

# IRB Serious Injury Follow-up Questionnaire



To be completed by injured player and/or coach in conjunction with interviewer:

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the New Zealand Rugby Union



## Section A: Personal Details

1. IRB Registration Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Gender (*Please Circle one*):                      Male                      Female

5. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Telephone: (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

7. Marital Status: \_\_\_\_\_

8. Dependants: \_\_\_\_\_

9. Occupation: • Current: \_\_\_\_\_

• Previous: \_\_\_\_\_

10. What was your weight at the time of the injury? \_\_\_\_\_

11. What is your current weight? \_\_\_\_\_

12. What was your height at the time of the injury? \_\_\_\_\_

13. To which Region do you belong? (*Please Circle one*):

FIRA (Europe)

NAWIRA (North America & West Indies)

CONSUR (South America)

ARFU (Asia)

CAR (Africa)

FORU (Australasia)

Please state your ethnic origin \_\_\_\_\_

**Section B: Injury Circumstances**

1. How well do you remember events of the day on which you were injured? *(Please Circle)*

1 – Not at all      2 – Vaguely      3 – somewhat      4 – well      5 – very well

*(If 1 – Not at all, ask if there were any eye-witnesses to the injury, and obtain relevant information from them)*

2. What was the date the injury occurred? \_\_\_\_\_

3. At what time of day did the injury occur? \_\_\_\_\_ **am / pm** *(Please Circle)*

4. Please specify the grade of the match in which you were playing when injured: \_\_\_\_\_

4a. Please specify your usual grade if different from above: \_\_\_\_\_

5. Did you warm-up before the match in which you sustained your injury?

Yes                       No

6. Did you stretch before the game?

Yes                       No

7. In your own words, describe the events that led up to the moment when you were injured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. In what phase of play were you injured? *(Please tick appropriate answer)*

- |  |  |
|--|--|
| <input type="checkbox"/> Collapsed scrum           | <input type="checkbox"/> While being tackled |
| <input type="checkbox"/> While engaging in a scrum | <input type="checkbox"/> Collision           |
| <input type="checkbox"/> In a ruck                 | <input type="checkbox"/> Lineout             |
| <input type="checkbox"/> In a maul                 | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Tackling an opponent      |  |

8a. If other, please specify: \_\_\_\_\_

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**9.** If the injury occurred during a tackle, please provide the following information:  
(one box in each column)

Role	Tackle height	Tackle direction	Tackler's velocity	Ball carrier's stance	Ball carrier's velocity	Tackle Type
Ball carrier	High	Front	High	Upright	High	Arms around player
Tackler	Middle	Side	Low	Low	Low	Shoulder Charge (No Arms)
Support player	Low	Behind	Stationary	Falling or diving	Stationary	Spear Tackle (Pile Drive)
						Head as first point of contact
						Scragged collar

Number of Tacklers
1
2
3 or more

**9a.** Other relevant information about the tackle type or circumstances:

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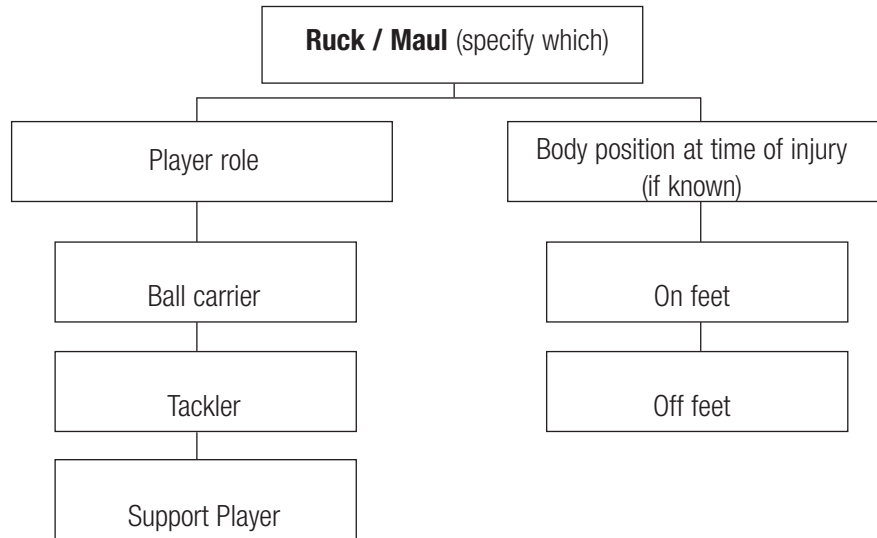
**10.** If the injury occurred during a scrum, please provide the following information:

Scrummaging Injuries				
Collapse	Impact	Popping	Screwing (scrum rotation)	Own team scrum feed
				Opposition scrum feed

**10a.** Other relevant information about the scrum type or circumstances:

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**11.** If the injury occurred during a ruck or maul, please code the following information:



**11a.** Other relevant information about the ruck/maul type or circumstances:

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**12.** Did the injury take place during foul or illegal play (i.e. high tackle, offside, etc.)?

Yes  No

**12a.** If yes, please elaborate:

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**12b.** Did the referee take action?

Yes  No

**12c.** If yes, please elaborate:

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**13.** What position were you playing in when you sustained your injury?

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**13a.** How many years had you been playing in this position?

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**13b.** What was your preferred position?

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