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of "Athletic Fear Avoidance
Questionnaire" – Portuguese
Version
Rita Alexandra Borges Guimarães
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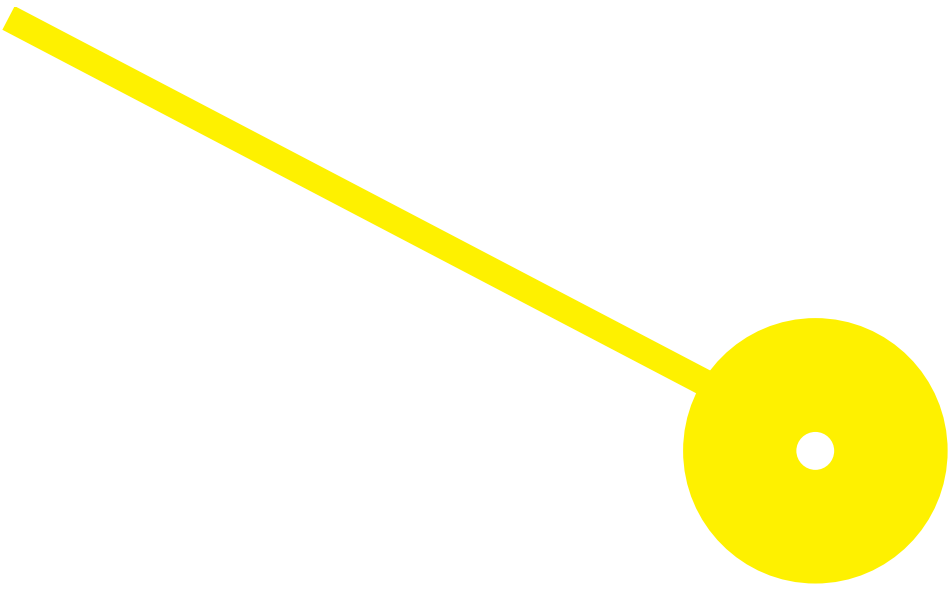
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**ESCOLA
SUPERIOR
DE SAÚDE**

**Cultural and Linguistic Adaptation of “Athletic Fear Avoidance Questionnaire” –
Portuguese Version**

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Applying dissertation to fulfill the necessary requirements to
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Abstract

Background: The athlete's functional performance after injury is influenced by physical, psychological and social factors. However, the general criteria for return to sport do not include the evaluation of psychological variables, despite the evidence for their use. The Athletic Fear Avoidance Questionnaire was designed to address this shortcoming.

Objective: To make the cultural and linguistic adaptation of AFAQ for the Portuguese population.

Methods: AFAQ was submitted to a process of translation and backtranslation. Pre-final version was pretested in thirty Portuguese athletes with current or past injuries, in focus groups. After final adjustments, test-retest was made online in thirty new athletes. Data were collected, including age, gender and practice questions.

Results: During pilot test, the participants reported difficulty in using "evitamento" and in the title construction. Test-retest evaluations presented an average score of 22,97 (SD=8,82) and of 23,13 (SD=8,66), respectively, and the ICC of 0,969 revealed an excellent test-retest reliability.

Conclusion: The Portuguese version of AFAQ assumed the title "Questionário de evitamento por medo associado ao desporto (AFAQ-Portugal)". It can be used by the Portuguese athletic population and its medical teams in rehabilitation and thus identify psychological readiness to Return To Sport.

Keywords: Fear Avoidance, Return to Sports, sport lesion, translating.

Resumo

Introdução: A performance funcional do atleta após lesão é influenciada por fatores físicos, psicológicos e sociais. No entanto, os critérios gerais para o regresso ao desporto não incluem a avaliação das variáveis psicológicas, apesar da evidência para a sua utilização. O *Athletic Fear Avoidance Questionnaire* foi desenvolvido com o intuito de colmatar essa falha.

Objetivo: Fazer a adaptação cultural e linguística do AFAQ para a população portuguesa.

Métodos: O AFAQ foi submetido ao processo de tradução para a língua portuguesa e posterior retrotradução. A versão portuguesa do AFAQ foi testada em trinta atletas com historial de lesões atuais e/ou passadas, em *focus groups*. Depois das modificações finais, foi realizada a avaliação teste-reteste, online, em trinta atletas diferentes. Recolheram-se dados acerca da idade e sexo e aspetos relacionados com a modalidade desportiva.

Resultados: Durante o pré-teste, os participantes reportaram dificuldade em usar o termo "evitamento" e em compreender a construção do título. A avaliação teste-reteste obteve um *score* médio de 22,97 (SD=8,82) e de 23,13 (SD=8,66), respetivamente, e o ICC de 0,969 revelou uma excelente fiabilidade teste-reteste

Conclusão: A versão Portuguesa da AFAQ assumiu o título "Questionário de evitamento por medo associado ao desporto (AFAQ-Portugal)". Pode ser usada pela população atlética Portuguesa e respetivas equipas médicas durante a reabilitação e assim identificar potenciais barreiras psicológicas para o *Return To Sport*.

Palavras-chave: evitamento por medo, regresso ao desporto, lesão desportiva, tradução.

1. Introduction

Athlete's rehabilitation and sports reintegration after injury are influenced by different factors. According to Return to Sports (RTS) Biopsychosocial Model, physical, psychologic and social/context factors determine the athlete's functional performance, thus having a direct influence on RTS (Ardern, Kvist, & Webster, 2015). Physical tests are mainly used in athletes to assess their physical performance for RTS. Though, psychologic readiness should also be assessed, and it is comprised in emotional aspects, such as fear of reinjury, and in cognitive aspects, such as self-efficacy and motivation (Ardern et al., 2016).

Systematic reviews, mostly about anterior cruciate ligament injury or reconstruction, tried to find a correlation between the psychological aspects and the RTS process.

Ross, Clifford, & Louw (2015) affirm in their systematic review that fear of reinjury is an intrinsic factor potentially modifiable. And so, they defend that the rehabilitation process should include specific psychologic intervention in order to reduce fear of reinjury. Furthermore, this aspect has a different weight in recreational and competitive sports modalities, and can be a frequent factor for dropouts and can limit the return to pre injury levels of performance (Ardern et al., 2016; Czuppon, Racette, Klein, & Harris-Hawes, 2014; Ross et al., 2015).

Despite the evidence on the importance of psychological aspects on athlete's performance, Czuppon, S. Racette (2014) found that general criteria to RTS do not include their assessment. That way, Dover & Amar (2015) believe that is possible to affirm that including these aspects in rehabilitation programs would increase their efficacy and reduce the time to RTS.

Despite, Ardern et al. (2016) are aware that RTS process also depend on others variables, such as injury type and severity, making difficult to predict rigorously prognosis and timelines.

There are multiple instruments that guide health and sports professionals assessing athletes' psychologic aspects. The *ACL-Return to Sport after Injury scale (ACL-RSI)* and the *Injury Psychological Readiness to Return to Sport scale (I-PRRS)* are instruments used in this context. However, the ACL-RSI is only for ACL injuries and the I-PRRS cannot evaluate the aspect that might delay the RTS, once it is only used to assess the final stage of rehabilitation (Dover & Amar, 2015).

Dover & Amar (2015) developed the *Athletic Fear Avoidance Questionnaire (AFAQ)* using the *Fear Avoidance Model (FAM)*, which includes different aspects: fear of pain, kinesophobia, fear avoidance beliefs and catastrophization. The AFAQ's authors applied the questionnaire exclusively to athletes, contrary to other instruments regarding the four topics from FAM: *Fear of Pain Questionnaire-III (FPQ-III)*, *Tampa Scale for Kinesophobia (TSK)*, *Fear-Avoidance Beliefs Questionnaire (FABQ)* and *Pain Catastrophizing Scale (PCS)*.

Porter & Cat (2017), who studied the influence of fear avoidance on RTS timelines in acute musculoskeletal injuries, concluded that AFAQ should be used by therapists in early stages of sports rehabilitation, assessing the need of specific psychologic intervention.

The development of AFAQ was an important step to the future of the psychosocial assessment of injured athletes (Porter & Cat, 2017).

It is now an emergent need to do the cultural and linguistic adaptation of the AFAQ for the Portuguese population due to lacking valid instruments in this area in Portugal.

2. Methods

2.1 Study Design

A prospective observational study with translation and cultural adaptation of a questionnaire.

2.2. Sample

To obtain the Portuguese version of AFAQ, there were selected 30 athletes to sample 1, from both genders, from 18 to 40 years old ($25,10 \pm 6,40$), from basketball and roller hockey from "Associação de Educação Física e Desportiva de Torres Vedras", football and futsal from "Clube Desportivo de A-dos-Cunhados" and "Os Paulenses", respectively.

To assess test-retest reliability, online forms from google were used. From fifty-two athletes, only thirty, males and females, completed both evaluations, forming the sample 2 described in table 2, from 18 to 57 years old ($28,77 \pm 10,87$), from thirteen different modalities.

Inclusion criteria were: age ≥ 18 years old and current and/or past injuries ≥ 1 . Athletes without injury history or injuries not interfering with sports performance were excluded.

Samples' descriptive statistics are presented in table 1 and table 2.

Table 1 – Descriptive statistics of sample 1

Age (μ , SD)	25,10	6,40
Gender (N, %)		
Male	22	73,3
Female	8	26,7
Modality (N, %)		
Basketball	9	30,0
Roller Hockey	7	23,3
Football	6	20,0
Futsal	8	26,7
Years of practice (μ , SD)	14,73	6,23
Injury (N, %)		
Current	3	10,0
Past	29	96,7

Table 2 – Descriptive statistics of sample 2

Age (μ , SD)	28,77	10,87
Gender (N, %)		
Male	10	33,3
Female	20	66,7
Modality (N, %)		
Football	5	16,7
Volleyball	3	10,0
Swimming	1	3,3
Roller Skating	1	3,3
Tennis	1	3,3
Sailing	1	3,3
Gymnastics	1	3,3
Handball	4	13,3
Padel	9	30,0
Floor Gymnastics	1	3,3
Rugby	1	3,3
Karate	1	3,3
Roller Hockey	1	3,3
Years of practice (μ , SD)	13,23	10,34
Injury (N, %)		
Current	12	40,0
Past	26	86,7

2.3. Instruments

2.3.1 Sample's Questionnaire

A questionnaire was developed in order to select and characterize the sample. There are questions about identification of the participants (age and gender), sports' specific questions (sports modality and years of practice), injury history and need of interruption in practice. (Appendix 1)

2.3.2. Athletic Fear Avoidance Questionnaire

The AFAQ, developed in 2015 by Dover & Amar (2015), is composed by ten questions about the injury's impact in self-perception of sports capacities and fear of reinjury. It has a Likert scale from 1 (Not at all) to 5 (Completely agree) and the total score varies from 10 to 50, where a higher score reflects the presence of bigger fear avoidance related to current or past injuries. It has a high internal consistency with a Cronbach α coefficient of 0,805 and good internal validity.

2.4. Procedures

Figure 1 represents every step of this study.

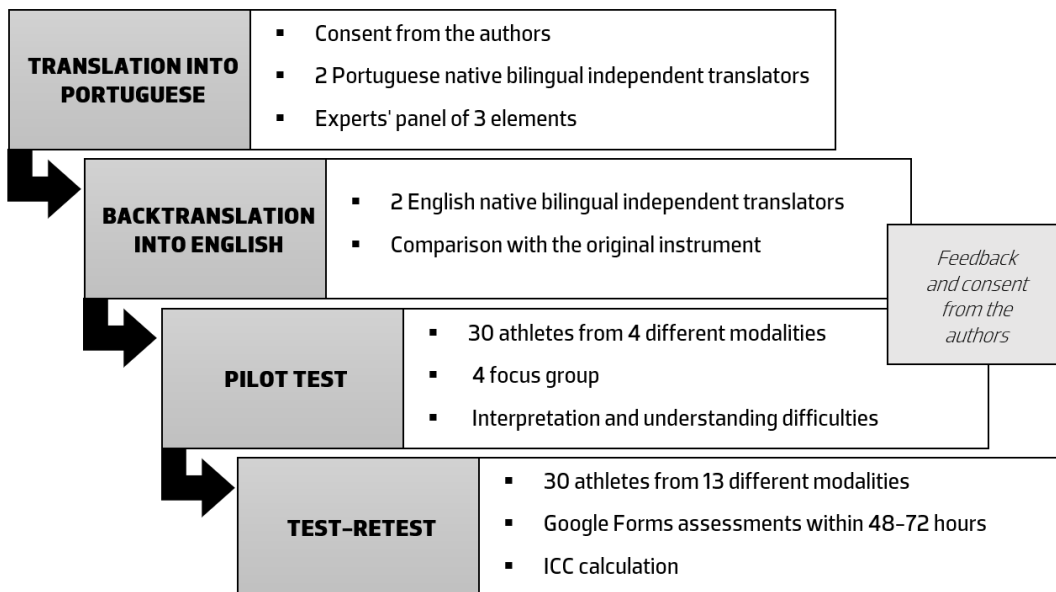


Figure 1 – Procedures of the study

2.4.1. Translation of Athletic Fear Avoidance Questionnaire

To start this process, it was necessary to obtain permission from the authors. Once authorized, the translation process was made according to the literature (Guillemin, Bombardier, & Beaton, 1993).

The first AFAQ translation to Portuguese language was made by two Portuguese native bilingual independent translators, one of them a health professional. Afterwards, both translations were submitted to an experts' panel formed by one physical therapist and investigator, one professor from social and human sciences and one physical therapist integrated in sports context. Some adjustments were made in title, in

scale description and in the question number two, concerning the semantics. This pre final version was back translated by two English native bilingual independent translators, one of them health professional. The Portuguese pre final version was sent to the authors for knowledge, obtaining positive feedback and consent after an adjustment in the question number ten in verbal tense: “10. Quando sinto dor intensa, fico a pensar se a minha lesão será muito grave.” to “10. Quando a minha dor é intensa, preocupo-me que a minha lesão seja muito grave.”.

2.4.2. Pilot Test of the Pre Final Version

The pilot test aimed to assess the understanding and interpretation of the translated instrument, ensuring the use of the most adequate terms, expressions and semantic construction.

Focus groups can give feedback on item formulation and how items are perceived by the sample under study (Frost, Reeve, Liepa, Stauffer, & Hays, 2007).

From 30 participants, 4 focus groups were formed, comprising 6 to 9 athletes, following a semi-structured interview with open and semi-open-ended questions (Epstein, Santo, & Guillemin, 2015; Frost et al., 2007). All results were collected and total scores calculated. The participants filled the questionnaire before and after focus groups, to better analyze their interpretation of the total questionnaire.

From this, resulted the Portuguese final version of AFAQ, proceeding the next step, the assessment of test-retest reliability.

2.4.3. Test-retest Reliability

Test-retest reliability was assessed in sample 2, through online forms from Google. The second evaluation was made 48 to 72 hours apart from the first, sending a reminder by email to the participants. All results were collected and total scores calculated in both evaluations.

Time interval between tests, ranging from two days to two weeks, was defined as evidence suggests (Marx, Menezes, Horovitz, Jones, & Warren, 2003).

2.4.4. Ethics

The study was approved by the Ethics Committee of the School of Health, Polytechnic Institute of Porto (1159/2019). All the participants from sample 1 signed a term of consent. The authors of the questionnaire original version authorized the validation and use of the instrument.

3. Data Analyse

Data were collected and analyzed by IBM® *Statistical Package for the Social Sciences*® 25.0 (SPSS).

In samples' characterization, qualitative variables are presented in tables of frequencies and percentages and quantitative variables in means and standard deviations.

Total scores from test-retest evaluations are presented in means and standard deviations.

Test-retest reliability was assessed by calculating the Intraclass Correlation Coefficient (ICC) from a two-way mixed effects model, using average measures. An ICC of less than 0,50 is indicative of poor reliability, between 0,50 and 0,75 of moderate reliability, between 0,75 and 0,90 of good reliability, and greater than 0,90 is indicative of excellent reliability (Koo & Li, 2016).

4. Results

During the translation process, there were made some adjustments (Table 3).

Table 3 – Adjustments during the translation process

Original version	Meaning	Not at all	To a slight degree	To a moderate degree	To a great degree	Completely agree
T1	Significado	Discordo	Um grau leve	Um grau moderado	Um grande grau	Totalmente de acordo
T2	Significado	Nunca	Poucas vezes	Algumas vezes	Muitas vezes	Sempre
Original version	2. I am worried about my role with the team changing.					
T1	2. Estou preocupado/a com o meu papel/a minha função na mudança da equipe.					
T2	2. Estou preocupado com a mudança do meu papel junto da equipa.					
Original version	10. When my pain is intense, I worry that my injury is a very serious one.					
T1	10. Quando a minha dor é intensa, preocupo-me que a minha lesão seja muito grave.					
T2	10. Quando sinto dor intensa, receio que a minha lesão seja grave.					

In the rating designation, one of the translators did the translation according to a scale of frequency (Nunca, Poucas vezes, Algumas vezes, Muitas vezes, Sempre) and the second translator in a scale of agreement (Discordo, Um grau leve, Um grau moderado, Um grande grau, Totalmente de acordo). Thus, a consented final designation was obtained (Discordo totalmente, Concordo ligeiramente, Concordo moderadamente, Concordo bastante, Concordo Totalmente), in order to guarantee semantic equivalence. The instructions were also abbreviated to obtain better flow in sentence construction. Some items were revised during these steps. The item 2 was reformulated after suggestion of the sports' physical therapist from the experts' panel, to a better fitting in sports reality. The back translation did not reveal significant changes from the original instrument.

After sending the translated instrument to the authors, he suggested an alteration in item 10 in verbal tense: "10. Quando sinto dor intensa, fico a pensar se a minha lesão será muito grave." to "10. Quando a minha dor é intensa, preocupo-me que a minha lesão seja muito grave."

In the pilot test, during focus groups, the participants, from sample 1, reported difficulty in using the term "evitamento" and in interpreting the title construction "Questionário de evitamento por medo associado ao desporto". They suggested some alternatives titles: "Questionário de integração ao desporto associado ao medo", "Questionário associado ao medo no desporto/de voltar a competir", "Questionário de evitamento ao desporto/prática desportiva por medo associado à lesão".

No other difficulty was reported, thus obtaining the final version of the instrument (Figure 2).

Nome: _____ **Desporto:** _____ **Data:** _____

Questionário de evitamento por medo associado ao desporto (AFAQ-Portugal)

Instruções: estamos interessados em perceber o que sente e pensa quando tem dor resultante de uma lesão desportiva. Utilizando a escala seguinte, indique em que medida concorda com estes pensamentos e sentimentos quando está com dor em resultado duma lesão desse tipo.

Pontuação	1	2	3	4	5
Significado	Discordo totalmente	Concordo ligeiramente	Concordo moderadamente	Concordo bastante	Concordo totalmente

Afirmação	Pontuação
1. Nunca serei capaz de jogar como jogava antes da lesão.	
2. Preocupa-me que o meu papel dentro da equipa se altere.	
3. Estou preocupado com o que as outras pessoas pensarão acerca de mim se o meu desempenho não estiver ao mesmo nível.	
4. Não sei bem que lesão é a minha.	
5. Acho que a minha lesão atual comprometeu as minhas capacidades desportivas futuras.	
6. Não me sinto confortável para voltar a jogar até estar 100% recuperado.	
7. As pessoas não percebem a gravidade da minha lesão.	
8. Não sei se estou preparado para jogar.	
9. Tenho medo de voltar a jogar cedo demais e que a minha lesão agrave.	
10. Quando a minha dor é intensa, preocupo-me que a minha lesão seja muito grave.	

Figure 2 – AFAQ – Portuguese Version

Test-retest evaluations in sample 2 revealed similar results in range, mean and standard deviation values: an average score of 22,97 (SD=8,82) and of 23,13 (SD=8,66), on first and second evaluations.

The Intraclass Correlation Coefficient of 0,969 reveals an excellent test-retest reliability.

5. Discussion

This study aimed to obtain the Portuguese version of AFAQ from Dover & Amar (2015), that measures sport-injury-related fear avoidance in athletes and could be used to identify potential psychological barriers to rehabilitation.

In the original study from Dover & Amar (2015), the authors use a Likert scale from 1 to 5, which indicate the degree of agreement on 10 sentences, from "Not at all" to "Completely agree". Total score varies from 10 to 50, where a higher score reflects the presence of bigger fear avoidance related to current or past injuries.

In the present study, the scale has the same range, from "Discordo totalmente" to "Concordo totalmente" and the number of items was also maintained.

In focus groups pilot test, the results revealed some discrepancies between the item scores due to interpretative reading, mainly because of the verb tense used, for those who did not have a current injury. These values are not under study but may support the use of the instrument mostly in injured athletes, and not so much in those with past injuries, due to verb tense of the questions.

During pilot test, after considering all the options gave by the sample, the investigators decided to keep the translated title, considering that the term "evitamento" is used by Gonçalves & Cruz (2007) in FABQ-PT, one of the instruments referred by the AFAQ's authors in its development. No other alterations were made in the final instrument after the pretest, concluding that all the adjustments made by the experts' panel during translation were accurate and relevant.

In the original article, the results from 99 athletes from various sports resulted in an average score on AFAQ of 23,70 (SD=6,98). The results obtained in this study from the sample 2, comprising 30 athletes from 13 different sports, resulted in an average score on AFAQ of 22,97 (SD=8,82) and of 23,13 (SD=8,66), on first and second evaluations. The mean scores are lower than the one obtained by Dover & Amar (2015), but the standard deviations are higher, revealing a bigger score's range.

Test-retest reliability revealed an ICC of 0,969, indicating an excellent test-retest reliability, that reflects an excellent degree of correlation and agreement between the two measurements.

The collected samples sizes are according to the literature recommendations (30-40), however we consider that are not sufficiently representative, given the large number of modalities included (Beaton, Bombardier, Guillemin, & Ferraz, 2000). Although all the steps necessary to translate and adapt this instrument were done, the rigorous process of translation, the constitution of the panel of experts, the decision making process, the longtime interval to obtain experts endorsement and the gathering of all the information delayed the pilot testing, thus to compare AFAQ Portuguese version with a gold standard and apply it to a representative sample (100 participants), so it was not possible to evaluate the instrument psychometric properties and consider that the cultural adaptation of the instrument is concluded.

6. Conclusion

It is possible to conclude that the Portuguese version of AFAQ is now developed and presents an excellent reliability (ICC value=0,969). It assumed the title "Questionário de evitamento por medo associado ao desporto (AFAQ-Portugal)".

It is now necessary to proceed on validation of the translated instrument, establishing concurrent validity. The Portuguese athletic population and its medical teams can now benefit from an adapted rehabilitation tool to identify fear-avoidance in athletes as a potential negative psychological barrier to rehabilitation and thus identify psychological readiness to RTS.

Acknowledgements

Once this project is now completed, I would like to thank to all the people involved in each step.

First, a special thanks to the personnel from the Associação de Educação Física e Desportiva de Torres Vedras, from the Clube Desportivo de A-dos-Cunhados and from the "Os Paulenses" Club for all their cooperation.

Second, to all my colleagues that helped me collecting my sample and the ones who were part of it.

Finally, to my family who supported me and encouraged me during my entire life, as a student, as a worker and, more importantly, as a person.

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Appendix 1

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P.PORTO

Questionário de Caracterização da Amostra

1. Sexo					M		F	
2. Idade								
3. Modalidade desportiva								
3.1. Anos de prática da modalidade								
4. Tem atualmente uma lesão?					Sim		Não	
<i>Se não, passe para a pergunta 5. Se sim, responda às alíneas 4.</i>								
4.1. Há quanto tempo?	≤ 1 semana		Até 1 mês		Até 3 meses		≥ 3 meses	
4.2. A lesão interfere com a prática desportiva?					Sim		Não	
4.3. Interrompeu a prática desportiva pela lesão?					Sim		Não	
<i>Se sim, responda:</i>								
4.3.1. Por quanto tempo?	≤ 1 semana		Até 1 mês		Até 3 meses		≥ 3 meses	
5. Teve lesões passadas que interferissem com a prática da sua modalidade desportiva?					Sim		Não	
<i>Se sim, responda:</i>								
5.1. Por quanto tempo?	≤ 1 semana		Até 1 mês		Até 3 meses		≥ 3 meses	
5.2. Teve lesões repetidas?					Sim		Não	
5.3. Interrompeu a prática desportiva pela(s) lesão(ões)?					Sim		Não	
Obrigada pela colaboração!								

Figure 3 – Sample's questionnaire