

# International tchoukball federation (FITB) - Injury report

The information provided is for medical and research purposes and will be treated confidentially  
Please fill in a separate report for each injury. **Please answer in English.**

## 1. Information on the match or training session

- 1.1 Date (dd.mm.yy): \_\_\_\_\_
- 1.2 Town / City : \_\_\_\_\_ Country: \_\_\_\_\_
- 1.3 Name of the team (club, national team): \_\_\_\_\_
- 1.4 Type of event:  Match  Training
- 1.5 Level:  Beginners  Regional  National  International
- 1.6 Field:  Indoor  Grass  Sand  Concrete  Other: \_\_\_\_\_

## 2. Information on the injured player

- 2.1 Age: \_\_\_\_\_
- 2.2 Sex:  Female  Male
- 2.3 Hand:  Right-handed  Left-handed
- 2.4 Tchoukball player for:  less than 2 months  between 2 and 6 months  
 between 6 months and 1 year  between 1 and 3 years  
 between 3 and 6 years  more than 6 years
- 2.5 Number of hours of tchoukball played during the last 7 days:  
 0-2 hours  2-4 hours  4-8 hours  8-12 hours  more than 12 hours
- 2.6 Number of minutes of tchoukball during the match/training at the time when the injury occurred: \_\_\_\_\_
- 2.7 Special equipment related to the injury (shoes? finger tape? kneepad?): \_\_\_\_\_

## 3. Information on the injury

- 3.1 Location (injured body part): \_\_\_\_\_
- 3.2 Diagnosis (if possible): \_\_\_\_\_
- 3.3 Severity (absence of tchoukball field in days):  less than 1 day  1 to 3 days  4 to 7 days  
 7 to 30 days  1 to 3 months  > 3 months
- 3.4 Was the injured body part naturally a weak body part for the player:  yes  no
- 3.5 Circumstances:  Attack  Defense  Other: \_\_\_\_\_  
 The injury is not due to a given action, but results from intensive tchoukball playing during several months/years (fatigue, etc.)
- 3.6 Please answer "yes" to the 3 next questions only if this contact caused the injury
- Contact with a teammate:  yes  no
- Contact with an adversary:  yes  no
- Contact with the ball:  yes  no
- Contact with the frame/net:  yes  no
- 3.7 Recoverable injury?  yes, totally  yes, partially  no, no more tchoukball
- 3.8 Other information about the accident: \_\_\_\_\_

## 4. Contact

In case the FITB would need more information about the reported injury, please provide a name, phone number and email of an english-speaking person

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this report to: FITB, Michel Thomann, av. de Béthusy 64, CH-1012 Lausanne, Switzerland  
fax: +41 22 368 00 28, email: michel.thomann@tchoukball.org