



37674

Player ID

Player ID input boxes

UNC use only

LITTLE LEAGUE 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 Little League 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"/> June 2010 |
| <input type="checkbox"/> July 2009 | <input type="checkbox"/> January 2010 | <input type="checkbox"/> None of the Above |

2. Are you currently (2010 season) pitching on a Little League team?

No

Yes

3. Since the end of the 2009 Little League season, have you pitched on any other organized baseball team(s) (not Little League 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)

N/A (currently pitching in organized baseball) Lack of time

Involved in other sport(s) Transportation issues to/ from games/ practices

Lack of enjoyment/ interest in baseball Coaching/ team concerns

Concern about injury/ injury risk

Other

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Reason not currently playing baseball

Too injured to play

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 - Your Current Little League Baseball Team (2010 Season)

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

1. What position(s) do you play for your current 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
 7

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:

- 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 Little League 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 Little League Baseball team play the LAST REGULAR SEASON GAME?

/ /

(month) (day) (year)

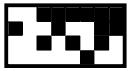
(example: 01 = January. . . 12 = December)

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

- 1
 2
 3
 4
 5 or more

6. For your Little League 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 Little League Baseball

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

- None (go to next page) YMCA
- Babe Ruth American Amateur Baseball Congress
- Pony "Hap Dumont" Youth Baseball
- Dixie USSSA
- Police Athletic League School Team (High School or Middle School)
- American Legion Church Team
- National Baseball Federation Parks and Rec Dept Team
- American Athletic Union Other

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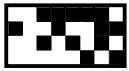
Write the league or team's name

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 or teams 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 the leagues or teams listed above in the same week that you pitched for your Little League Baseball team?***

- None 5-6 weeks 13-16 weeks
- 1-2 weeks 7-8 weeks 17-20 weeks
- 3-4 weeks 9-12 weeks 21+ weeks



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Part 5 - "Travel" Ball

1. Within 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

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"travel" ball team #2

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"travel" ball team #3

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

2. For how many weeks within 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 within 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

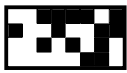
13-16 weeks

5-6 weeks

17-20 weeks

7-8 weeks

21+ weeks



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Part 6 - Your Pitching Career and Training

1. For how many years of your life, including this year, have you *pitched* in any kind of organized baseball? (Include your time with your current Little League Baseball team, your time with any other Little League Baseball teams, and your time with other teams or leagues.)

1 2 3 4 5 6 7 8 9 or more

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

Fast Knuckleball

Change-up Knuckle-Curveball

Curveball

Other:

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Write the type of pitch

Slider

3. 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

4. Within the past 12 months, have you been regularly throwing the curveball in games?
(check only 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

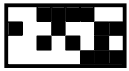
Yes, I have STARTED to throw the curveball regularly in games within the past 12 months

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



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Part 6 - Your Pitching Career and Training (continued)

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 Little League 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 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?

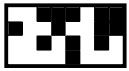
No Yes

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



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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?

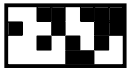
No Yes

9. ***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

10. ***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



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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:

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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!