

Online Supplement 1: CKBBQ Questionnaire: Parent and Coach Version & Coach (non-parent) Version

Child SSID _____ *office use only

Team Number _____

Concussion Knowledge, Beliefs and Behaviour Questionnaire: Parents and Coaches

Demographic Information

Parent Name: _____	Child's Name: _____
My relationship to the player is: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> _____	Team Name: _____
What year were you born? _____	Region: <input type="checkbox"/> Calgary <input type="checkbox"/> Vancouver <input type="checkbox"/> Edmonton
Highest Level of Education: <input type="checkbox"/> Some grade school <input type="checkbox"/> High School <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> College <input type="checkbox"/> Other	Date Completed: _____ (mm/dd/yyyy)

Part 1

- How many years have you been a hockey parent? ☐ First year ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ >7
- How many children do you currently have playing hockey? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >6
- What levels of play are your child(ren) currently participating in?

<input type="checkbox"/> Timbit	<input type="checkbox"/> Atom (Division: _____)	<input type="checkbox"/> Midget (Division: _____)	<input type="checkbox"/> Varsity
<input type="checkbox"/> Tyke	<input type="checkbox"/> Pee Wee (Division: _____)	<input type="checkbox"/> Junior (Division: _____)	<input type="checkbox"/> Professional
<input type="checkbox"/> Novice (Division: _____)	<input type="checkbox"/> Bantam (Division: _____)		<input type="checkbox"/> Adult
- (a) Have you ever coached hockey before? ☐ No ☐ Yes (Please indicate all levels coached)

<input type="checkbox"/> Timbit	<input type="checkbox"/> Atom (Divisions: _____)	<input type="checkbox"/> Midget (Divisions: _____)	<input type="checkbox"/> Varsity
<input type="checkbox"/> Tyke	<input type="checkbox"/> Pee Wee (Divisions: _____)	<input type="checkbox"/> Junior (Divisions: _____)	<input type="checkbox"/> Professional
<input type="checkbox"/> Novice (Divisions: _____)	<input type="checkbox"/> Bantam (Divisions: _____)		<input type="checkbox"/> Adult
- (b) What is the highest division you have ever coached? _____
- Do you have medical or first aid certification? ☐ No ☐ Yes (Please Describe) _____
- Have you completed the Hockey Canada Safety Program? ☐ No ☐ Yes ☐ I don't know
- (a) Do you have experience playing hockey? ☐ No ☐ Yes, I currently play ☐ Yes, I used to play
- (b) How many years in total have you played? _____
- (c) What is the highest level you played? _____
- Is being educated about concussion mandatory for parents in your association? ☐ No ☐ Yes ☐ I don't know
- (a) How many concussions have all your children had in total? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ >6
- (b) If they have had a concussion think about the most severe concussion, how long did they take to recover?

<input type="checkbox"/> N/A	<input type="checkbox"/> It took them _____ days to recover
------------------------------	---
- (a) Have you ever received information about concussion? ☐ No ☐ Yes
- (b) Was the information provided to you this season? ☐ No ☐ Yes
- Where do you get your information about concussion and how helpful is it?

	Do you get information from the following places?		If yes, how helpful is the information you receive?				
			Not at all helpful	A little	Somewhat	Very	Extremely helpful
Hockey Association	No	Yes	1	2	3	4	5
Workshops/Coaching Clinics	No	Yes	1	2	3	4	5
Research Articles	No	Yes	1	2	3	4	5
TV	No	Yes	1	2	3	4	5
Newspapers	No	Yes	1	2	3	4	5
Social media (Facebook, twitter)	No	Yes	1	2	3	4	5
Magazines	No	Yes	1	2	3	4	5
Internet	No	Yes	1	2	3	4	5
Health Care Professionals	No	Yes	1	2	3	4	5
Other Parents	No	Yes	1	2	3	4	5
Other: _____	No	Yes	1	2	3	4	5

12. Who would you like to get information about concussions from? (Please check all that apply)

- ☐ Coaches
 ☐ The Hockey Association
 ☐ Other _____
- ☐ Online Workshops
 ☐ Medical Doctors
- ☐ In person training
 ☐ Health Care Professionals

13. Have you completed the Concussion Awareness Training Tool?

- ☐ No
 ☐ No, and I don't know what that is
 ☐ Yes
- If yes: when did you complete it? _____ (dd/mm/yyyy)

I heard about it from: ☐ A member of this research study ☐ Another parent ☐ A coach ☐ Other _____

14. Are you interested in being educated about concussion?

- ☐ No
 ☐ Yes

Part 2

Please answer the following True or False questions to the best of your ability.

Please mark T for true, F for false and ? if you don't know.

- | | | | |
|--|-----|----|---|
| 1. People who have had one concussion are more likely to have another concussion. | T | F | ? |
| 2. Sometimes a second concussion can help a person remember things that were forgotten after the first concussion. | T | F | ? |
| 3. An athlete can return to play while experiencing symptoms of a concussion if directed to do so by an athletic trainer or a physician. | T | F | ? |
| 4. There are helmets that prevent all concussions. | T | F | ? |
| 5. A concussion is a brain injury. | T | F | ? |
| 6. Have you heard of the term "graduated return to play protocol" or "stepwise return to play" for concussion? | YES | NO | |

6. a) If yes, can you try to list the 6 stages?

Stage 1 _____

Stage 2 _____

Stage 3 _____

Stage 4 _____

Stage 5 _____

Stage 6 _____

In the following scenarios what is the most appropriate response: Do Nothing (DN), Non-Urgent: Book an appointment with doctor (NU), Urgent: Call 911/Take to Emergency (ED).

- | | | | |
|--|----|----|----|
| 7. After a collision, body check, or fall your child starts vomiting repeatedly. | DN | NU | ED |
| 8. After a collision, body check, or fall your child has a headache that continues to get worse. | DN | NU | ED |
| 9. Immediately after a collision, body check, or fall your child immediately complains of a headache and dizziness but starts to feel better by the end of the game. | DN | NU | ED |

Please answer the following True or False questions to the best of your ability.

Please mark T for True, F for False and ? If you don't know.

- | | | | |
|---|---|---|---|
| 10. In order to be diagnosed with a concussion, you have to be knocked out. | T | F | ? |
| 11. There is a higher risk of long term problems if someone has a second concussion before recovering from the first one. | T | F | ? |
| 12. Concussions can sometimes lead to emotional problems. | T | F | ? |
| 13. Ice hockey is a game typically played with a puck. | T | F | ? |
| 14. A concussion can only occur if there is a direct hit to the head. | T | F | ? |
| 15. There are few risks to long-term health and well-being from multiple concussions. | T | F | ? |
| 16. Younger players (under the age of 18) typically take longer to recover from a concussion than adults. | T | F | ? |
| 17. Post concussion symptoms can be delayed for hours or days. | T | F | ? |

Think about someone who has had a concussion. Select Y for the following signs and symptoms that you believe someone may be likely to experience BECAUSE of a concussion, N for symptoms not associated with concussion and ? If you don't know.

18. Hives	Y	N	?	24. Panic Attacks	Y	N	?	30. Excessive Studying	Y	N	?
19. Headache	Y	N	?	25. Feeling Tired	Y	N	?	31. Difficulty Concentrating	Y	N	?
20. Fever	Y	N	?	26. Feeling in a Fog	Y	N	?	32. Dizziness	Y	N	?
21. Arthritis	Y	N	?	27. Weight Gain	Y	N	?	33. Hair Loss	Y	N	?
22. Sensitivity to Light	Y	N	?	28. Feeling Slowed Down	Y	N	?				
23. Difficulty Remembering	Y	N	?	29. Reduced Breathing Rate	Y	N	?				

Part 3

Please rate the following from 1 Not at all Likely to 7 Extremely Likely.

1 Not at all Likely -- 4 Moderately Likely -- 7 Extremely Likely

1. How likely is it that your child will sustain a concussion playing ice hockey? 1 2 3 4 5 6 7

2. How likely is it that your child will have long lasting consequences following a concussion in ice hockey? 1 2 3 4 5 6 7

Please rate the following from 1 Not at all Bad to 7 Extremely Bad.

1 Not at all bad -- 4 Moderately Bad -- 7 Extremely Bad

3-6. How bad is it for your child's health...

3. ...to not be assessed and cleared by a physician before returning to play after sustaining a suspected concussion? 1 2 3 4 5 6 7

4. ...to have a headache after a hard fall, collision, or body check and not be assessed and cleared by a physician before returning to play? 1 2 3 4 5 6 7

5. ...to be unsteady on their feet after a hard fall, collision, or body check and not be assessed and cleared by a physician before returning to play? 1 2 3 4 5 6 7

6. ...to feel dizziness after a hard fall, collision, or body check and not be assessed and cleared by a physician before returning to play? 1 2 3 4 5 6 7

Please choose how much you disagree or agree with the following statements.

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

7-14. If I make my child see a physician for an assessment and they stay out of hockey and other activities until they get clearance from a physician after a suspected concussion...

7. ...It will reduce the chances of my child sustaining another concussion. 1 2 3 4 5 6 7

8. ...I will be wasting the money I spent on my child to play hockey. 1 2 3 4 5 6 7

9. ...It will reduce my child's chance of making their injury worse and missing more hockey. 1 2 3 4 5 6 7

10. ...My child will be angry with me. 1 2 3 4 5 6 7

11. ...My child will lose their spot on the team. 1 2 3 4 5 6 7

12. ...It will help my child stay healthy. 1 2 3 4 5 6 7

13. ...I will miss too much work. 1 2 3 4 5 6 7

14. ...The doctor will not tell me anything new. 1 2 3 4 5 6 7

15-16. I am confident ...

15. ...I can get my child to an appointment with a physician for a suspected concussion if needed. 1 2 3 4 5 6 7

16. ...I can make the decision of when to have my child see a physician for a suspected concussion if needed. 1 2 3 4 5 6 7

17. I intend to take my child to see a physician for an assessment if a concussion is suspected. 1 2 3 4 5 6 7

18. I intend to get a doctor's clearance before allowing my child to return to activities following concussion. 1 2 3 4 5 6 7

Please rate the following from 1 Strongly Disagree to 7 Strongly Agree.

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

19-21. I am confident that I can make sure my child gets evaluated and cleared by a doctor following concussion...

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 19. ...even if there is somewhere else I have to be. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. ...even if my child doesn't want to go to the appointment. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. ...even if it's playoff season. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

22-23. I am confident that I can make sure my child gets evaluated and cleared by a doctor following concussion...

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 22. ...even if my child misses their first appointment because of a shift in schedules. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. ...even if my child has played a few practices since the incident. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I have made plans that include how I can get my child in to see a physician if they sustain a concussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. I have made plans about who my child will see if they sustain a concussion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please answer the following questions to the best of your ability.

26. Over the course the last hockey season (2014-2015) did you, your child, or your child's coach suspect that your child may have had a concussion in ice hockey? YES NO

If the answer to question 26 was no please skip to question 30

27. If yes, how many times was a concussion suspected? _____

28. Of the times a concussion was suspected, how many times did you see a physician for an initial assessment and diagnosis? _____

29. Of the times a concussion was suspected, how many times did you see a physician for clearance to return to hockey? _____

If the answer to question 26 was no continue here

30. Have you ever educated your child about concussions? ☐ Yes ☐ No ☐ No, but someone else educated them

If yes, please check off the selections that best describes the education you provided.

One-on-one session no resources: ☐ Signs and Symptoms ☐ Importance of reporting symptoms ☐ Enforce safe play

One-on-one session with resources: ☐ Signs and Symptoms ☐ Importance of reporting symptoms ☐ Enforce safe play

Other: _____

31. In the last year, have you educated your child about concussion? YES NO

32. Do you plan to educate your child about concussions? YES NO

33. Do you have the resources you need to educate your child about concussions? YES NO

Please choose how much you disagree or agree with the following statements.

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

34. Teaching players to respect themselves and other players is essential for concussion prevention. 1 2 3 4 5 6 7

35-37. The 2013 rule change by Hockey Canada delaying the introduction of body checking until Bantam..

35. ... was effective at reducing concussion in Pee Wee. 1 2 3 4 5 6 7

36. ... led and will continue to lead to more concussions when players are allowed to check in Bantam. 1 2 3 4 5 6 7

37. ... led and will continue to lead to more concussions when players are allowed to check in Midget. 1 2 3 4 5 6 7

38. Parents of elite ice hockey players are more likely than parents of non-elite players to want their child to return to play sooner following a concussion. 1 2 3 4 5 6 7

39. If my child has concussion-like symptoms after a rough hockey game but feels better by the time they get home I probably wouldn't take them to see a doctor. 1 2 3 4 5 6 7

40. I know ice hockey has many benefits for my child but sometimes the risk of concussion in the sport has me second guessing whether to enrol my child in the sport. 1 2 3 4 5 6 7

41. The risk of concussion in hockey cannot be reduced, it's just part of the game. 1 2 3 4 5 6 7

Open Comments?



**IF YOU ARE NOT A COACH OR SAFETY DESIGNATE YOU HAVE NOW COMPLETED THE QUESTIONNAIRE
THANK YOU FOR YOUR CONTRIBUTION TO RESEARCH**

Concussion Knowledge, Beliefs and Behaviour Questionnaire: Coach and Safety Designate Section

Please complete this section only if you are coaching a Bantam or Midget team during the 2015-2016 hockey season or if you are the safety designate for a Bantam or Midget team during the 2015-2016 hockey season.

Coach Demographic Information

I am a: ☐ Head Coach ☐ Assistant Coach ☐ Safety Coach

1. How many years have you been a hockey coach (safety designate)? _____

2. What is your highest level of coaching certification? _____

3. Which gender(s) have you coached in hockey?

- ☐ Female only ☐ Both female and male teams
☐ Male only ☐ Mixed gender teams

4. This season do you have access to any medical professionals to help manage injuries on the bench?

(Check all that apply)

☐ No Access ☐ Athletic Therapist ☐ Physiotherapist ☐ Doctor ☐ Paramedic ☐ Other _____

5. Is being educated about concussion mandatory for coaches in your association? ☐ No ☐ Yes ☐ I don't know

6. How many concussions occurred last season on teams you were coaching? _____

7. How many concussions on average do you see each season per team coached? _____

8. In your role of coach, approximately how many concussions have you ever witnessed? _____

Part 4

Please rate the following from 1 Not at all Likely to 7 Extremely Likely

1 Not at all Likely -- 4 Somewhat Likely -- 7 Extremely Likely

1. How likely is it that one of the players on your team will sustain a concussion this season? 1 2 3 4 5 6 7

2. How likely is it that one of the players on your team will have long lasting consequences following a concussion? 1 2 3 4 5 6 7

3. How likely are negative health consequences if an athlete is allowed to continue to play in the same game or practice in which he/she sustains a suspected concussion? 1 2 3 4 5 6 7

Please rate the following from 1 Not at all bad to 7 Extremely Bad

1 Not at all bad -- 4 Moderately Bad -- 7 Extremely Bad

4-7. How bad is it for a player's recovery...

4. ...to have symptoms of concussion but continue playing? 1 2 3 4 5 6 7

5. ...to have a headache after a hard fall, collision, or body check and continue playing? 1 2 3 4 5 6 7

6. ...to be unsteady on his/her feet after a hard fall, collision, or body check and continue playing? 1 2 3 4 5 6 7

7. ...to get dizzy after a hard fall, collision, or body check and keep playing? 1 2 3 4 5 6 7

Please choose how much you disagree or agree with the following statements.

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

8-13. If I take one of my players out of a game or practice because I suspect they may have a concussion...

8. ...it would reduce the chances of the player sustaining another concussion. 1 2 3 4 5 6 7

9. ...my team would lose the game. 1 2 3 4 5 6 7

10. ...it would reduce the player's chance of making their injury worse. 1 2 3 4 5 6 7

11. ...the parent of the player would be angry their child is not playing. 1 2 3 4 5 6 7

12. ...the parent of the player would question my decision. 1 2 3 4 5 6 7

13. ...it would help the player recover more quickly. 1 2 3 4 5 6 7

14-16. I am confident...

14. ...I can tell if one of my players should be removed from the game following a hard fall, collision, or body check. 1 2 3 4 5 6 7

15. ...I can make the decision to remove the player from play. 1 2 3 4 5 6 7

16. ...I can stop any of my players from playing should a concussion be suspected. 1 2 3 4 5 6 7

17. I intend to remove the player from play if a possible mechanism of concussion occurs. 1 2 3 4 5 6 7

18. I intend to remove the player from practice if a possible mechanism of concussion occurs. 1 2 3 4 5 6 7

19-21. I am confident I can make the decision to remove a player with a suspected concussion from play...

19. ...even if it is a playoff game. 1 2 3 4 5 6 7

20. ...even when the parent of the player gets upset with me. 1 2 3 4 5 6 7

21. ...even when the player tells me they are fine to play. 1 2 3 4 5 6 7

Please rate the following from 1 Strongly Disagree to 7 Strongly Agree

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

22-23. In spite of good intentions, it can be difficult to always make the right decision about when to remove a player from a game or practice if there is a possible concussion.

22. I am confident I can remove an athlete from the game if a concussion is suspected, even if it has been a few shifts since the incident occurred.	1	2	3	4	5	6	7
23. I am confident I can remove an athlete from the roster if a concussion is suspected, even if it they were allowed to finish playing the previous game.	1	2	3	4	5	6	7
24. Our team has standardized procedures for removing an athlete from play if a concussion is suspected.	1	2	3	4	5	6	7
25. Our team has a protocol in place that outlines how to manage concussions.	1	2	3	4	5	6	7

Please give the best response for the following questions.

26. Over the course of the last hockey season (2014-2015) did you suspect one or more of your players may have sustained a concussion in ice hockey?	YES	NO
If the answer to question 26 was no please skip to question 30		
27. If yes, how many times was a concussion suspected?		
28. Of the times a concussion was suspected, how many times was the player removed from play immediately after the incident?		
29. Of the times a concussion was suspected, how many times did the player continue playing before being removed?		

If the answer to question 26 was no continue here

Please report the number of times the following occurred after a hard fall, collision or body check during the last hockey season (2014-2015).

30. A player had headache or dizziness and finished the game or practice?		
31. A player lost consciousness and finished the game or practice?		
32. A player seemed forgetful and finished the game or practice?		
33. Have you ever educated your players about concussions?	YES	NO
If yes, please select all the mediums you used to educate:		
<input type="checkbox"/> Fact Sheets	<input type="checkbox"/> Concussion Booklet	<input type="checkbox"/> Video/DVD
<input type="checkbox"/> Concussion Posters	<input type="checkbox"/> Presentation by you	
<input type="checkbox"/> Presentation by "an expert". Describe: _____	<input type="checkbox"/> Other: _____	
34. (a) In the last year have you educated your players about concussion?	YES	NO
(b) Do you plan to educate your players about concussions this season?	YES	NO N/A
35. Do you have the resources you need to educate your players?	YES	NO
36. Have you ever educated the parents of your players about concussions?	YES	NO
If yes, can you please describe the type of education you provided:		
37. (a) Do you teach body checking skills to your players?	YES	NO
(b) If yes, do you follow the modules provided by Hockey Canada?	YES	NO
38. Do you believe the following things prevent concussions?		
Improving neck strength	YES	NO I don't know
Using a mouthguard	YES	NO I don't know
Regulation Equipment (ex. CSA Helmet)	YES	NO I don't know

Open Comments?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any questions or concerns please contact, Amanda Black at ablack@ucalgary.ca.

Coach SSID _____ *office use only

Team Number _____

Concussion Knowledge, Beliefs and Behaviour Questionnaire: Coach (non-parent)

Please complete this questionnaire if you are coaching a Bantam or Midget team participating in the hockey study during the 2015-2016 hockey season or if you are the safety designate for a Bantam or Midget team during the 2015-2016 hockey season AND you do not have a child participating on the team.

Demographic Information

Coach Name: _____	Team Name: _____
I am a: <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Safety Coach/Trainer	Region: <input type="checkbox"/> Calgary <input type="checkbox"/> Vancouver
What year were you born? _____	<input type="checkbox"/> Edmonton
Highest Level of Education: <input type="checkbox"/> Some grade school <input type="checkbox"/> High School	Date Completed: _____ (mm/dd/yyyy)
<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> College <input type="checkbox"/> Other	

Part 1

- How many years have you been a hockey coach (safety coach/Trainer)? _____
- What is your highest level of coaching certification? _____
- Which gender(s) have you coached in hockey?

☐ Female only ☐ Male only ☐ Both female and male teams ☐ Mixed gender teams
- (a) What levels of play have you coached? [Please select all the levels that apply to you and fill in the corresponding division(s)]

☐ Timbit ☐ Atom (Divisions: _____) ☐ Midget (Divisions: _____) ☐ Varsity

☐ Tyke ☐ Pee Wee (Divisions: _____) ☐ Junior (Divisions: _____) ☐ Professional

☐ Novice (Divisions: _____) ☐ Bantam (Divisions: _____) ☐ Adult

(b) What is the highest division you have ever coached? _____
- Do you have medical or first aid certification? ☐ No ☐ Yes (Please Describe) _____
- Have you completed the Hockey Canada Safety Program? ☐ No ☐ Yes ☐ I don't know
- This season do you have access to any medical professionals to help manage injuries on the bench?

(Check all that apply)

☐ No Access ☐ Athletic Therapist ☐ Physiotherapist ☐ Doctor ☐ Paramedic ☐ Other _____
- (a) Do you have experience playing hockey? ☐ No ☐ Yes, I currently play ☐ Yes, I used to play

(b) How many years in total have you played? _____

(c) What is the highest level you played? _____
- (a) Have you ever received information about concussion? ☐ No ☐ Yes

(b) Was the information provided to you this season? ☐ No ☐ Yes
- Where do you get your information about concussion and how helpful is it?

	Do you get information from the following places?		If yes, how helpful is the information you receive?				
			Not at all helpful	A little	Somewhat	Very	Extremely helpful
Hockey Association	No	Yes	1	2	3	4	5
Workshops/Coaching Clinics	No	Yes	1	2	3	4	5
Research Articles	No	Yes	1	2	3	4	5
TV	No	Yes	1	2	3	4	5
Newspapers	No	Yes	1	2	3	4	5
Social media (Facebook, twitter)	No	Yes	1	2	3	4	5
Magazines	No	Yes	1	2	3	4	5
Internet	No	Yes	1	2	3	4	5
Health Care Professionals	No	Yes	1	2	3	4	5
Other Parents	No	Yes	1	2	3	4	5
Other: _____	No	Yes	1	2	3	4	5

- Is being educated about concussion mandatory for coaches in your association? ☐ No ☐ Yes ☐ I don't know
- Is being educated about concussion mandatory for parents in your association? ☐ No ☐ Yes ☐ I don't know

CKBBQ Non-Parent Coach v.4 (09/08/2015)

Page 1 of 4

13. How many concussions occurred last season on teams you were coaching? _____
14. How many concussions on average do you see each season per team coached? _____
15. (a) In your role of coach, approximately how many concussions have you ever witnessed? _____
 (b) Think about the most severe concussion, how long did they take to recover?
☐ N/A ☐ It took them _____ days to recover
16. Have you completed the Concussion Awareness Training Tool?
☐ No ☐ No, and I don't know what that is ☐ Yes
 If yes: when did you complete it? _____ (dd/mm/yyyy)
 I heard about it from: ☐ A member of this research study ☐ Another parent ☐ A coach ☐ Other _____
17. Are you interested in being educated about concussion? ☐ No ☐ Yes
18. Who would you like to get information about concussions from? (*Please check all that apply*)
☐ Coaching Clinics ☐ In person training ☐ Medical Doctors ☐ Other _____
☐ Online Workshops ☐ The Hockey Association ☐ Health Care Professionals

Part 2

Please answer the following True or False questions to the best of your ability.
 Please mark T for true, F for false and ? if you don't know.

- | | | | |
|--|-----|----|---|
| 1. People who have had one concussion are more likely to have another concussion. | T | F | ? |
| 2. Sometimes a second concussion can help a person remember things that were forgotten after the first concussion. | T | F | ? |
| 3. An athlete can return to play while experiencing symptoms of a concussion if directed to do so by an athletic trainer or a physician. | T | F | ? |
| 4. There are helmets that prevent all concussions. | T | F | ? |
| 5. A concussion is a brain injury. | T | F | ? |
| 6. Have you heard of the term "graduated return to play protocol" or "stepwise return to play" for concussion? | YES | NO | |
| 6. a) If yes, can you try to list the 6 stages? | | | |
| Stage 1 _____ | | | |
| Stage 2 _____ | | | |
| Stage 3 _____ | | | |
| Stage 4 _____ | | | |
| Stage 5 _____ | | | |
| Stage 6 _____ | | | |

In the following scenarios what is the most appropriate response: Do Nothing (DN), Non-Urgent: Book an appointment with doctor (NU), Urgent: Call 911/Take to Emergency (ED).

- | | | | |
|--|----|----|----|
| 7. After a collision, body check, or fall your child starts vomiting repeatedly. | DN | NU | ED |
| 8. After a collision, body check, or fall your child has a headache that continues to get worse. | DN | NU | ED |
| 9. Immediately after a collision, body check, or fall your child immediately complains of a headache and dizziness but starts to feel better by the end of the game. | DN | NU | ED |

Please answer the following True or False questions to the best of your ability.
 Please mark T for true, F for false and ? if you don't know.

- | | | | |
|---|---|---|---|
| 10. In order to be diagnosed with a concussion, you have to be knocked out. | T | F | ? |
| 11. There is a higher risk of long term problems if someone has a second concussion before recovering from the first one. | T | F | ? |
| 12. Concussions can sometimes lead to emotional problems. | T | F | ? |
| 13. Ice hockey is a game typically played with a puck. | T | F | ? |
| 14. A concussion can only occur if there is a direct hit to the head. | T | F | ? |
| 15. There are few risks to long-term health and well-being from multiple concussions. | T | F | ? |
| 16. Younger players (under the age of 18) typically take longer to recover from a concussion than adults. | T | F | ? |
| 17. Post concussion symptoms can be delayed for hours or days. | T | F | ? |

Think about someone who has had a concussion. Select Y for the following signs and symptoms that you believe someone may be likely to experience BECAUSE of a concussion, N for symptoms not associated with concussion and ? If you don't know.

18. Hives	Y	N	?	24. Panic Attacks	Y	N	?	30. Excessive Studying	Y	N	?
19. Headache	Y	N	?	25. Feeling Tired	Y	N	?	31. Difficulty Concentrating	Y	N	?
20. Fever	Y	N	?	26. Feeling in a Fog	Y	N	?	32. Dizziness	Y	N	?
21. Arthritis	Y	N	?	27. Weight Gain	Y	N	?	33. Hair Loss	Y	N	?
22. Sensitivity to Light	Y	N	?	28. Feeling Slowed Down	Y	N	?				
23. Difficulty Remembering	Y	N	?	29. Reduced Breathing Rate	Y	N	?				

Part 3

Please rate the following from 1 Not at all Likely to 7 Extremely Likely

1 Not at all Likely -- 4 Somewhat Likely -- 7 Extremely Likely

- How likely is it that one of the players on your team will sustain a concussion this season? 1 2 3 4 5 6 7
- How likely is it that one of the players on your team will have long lasting consequences following a concussion? 1 2 3 4 5 6 7
- How likely are negative health consequences if an athlete is allowed to continue to play in the same game or practice in which he/she sustains a suspected concussion? 1 2 3 4 5 6 7

Please rate the following from 1 Not at all bad to 7 Extremely Bad

1 Not at all bad -- 4 Moderately Bad -- 7 Extremely Bad

4-7. How bad is it for a player's recovery...

- ...to have symptoms of concussion but continue playing? 1 2 3 4 5 6 7
- ...to have a headache after a hard fall, collision, or body check and continue playing? 1 2 3 4 5 6 7
- ...to be unsteady on his/her feet after a hard fall, collision, or body check and continue playing? 1 2 3 4 5 6 7
- ...to get dizzy after a hard fall, collision, or body check and keep playing? 1 2 3 4 5 6 7

Please choose how much you disagree or agree with the following statements.

1 Strongly Disagree -- 4 Neutral -- 7 Strongly Agree

8-13. If I take one of my players out of a game or practice because I suspect they may have a concussion...

- ...it would reduce the chances of the player sustaining another concussion. 1 2 3 4 5 6 7
- ...my team would lose the game. 1 2 3 4 5 6 7
- ...it would reduce the player's chance of making their injury worse. 1 2 3 4 5 6 7
- ...the parent of the player would be angry their child is not playing. 1 2 3 4 5 6 7
- ...the parent of the player would question my decision. 1 2 3 4 5 6 7
- ...it would help the player recover more quickly. 1 2 3 4 5 6 7

14-16. I am confident...

- ...I can tell if one of my players should be removed from the game following a hard fall, collision, or body check. 1 2 3 4 5 6 7
- ...I can make the decision to remove the player from play. 1 2 3 4 5 6 7
- ...I can stop any of my players from playing should a concussion be suspected. 1 2 3 4 5 6 7
- I intend to remove the player from play if a possible mechanism of concussion occurs. 1 2 3 4 5 6 7
- I intend to remove the player from practice if a possible mechanism of concussion occurs. 1 2 3 4 5 6 7

19-21. I am confident I can make the decision to remove a player with a suspected concussion from play...

- ...even if it is a playoff game. 1 2 3 4 5 6 7
- ...even when the parent of the player gets upset with me. 1 2 3 4 5 6 7
- ...even when the player tells me they are fine to play. 1 2 3 4 5 6 7

22-23. In spite of good intentions, it can be difficult to always make the right decision about when to remove a player from a game or practice if there is a possible concussion.

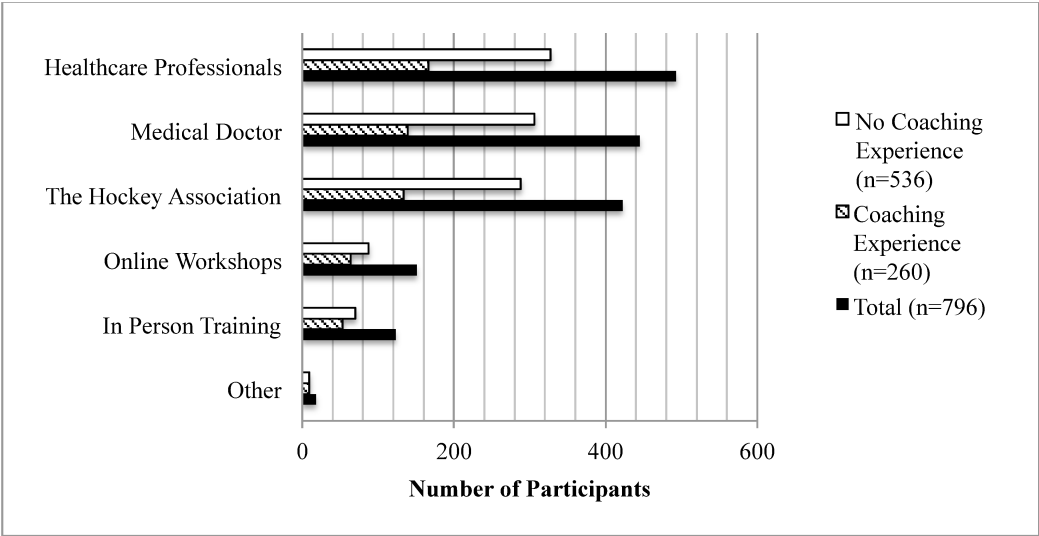
- I am confident I can remove an athlete from the game if a concussion is suspected, even if it has been a few shifts since the incident occurred. 1 2 3 4 5 6 7
- I am confident I can remove an athlete from the roster if a concussion is suspected, even if it they were allowed to finish playing the previous game. 1 2 3 4 5 6 7

Please choose how much you disagree or agree with the following statements.			
	1	2	3
24. Our team has standardized procedures for removing an athlete from play if a concussion is suspected.	1	2	3
25. Our team has a protocol in place that outlines how to manage concussions.	1	2	3
Please give your best response for the following questions.			
26. Over the course of the last hockey season (2014-2015) did you suspect one or more of your players may have sustained a concussion in ice hockey?	YES	NO	
If the answer to question 26 was no please skip to question 30			
27. If yes, how many times was a concussion suspected?			
28. Of the times a concussion was suspected, how many times was the player removed from play immediately after the incident?			
29. Of the times a concussion was suspected, how many times did the player continue playing before being removed?			
If the answer to question 26 was no continue here			
Please report the number of times the following occurred after a hard fall, collision or body check during the last hockey season (2014-2015).			
30. A player had headache or dizziness and finished the game or practice?			
31. A player lost consciousness and finished the game or practice?			
32. A player seemed forgetful and finished the game or practice?			
33. Have you ever educated your players about concussions?	YES	NO	
If yes, please select all the mediums you used to educate:			
<input type="checkbox"/> Fact Sheets	<input type="checkbox"/> Concussion Booklet	<input type="checkbox"/> Video/DVD	<input type="checkbox"/> Concussion Posters
<input type="checkbox"/> Presentation by "an expert". Describe:	<input type="checkbox"/> Other:	<input type="checkbox"/> Presentation by you	
34. (a) In the last year have you educated your players about concussion?	YES	NO	
34. (b) Do you plan to educate your players about concussions this season?	YES	NO	N/A
35. Do you have the resources you need to educate your players?	YES	NO	
36. Have you ever educated the parents of your players about concussions?	YES	NO	
If yes, can you please describe the type of education you provided:			
37. (a) Do you teach body checking skills to your players?	YES	NO	
37. (b) If yes, do you follow the modules provided by Hockey Canada?	YES	NO	
38. Do you believe the following things prevent concussions?			
Improving neck strength	YES	NO	I don't know
Using a mouthguard	YES	NO	I don't know
Regulation Equipment (ex. CSA Helmet)	YES	NO	I don't know
Please choose how much you disagree or agree with the following statements.			
	1	2	3
39. Teaching players to respect themselves and other players is essential for concussion prevention.	1	2	3
40-42. The 2013 rule change by Hockey Canada delaying the introduction of body checking until Bantam..			
40. ... was effective at reducing concussion in Pee Wee.	1	2	3
41. ... led and will continue to lead to more concussions when players are allowed to check in Bantam.	1	2	3
42. ... led and will continue to lead to more concussions when players are allowed to check in Midget.	1	2	3
43. Parents of elite ice hockey players are more likely than parents of non-elite players to want their child to return to play sooner following a concussion.	1	2	3
44. If my child has concussion-like symptoms after a rough hockey game but feels better by the time they get home I probably wouldn't take them to see a doctor.	1	2	3
45. I know ice hockey has many benefits for my child but sometimes the risk of concussion in the sport has me second guessing whether to enrol my child in the sport.	1	2	3
46. The risk of concussion in hockey cannot be reduced, it's just part of the game.	1	2	3
Open Comments?			

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

CONCUSSION EDUCATION AMONG YOUTH ICE HOCKEY PARENTS AND COACHES

Frequency of self-reported preferred sources for concussion education by parents and coaches



Note: Participants could select more than one option