**UNIVERSITY OF LIMERICK RESEARCH ETHICS COMMITTEE**

**Risk Assessment Form – Procedures Involving Human Subjects**

<table>
<thead>
<tr>
<th>Procedure No</th>
<th>SS 051</th>
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<tr>
<th>Title of Procedure</th>
<th>Emotional Responses of Athletes to Injury Scale (Smith et al, 1990)</th>
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<tr>
<th>Name of Assessor(s)</th>
<th>Carmel Vekins</th>
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<tr>
<th>Assessment Date</th>
<th>December 2001</th>
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<tr>
<th>Does this procedure already have ethical approval? (Delete as appropriate)</th>
<th>YES</th>
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<tr>
<th>If YES, enter ethical number and expiry date</th>
<th>Approval No:</th>
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1. **Please provide a brief description of the procedure**

The ERAIQ (Emotional Responses of Athletes to Injury Scale) is a 24-part questionnaire designed to establish what the athlete feels, thinks and does in relation to injury. It will be used in pre and post-intervention assessments as a guide during interview of the athlete.

2. **Location in which the procedure may take place**

- [X] PESS Building
- [X] Physiotherapist clinic

3. **Eligibility of subject(s) to be used**

- [X] PESS student (U.G. or P.G.)
- [X] University staff or campus personnel

**Members of the general public engaged in research projects granted ethical approval.**

4. **Potential risks. To be explained before obtaining consent**

- [X] None, or minimal discomfort only
5 **Action to be taken in the event of an foreseeable emergency**

No foreseeable emergency is expected as a result of this questionnaire.

6 **Level of supervision required for procedure**

<table>
<thead>
<tr>
<th></th>
<th>PESS lecturing/research staff</th>
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<tbody>
<tr>
<td>X</td>
<td>PESS postgraduate researcher</td>
</tr>
<tr>
<td>X</td>
<td>PESS undergraduate students (4th year)</td>
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7 **Other documentation required for this assessment?**

<table>
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<tr>
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<th>Pre-test subject questionnaire</th>
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<tbody>
<tr>
<td>X</td>
<td>Scoring for ERAIQ</td>
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<tr>
<td>X</td>
<td>Informed consent form</td>
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</tbody>
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The Emotional Response of Athletes to Injury Questionnaire (ERAIQ)

Name: ___________________________________ Age: __________ Date: __________

Address: ___________________________________ Clinic: ___________________________________

City: __________________ State: ________ Zip: __________ Height: __________ Weight: __________

Telephone: Home: __________________ Business: __________________ Date of Birth: __________

Interviewer: __________________

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

1. If you could be anything you wanted in life, what would that be? __________________________________

2. List in order of preference the sports and activities you participate in:

3. What are your reasons for participating in sport? Rank 10 = high, 0 = low (in declining order of importance):
   - Stress management
   - Competition
   - Socialisation
   - Pursuit of excellence
   - Fitness
   - Personal improvement
   - Fun
   - Self-discipline
   - Outlet of aggression
   - Weight management
   - Other (i.e. well being)

4. Would you describe yourself as an athlete?
   1) Absolutely not 2) 3) 4) 5) Absolutely yes

5. What specific goals do you have in sport? __________________________________

6. Have they changed since the injury? __________________________________

7. What is the nature of your injury? __________________________________

8. What sport were you injured in? __________________________________

9. When did the injury occur? Before season 1) mid-season 2) end-season

10. Are you encouraged in sport by significant others? Yes 1) No

11. Do you interpret this support as: pressure 1) reluctant support 2) just right

12. Who exerts the most pressure? Self 1) mother 2) father
   - Coach 3) other

13. How much time (in hours) per week were you spending at sport practice and competition before injury?
   0-2 3-5 6-10 11-15 16-20 21-25 26-30 31+ over

14. Were you under any recent stress (change)? Yes 1) No
   If yes, what? __________________________________

15. How have you been feeling emotionally since the injury?

   1) Helpless 2) Angry 3) Frightened 4) Tense 5) Frustrated 6) Optimistic
   7) Bored 8) Shocked 9) In pain 10) Depressed 11) Discouraged 12) Relieved
   Other, please describe __________________________________

16. How would you rank these emotions in significance as to how you’re feeling now because of the injury? Rank 10 = high, 0 = low
   - Helpless
   - Angry
   - Frightened
   - Tense
   - Frustrated
   - Optimistic
   - Bored
   - Shocked
   - In pain
   - Depressed
   - Discouraged
   - Relieved
   Other, please describe __________________________________

17. What percentage of recovery have you made to your pre-injury status: tick one:
   10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

18. When is your estimated date of return to sport? __________________________________

19. Do you have fears about returning to sport? Yes 1) If so, what are they?

20. Do you plan to return to the same sport in which you were injured? Yes 1) No

21. Are you a motivated person for exercise? (1=not at all, 10 = extremely)
   1 2 3 4 5 6 7 8 9 10
22. What is your current rehabilitation programme: exercises

Times per week

23. Are you able to work out on any other exercise equipment or modalities?

24. Do you have a strong family support system or close friends who know about your injury?