GP □
   d) A&E □
   e) Hospital Doctor □
   f) Other (please specify) □
Section 4. RETURNING TO PLAY

16. Should a player who has been knocked out be allowed to remain on the field of play if they feel fine and have no signs of concussion?

Yes ☐
No ☐
Don’t Know ☐

16.1 Should a player who has shown signs of concussion be allowed to remain on the field of play if they report feeling fine?

Yes ☐
No ☐
Don’t Know ☐

17. Are you aware of any official guidelines regarding returning to play following a concussion?

Yes ☐ (please specify)
No ☐
Section 5. PERSONAL EXPERIENCES 2

18. Who has the final say in demanding a player leaves the field in an incidence of concussion?  
   (Choose one response)
   a) The referee
   b) The medical staff
   c) The referee and medical staff should arrive at a joint decision
   d) The referee, medical staff and coaches should arrive at a joint decision
   e) The medical staff and coaches should arrive at a joint decision

19. Have you ever seen a coach pressure a player to continue that you think is concussed?
   Yes
   No

20. Have you ever seen a coach pressure medical staff into allowing a player to continue who they think is concussed?
   Yes
   No

21. Do you think that improved player and coach education would make your role in managing concussion easier?
   Yes
   No
Section 6. CONSEQUENCES OF CONCUSSION

22. Which of these are potential risks of returning to play when concussed? (Check all relevant answers)

a) Second Impact Syndrome □
b) Slower Recovery □
c) There are no risks □
d) Subdural haematoma □
e) Injuries to other parts of the body □
f) More serious brain injury □
g) Reduced performance □

23. Which of these do you think are potential long-term consequences of repeated concussion? (Check all relevant answers)

a) Early onset dementia □
b) Hair Loss □
c) No potential long term consequences □
d) Chronic Traumatic Encephalopathy (CTE) □
e) Cataracts □
f) Early onset Parkinson’s disease □
g) Reduced brain function □
h) Cerebral Palsy □

24. Which of these types of protective equipment could help prevent concussion? (Check all relevant answers)

a) Headguard □
b) Shoulder pads □
c) Mouthguard □
d) There aren’t any □
Section 7. CONCUSSION EDUCATION

25. Have you ever had any education regarding concussion?

Yes ☐ (if yes, go to question 25.1)
No ☐ (if no, go to question 26)

25.1 From which of the below? (Check all relevant answers and state the title of the course)

a) Online training
b) Group training
c) Team Medic/Physiotherapist
d) First Aid Course
e) Other

26. Which of the following currently provides you information about recognising and managing concussion? (Check all relevant answers)

a) Online search
b) IRB Website
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f) Coach
g) Training Course
h) Other players
i) Local GP
j) Hard copy educational handouts
k) Free Smartphone App (please specify)
l) Other (please specify)

27. In the future which of these would be your preferred source/s of information about recognising and managing concussion? (Check all relevant answers)

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Perceptions of concussion in Rugby Union

Information Form

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Perceptions of concussion in Rugby Union

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In addition, I understand that my participation is purely voluntary and that I may withdraw at any time before submission of the questionnaire without giving a reason.

____________________  __________  ______________________
Signature           Date       Name (please print)
PLAYER QUESTIONNAIRE

For adult concussion only (19yrs and over)

Please CIRCLE ONE answer to each question, unless instructed otherwise

Section 1. BACKGROUND

1. Club / Team ____________________ 1.1 Home postcode ______________

2. Gender ____________________ 3. Age __________
   a) Male
   b) Female

4. What is the highest level of Rugby Union you have played in the last 12 months?
   a) International
   b) Adult Professional
   c) Semi-Professional
   d) Adult Club
   e) Youth Club

5. For how many years have you played Rugby Union? ________

6. What is the highest level of Rugby Union you have ever played?
   a) International
   b) Adult Professional
   c) International Age Grade
   d) Adult Club
   e) Youth Club

7. What is your main Rugby Union playing position (1-15)? ________
Section 2. KNOWLEDGE OF CONCUSSION

8. Have you ever heard of the term concussion?
Yes
No (if no, please move to question 27 of the questionnaire)

9. Which of the following are common signs or symptoms of concussion (please tick YES or NO)

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10. Do you have to be ‘knocked out’ to be concussed?
Yes
No
Section 3. PERSONAL EXPERIENCES

11. Have you ever been knocked out?
   Yes 
   No 

12. Have you ever been concussed?
   Yes (if yes, go to question 12.1)
   No (if no, go to question 14)

   12.1. How many times?
   a)  1 – 2
   b)  3 – 5
   c)  6 – 10
   d)  10+

13. Did you seek medical attention after being concussed?
   Yes (if yes, go to question 13.1 and 13.2)
   No (if no, go to question 14)

   13.1 If Yes; after how many of these concussions?
   a)  All
   b)  1 – 2
   c)  3 – 5
   d)  6 – 10
   e)  10+

   13.2 If Yes; from which of these medical providers?
   (Circle all of the relevant answers)
   a)  Physiotherapist
   b)  Team Doctor
   c)  GP
   d)  A&E
   e)  Hospital Doctor
   f)  Other (please specify)
Section 4. RETURNING TO PLAY

14. Should a player who has been knocked out be allowed to remain on the field of play if they feel fine and have no signs of concussion?
   Yes
   No
   Don’t Know

14.1 Should a player who has shown signs of concussion be allowed to remain on the field of play if they report feeling fine?
   Yes
   No
   Don’t Know

15. Would you tell anyone if you thought you had suffered concussion?
   Yes (who would you tell) ____________________________
   No

16. Would you tell anyone if you thought a teammate was concussed but still playing on?
   Yes (who would you tell) ____________________________
   No

17. Are you aware of any official guidelines regarding returning to play following a concussion?
   Yes (please specify) ____________________________
   No

18. At any time, which of the following do you think would slow a player’s recovery from a concussion? (Circle all of the relevant answers)
   a) Poor night’s sleep
   b) Drinking any alcohol
   c) Taking paracetamol
   d) Drinking excessive alcohol
   e) Putting ice on your head
   f) Wearing a headguard
   g) Doing maths the same day
   h) Going to the gym the next day
   i) Computer games the same day
   j) Going swimming the same day
Section 4. RETURNING TO PLAY (continued)

19. Do you have medical staff at your club who would guide and monitor your returning to play process following a concussion?

Yes  (please answer questions 19.1 to 19.5)
No  (please answer questions 19.6 and 19.7)


19.1 Which of the following is the next step for a player who has sustained a concussion and has been symptom free for 24 hours?

a) Nothing, they should rest another 24 hours
b) Nothing, they should rest another 3 days
c) Cycling up to 70% max HR
d) Running drills, no head impact activities
e) Non-contact drills
f) Contact drills
g) Don’t know

19.2 Which of the following is the next step for a player experiencing symptoms such as headache, dizziness, or tiredness during exercise in the week after suffering a concussion?

a) Rest 1 week and be reassessed
b) Rest 2 days and be reassessed
c) Rest 24 hours and be reassessed
d) Proceed to the next stage of the return to play protocol
e) Don’t know

19.3 Have you had a baseline SCAT 3 test?

a) Don’t know what SCAT 3 is
b) Yes
c) No
d) Don’t know

19.4 Have you had a baseline CogSport test?

a) Don’t know what CogSport is
b) Yes
c) No
d) Don’t know

19.5 Do you have full confidence of the medical systems in place to deal with concussion?

Yes
No
Section 4. RETURNING TO PLAY (continued)

ANSWER ONLY IF YOU DO NOT HAVE MEDICAL STAFF WHO WOULD GUIDE AND MONITOR YOUR RETURNING TO PLAY PROCESS

Questions 19.6 and 19.7

19.6 What is the minimum time a player should have off exercising once all symptoms of concussion have resolved?

a) No Time
b) 24 hours
c) 2-3 days
d) 4-5 days
e) 6-10 days
f) 2 weeks
g) 3 weeks
h) Don't Know

19.7 What is the minimum time a player should have off full contact matches once the symptoms of concussion have disappeared?

a) No Time
b) 24 hours
c) 2-3 days
d) 4-5 days
e) 6-10 days
f) 2 weeks
g) 19 days
h) 3 weeks
i) Don’t Know
Section 5. PERSONAL EXPERIENCES 2

20. Have you ever continued playing following a concussion?
   
   Yes
   No

21. Have you ever felt pressured to continue playing following a concussion?
   
   Yes  (if yes, go to question 21.1 and 21.2)
   No   (if no, go to question 22)

   21.1 By who/why?  (Circle all of the relevant answers)
   
   a) Teammates
   b) Coaching staff
   c) Medical staff
   d) Fitness staff
   e) Didn’t want to let the team down
   f) Financial
   g) Other (please specify) ________________

   21.2 How many times has this happened?
   
   a) 1 – 2
   b) 3 – 5
   c) 6 – 10
   d) 10+
Section 6. CONSEQUENCES OF CONCUSSION

22. Which of these are potential risks of returning to play when concussed? (Circle all of the relevant answers)

a) Second Impact Syndrome
b) Slower Recovery
c) There are no risks
d) Subdural haematoma
e) Injuries to other parts of the body
f) More serious brain injury
g) Reduced performance

23. Which of these do you think are potential long-term consequences of repeated concussion? (Circle all of the relevant answers)

a) Early onset dementia
b) Hair Loss
c) There are no potential long term consequences
d) Chronic Traumatic Encephalopathy (CTE)
e) Cataracts
f) Early onset Parkinson's disease
g) Reduced brain function
h) Cerebral Palsy

24. Which of these types of protective equipment could help prevent concussion? (Circle all of the relevant answers)

a) Headguard
b) Shoulder pads
c) Mouthguard
d) There isn’t any
Section 7. CONCUSSION EDUCATION

25. Have you ever had any education regarding concussion?

Yes  (if yes, go to question 25.1)
No  (if no, go to question 26)

25.1 From which of the below?  
(Circle all of the relevant answers and state the source)

a) Online training ______________________

b) Group training ______________________

c) Team Medic/Physiotherapist ______________________

d) First Aid Course ______________________

e) Other ______________________

26. Which of the following currently provides you information about recognising and managing concussion?  
(Circle all of the relevant answers)

a) Online search
b) IRB Website
c) WRU Website
d) Rugby Magazine
e) Team Medic/Physiotherapist
f) Coach
g) Training Course
h) Other players
i) Local GP
j) Hard copy educational handouts
k) Free Smartphone App (please specify) ______________________
l) Other (please specify) ______________________

27. In the future which of these would be your preferred source/s of information about recognising and managing concussion?  
(Circle all of the relevant answers)

a) Online search
b) IRB Website
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d) Rugby Magazine
e) Team Medic/Physiotherapist
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k) Free Smartphone App (please specify) ______________________
l) Other (please specify) ______________________