

Supplementary File 1: Background and History of Head Injury Form

Head Injury and Concussion Assessment Form

1. Concussion means that following a blow or injury to your head [you may or may not have lost consciousness] you then had symptoms such as dizziness, blurred vision, nausea, vomiting, headache, poor concentration. It might be that symptoms were not noticeable straight away but you may have noticed them later or have had ‘gaps’ in your memory for the game that were unusual or you might have remembered little at all about the game. Have you ever been concussed playing rugby or at any other time?

If Yes: How many times:

0-1; 2-5; 6-10; 11-20; 21-30; 31-50; more than 50

2. Have you ever been knocked out and admitted to hospital? Y/ N

If Yes, list below:

Duration LoC	Approx duration admitted	Year of injury	Duration time off playing rugby	Which Hospital or where	Injury playing Rugby Y/N?

3. Have you ever been knocked out and not attended hospital Y/ N

If Yes: How many times

0-1; 2-5; 6-10; 11-20; 21-30; 31-50; more than 50

If any of these was for more than 5 minutes detail below:

Duration LoC	Approx duration admitted	Year of injury	Duration time off playing rugby	Which Hospital or where	Injury playing Rugby Y/N?

4. How many times in total, including those already mentioned- have you been confused or disorientated for an hour or more after a head injury or have gaps in your memory after a head injury lasting an hour or more?

0-1; 2-5; 6-10; 11-20; 21-30; 31-50; more than 50

5. What position(s) did you play in rugby?

6. How many years did you play rugby for?

How many of these years was club or international rugby?

Q 1 concussion

Q 2-4 estimate frequency of moderate and severe head injury