

34381

Player ID

Five empty boxes for Player ID

UNC use only



LITTLE LEAGUE BASEBALL HEALTHY PITCHING SURVEY 2007 Follow-Up



Part 1 - Contact Information

PLEASE USE CAPITAL LETTERS AND WRITE CLEARLY!

Pitcher's First Name

15 empty boxes for Pitcher's First Name

Pitcher's MI

1 empty box for Pitcher's MI

Pitcher's Last Name

25 empty boxes for Pitcher's Last Name

Pitcher's Age

2 empty boxes for Pitcher's Age

(years)

Father's (Legal Guardian) First Name

15 empty boxes for Father's First Name

Father's MI

1 empty box for Father's MI

Father's Last Name

25 empty boxes for Father's Last Name

Mother's (Legal Guardian) First Name

15 empty boxes for Mother's First Name

Mother's MI

1 empty box for Mother's MI

Mother's Last Name

25 empty boxes for Mother's Last Name

Pitcher's Street Address

30 empty boxes for Pitcher's Street Address

City

15 empty boxes for City

State

2 empty boxes for State

Zip Code

5 empty boxes for Zip Code

Pitcher's Mailing Address (if different from above)

30 empty boxes for Pitcher's Mailing Address

City

15 empty boxes for City

State

2 empty boxes for State

Zip Code

5 empty boxes for Zip Code

Home Telephone

3 boxes for area code, 3 boxes for number, 4 boxes for number

(area code)

E-mail Address

30 empty boxes for E-mail Address

Today's Date

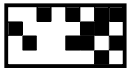
2 boxes for month, 2 boxes for day, 4 boxes for year

(example: 01 = January. . . 12 = December)

(month)

(day)

(year)



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Part 2 - Your Baseball Playing Status in 2007

1. Are you currently (2007 season) playing on a Little League Baseball team?

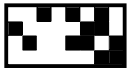
No (go to next question)

Yes (go to Part 3 on Page 3)

2. Since the end of the 2006 Little League Baseball season, have you played on an organized baseball team (not Little League Baseball)?

No (go to Part 7 on page 7)

Yes (go to Part 4 on Page 4)



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Part 3 - Your Current Little League Baseball Team (2007 Season)

1. What position(s) do you play for your Little League Baseball team?
(check all that apply)

- Pitcher
 Outfield
 Infield
 Catcher

2. **For games in which you pitch for your Little League Baseball team, what is the average number of innings per game that you pitch?**

- 1
 2
 3
 4
 5
 6

3. In what proportion of games do you pitch over the Little League Baseball regular season? If the team played 4 games, you would pitch in:

- All 4 games
 3 out of 4 games
 2 out of 4 games
 1 out of 4 games

4A. On what date did your Little League Baseball team **start** regular season play?

/ /

(month) (day) (year)



(example: 01 = January. . . 12 = December)

4B. On what date will your Little League Baseball team **end** regular season play?

/ /

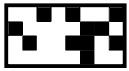
(month) (day) (year)



(example: 01 = January. . . 12 = December)

5. For your Little League Baseball team, you are:

- the starting pitcher
 a substitute pitcher
 equally likely to be a starting or substitute pitcher



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Part 4 - Other Baseball Leagues - NOT Little League Baseball

1. ***Over the past 12 months, have you pitched in any of the leagues or teams listed below (not Little League Baseball)? (check all that apply)***

- None (go to next page)
- YMCA (check box only if the league is not affiliated with Little League Baseball)
- Babe Ruth
- American Amateur Baseball Congress
- Pony
- "Hap Dumont" Youth Baseball
- Dixie
- USSSA
- Police Athletic League
- School Team
- American Legion
- Church Team
- National Baseball Federation
- Parks and Rec Dept Team
- American Athletic Union
- Other

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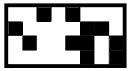
Write the league or team's name

2. ***For how many weeks of the past year did you pitch in one of the leagues or teams listed above (not Little League Baseball)? If you pitched in more than one of the leagues listed above, answer the question for the league or team in which you pitched for the greatest number of weeks.***

- 1-2 weeks
- 9-12 weeks
- 3-4 weeks
- 13-16 weeks
- 5-6 weeks
- 17-20 weeks
- 7-8 weeks
- 21+ weeks

3. ***For how many weeks of the past year were you pitching for one of these leagues or teams listed above in the same week that you pitched for your Little League Baseball team?***

- 1-2 weeks
- 9-12 weeks
- 3-4 weeks
- 13-16 weeks
- 5-6 weeks
- 17-20 weeks
- 7-8 weeks
- 21+ weeks



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Part 5 - "Travel" Ball

1. **Over the past 12 months**, have you pitched for a "travel" ball team?

No (go to next page) Yes

2. For how many weeks **over the past 12 months** did you pitch for a "travel" ball team?

1-2 weeks 9-12 weeks

3-4 weeks 13-16 weeks

5-6 weeks 17-20 weeks

7-8 weeks 21+ weeks

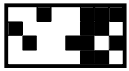
3. For how many weeks **over the past 12 months** were you pitching for a "travel" ball team **AND**, in the same week, you pitched for your Little League Baseball team?

1-2 weeks 9-12 weeks

3-4 weeks 13-16 weeks

5-6 weeks 17-20 weeks

7-8 weeks 21+ weeks



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Part 6 - Your Pitching Career and Training

1. What types of pitches do you throw?
(check all that apply)

Fast

Slider

Change-up

Knuckleball

Curveball

Other:

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Write the type of pitch

2. **Within the past 12 months**, have you had formal pitching coaching in a baseball camp or with a private instructor?

No

Yes

3. **Within the past 12 months**, have you followed a formally instructed baseball conditioning program?

No

Yes

4. **Within the past 12 months**, have you followed a weight training program?

No

Yes

5. **Within the past 12 months**, have you followed a running or other endurance program?

No

Yes

6A. **Within the past 12 months**, have you pitched at an organized "showcase" when several pitchers tried out for coaches or scouts?

No

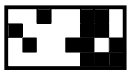
Yes



6B. If YES, did this occur during the Little League Baseball season?

No

Yes



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Part 6 - Your Pitching Career and Training (continued)

7. **Within the past 12 months**, have you practiced throwing the curveball?
(check only one)

- No, I do not throw the curveball in practice
- Yes, I have been practicing throwing the curveball for more than 12 months
- Yes, I have STARTED to practice throwing the curveball within the past 12 months

8. **Within the past 12 months**, have you been regularly throwing the curveball in games?
(check on ly one)

- No, I do not throw the curveball regularly in games
- Yes, I have been throwing the curveball regularly in games for more than 12 months
- Yes, I have STARTED to throw the curveball regularly in games within the past 12 months
-

Part 7 - Injuries and Pain During the Past 12 Months

1. **Within the past 12 months**, have you pitched with pain in your elbow?

- No Yes

2. **Within the past 12 months**, have you pitched with pain in your shoulder?

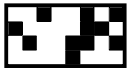
- No Yes

3. **Within the past 12 months**, have you pitched with pain elsewhere in your arm (not elbow or shoulder)?

- No Yes

4. **Within the past 12 months**, have you pitched when your arm or shoulder were tired?

- No Yes



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Part 7 - Injuries and Pain During the Past 12 Months (continued)

5. ***Within the past 12 months***, have you reduced the amount of pitching you do because of pain or injury in your arm or shoulder?

No Yes

6. ***Within the past 12 months***, have you changed the type of pitch you throw (example, fastball instead of slider) because of pain or injury in your arm or shoulder?

No Yes

7. ***Within the past 12 months***, have you received or used any of the following treatments at the end of a game or practice, or between innings, for pitching-related pain in your arm or shoulder? (check all that apply)

Pain Relievers (e.g., Advil or Tylenol)

Heating Cream or Gel

Massage

Ultrasound

Ice Pack

Electric Stimulation

Heating Pack

Other:

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Write in the treatment

8. ***Within the past 12 months***, have you taken pain relievers, such as Advil or Tylenol, for pain in your arm or shoulder so that you could pitch?

No Yes

9. Are there tasks in the classroom at school that are difficult (or impossible) because of arm pain from pitching?

No Yes

10. Are there tasks or chores at home that are difficult (or impossible) because of arm pain from pitching?

No Yes



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Part 11 - Sports Other than Baseball

1. ***Within the past 12 months***, have you played sports other than baseball?
(check all that apply)

Basketball

Football

Soccer

Lacrosse

Hockey

Other:

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Write the sport

2A. ***Within the past 12 months***, have you had an injury to your arm or shoulder in a sport other than baseball?

No

Yes



2B. ***If YES***, what sport or sports?
(check all that apply)

Basketball

Football

Soccer

Lacrosse

Hockey

Other:

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Write the sport

THANK YOU FOR COMPLETING THIS SURVEY!