

31033

Player ID

Player ID input boxes

UNC use only

# HIGH SCHOOL BASEBALL HEALTHY PITCHING SURVEY 2010 Follow-Up

## Part 1 - Contact Information

***\*PLEASE USE CAPITAL LETTERS, WRITE CLEARLY AND USE PEN!\****

Pitcher's First Name

Pitcher's First Name input boxes

Pitcher's MI

Pitcher's MI input box

Pitcher's Last Name

Pitcher's Last Name input boxes

Pitcher's Age

Pitcher's Age input boxes

(years)

Father's (Legal Guardian) First Name

Father's (Legal Guardian) First Name input boxes

Father's MI

Father's MI input box

Father's Last Name

Father's Last Name input boxes

Mother's (Legal Guardian) First Name

Mother's (Legal Guardian) First Name input boxes

Mother's MI

Mother's MI input box

Mother's Last Name

Mother's Last Name input boxes

Pitcher's Street Address

Pitcher's Street Address input boxes

City

City input boxes

State

State input boxes

Zip Code

Zip Code input boxes

Pitcher's Mailing Address (if different from above)

Pitcher's Mailing Address input boxes

City

City input boxes

State

State input boxes

Zip Code

Zip Code input boxes

Home Telephone

Home Telephone input boxes

(area code)

E-mail Address

E-mail Address input boxes

Today's Date

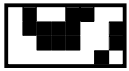
Today's Date input boxes

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

(month)

(day)

(year)



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## Part 2 - Your Baseball Playing Status in 2010

1. Check all of the months you pitched on a high school OR other organized baseball team (check all that apply).

- |                                        |                                         |                                            |
|----------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> February 2009 | <input type="checkbox"/> August 2009    | <input type="checkbox"/> February 2010     |
| <input type="checkbox"/> March 2009    | <input type="checkbox"/> September 2009 | <input type="checkbox"/> March 2010        |
| <input type="checkbox"/> April 2009    | <input type="checkbox"/> October 2009   | <input type="checkbox"/> April 2010        |
| <input type="checkbox"/> May 2009      | <input type="checkbox"/> November 2009  | <input type="checkbox"/> May 2010          |
| <input type="checkbox"/> June 2009     | <input type="checkbox"/> December 2009  | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> July 2009     | <input type="checkbox"/> January 2010   |                                            |

2. Are you currently (2010 season) pitching on a High School Baseball team?

- No       Yes

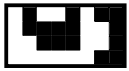
3. Since the end of the 2009 High School Baseball season, have you pitched on any other organized baseball team(s) (not High School Baseball)?

- No       Yes

4. If you are not currently pitching on ANY organized baseball team, please check the reason(s) why. (check all that apply)

- |                                                                     |                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> N/A (currently playing organized baseball) | <input type="checkbox"/> Lack of time                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Involved in other sport(s)                 | <input type="checkbox"/> Transportation issues to/ from games/ practices                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Lack of enjoyment/ interest in baseball    | <input type="checkbox"/> Coaching/ team concerns                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Concern about injury/ injury risk          | <input type="checkbox"/> Other <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                                                     |                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Too injured to play                        | Reason not currently playing baseball                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |

**IF YOU HAVE NOT PITCHED ON ANY ORGANIZED BASEBALL TEAM IN THE PAST 12 MONTHS & HAVE COMPLETED THIS PAGE YOU ARE DONE WITH THIS QUESTIONNAIRE. PLEASE RETURN THE QUESTIONNAIRE IN THE ENVELOPE PROVIDED. OTHERWISE, PLEASE GO TO THE NEXT PAGE (PART 3 ON PAGE 3).**



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### Part 3 - Tell Us About Your High School Baseball Team (2010 Season)

PLEASE COMPLETE THIS PAGE IF YOU ARE CURRENTLY (2010 SEASON) PITCHING ON A HIGH SCHOOL BASEBALL TEAM. OTHERWISE, PLEASE GO TO THE NEXT PAGE (PART 4 ON PAGE 4)

1. What position(s) do you play for your current High School Baseball team?  
(check all that apply)

- Pitcher   
  Outfield   
  Infield   
  Catcher

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

- 1   
  2   
  3   
  4   
  5   
  6   
  7

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

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

4A. On what date did/ will your High School Baseball team *start* regular season play?  
(FIRST OFFICIAL DAY OF PRACTICE)

/   /

(month)    (day)    (year)

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

4B. On what date will your High School Baseball team play the LAST REGULAR SEASON GAME?

/   /

(month)    (day)    (year)

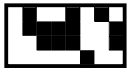
(example: 01 = January. . . 12 = December)

5. For how many years, including this year, have you *pitched* with this team or any other High School Baseball team?

- 1   
  2   
  3   
  4   
  5 or more

6. For your High School Baseball team, you are **PRIMARILY**:

- 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 High School Baseball OR Travel Ball

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

- |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> None (go to next page)       | <input type="checkbox"/> YMCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Babe Ruth                    | <input type="checkbox"/> American Amateur Baseball Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Pony                         | <input type="checkbox"/> "Hap Dumont" Youth Baseball                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Dixie                        | <input type="checkbox"/> USSSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Police Athletic League       | <input type="checkbox"/> Little League Baseball, Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> American Legion              | <input type="checkbox"/> Church Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> National Baseball Federation | <input type="checkbox"/> Parks and Rec Dept Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> American Athletic Union      | <input type="checkbox"/> Other <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

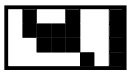
Write the league or team's name

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

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 9-12 weeks  |
| <input type="checkbox"/> 3-4 weeks | <input type="checkbox"/> 13-16 weeks |
| <input type="checkbox"/> 5-6 weeks | <input type="checkbox"/> 17-20 weeks |
| <input type="checkbox"/> 7-8 weeks | <input type="checkbox"/> 21+ weeks   |

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

- |                                    |                                     |                                      |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> 5-6 weeks  | <input type="checkbox"/> 13-16 weeks |
| <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 7-8 weeks  | <input type="checkbox"/> 17-20 weeks |
| <input type="checkbox"/> 3-4 weeks | <input type="checkbox"/> 9-12 weeks | <input type="checkbox"/> 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



1B. If Yes, what is the name of the "travel" ball team(s)?

"travel" ball team #1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

"travel" ball team #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

"travel" ball team #3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 High School Baseball team?

1-2 weeks

9-12 weeks

3-4 weeks

13-16 weeks

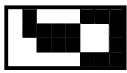
5-6 weeks

17-20 weeks

7-8 weeks

21+ weeks





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## Part 6 - Continued

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

No       Yes

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

No       Yes

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

No       Yes

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

No       Yes

9A. **Within the past 12 months**, have you pitched at an organized "showcase" when several pitchers tried out for coaches or scouts?

No       Yes



9B. If YES, did this occur during the High School Baseball season?

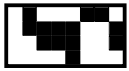
No       Yes

10. **Within the past 12 months**, have you performed routine shoulder stretching for your shoulder or arm 3 or more days per week?

No       Yes

11. **Within the past 12 months**, have you performed routine strengthening exercises for your pitching arm 3 or more days per week?

No       Yes



# Part 6 - Continued

## 12. What do you typically do to warm up before pitching in a game? (check all that apply)

- Nothing
- Exercise using a medicine ball
- Use a heat pack
- Long toss
- Jog
- Upper body ergometer
- Shoulder stretching
- Other (Please specify below)
- Exercise using a tubing/band

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 13. What do you typically do to cool down after pitching in a game? (check all that apply)

- Nothing
- Exercise using a medicine ball
- Ice
- Long toss
- Jog
- Upper body ergometer
- Shoulder stretching
- Other (Please specify below)
- Exercise using a tubing/band

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 14. How many days does it usually take for the shoulder stiffness that develops after pitching to resolve:

### 14a. when you throw more than 70 pitches in a game?

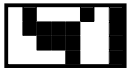
- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw more than 70
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days

### 14b. when you throw 30-70 pitches in a game?

- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw more than 30
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days

### 14c. when you throw less than 30 pitches in a game?

- I don't know
- 3 days
- Shoulder does not get stiff after pitching
- 4 days
- Never throw less than 30
- 5 days
- 1 day
- 6 days
- 2 days
- longer than 7 days



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## Part 7 - Injuries and Pain During Your RECENT Pitching Career

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 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

5. 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: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Write in the treatment

6. 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

7. Within the past 12 months, have there been tasks in the classroom at school that are difficult (or impossible) because of arm pain from pitching?

No  Yes

8. Within the past 12 months, have there been tasks or chores at home that are difficult (or impossible) because of arm pain from pitching?

No  Yes

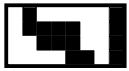
9. Within the past 12 months, have you pitched when your arm or shoulder was stiff from pitching in a previous game?

No  Yes









## Part 11 - Sports Other than Baseball

1A. Within the past 12 months, have you played sports other than baseball?

No       Yes



**1B. If YES, what sport or sports?**  
(check all that apply)

Basketball       Football

Soccer       Lacrosse

Hockey

Other: 

--	--	--	--	--	--	--	--	--	--

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: 

--	--	--	--	--	--	--	--	--	--

Write the sport

**THANK YOU FOR COMPLETING THIS SURVEY!**