

### Default Question Block

Thank you for taking part in this research study on Functional Movement Screens for student-athletes. The present study seeks to assess the integration of functional movement screening (FMS) for college student athletes.

- We estimate that it will take you 5-10 minutes to complete this survey.
- Your participation is voluntary.
- You do not have to answer any question you do not wish to answer.
- Your responses are being recorded without identifiers.
- No identifiers are being used for this study.
- Your survey responses will be stored in a Penn State owned location that is secured to the extent possible.
- The data from this study will be deleted upon publication.

If you have any questions about this research study (or would like copies of study documentation) please contact Dr. Amanda Snider at [aks7451@psu.edu](mailto:aks7451@psu.edu).

- ☐ Yes, I affirm that I am 18 years of age or older and I consent to having my responses to this survey used for research purposes.
- ☐ No, I am 18 years of age or older, however I do not consent to having my responses to this survey used for research purposes.
- ☐ No, I am not 18 years of age

What is your age?:

- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ >26

What is your academic cohort as a student-athlete?

- ☐ First-year athlete
- ☐ Second-year athlete
- ☐ Third-year athlete

- ☐ Fourth-year athlete
- ☐ Other

Please select the team that you are a member of on your campus?

- ☐ Baseball
- ☐ Basketball
- ☐ Cross Country
- ☐ Cheerleading
- ☐ Fencing
- ☐ Field Hockey
- ☐ Football
- ☐ Golf
- ☐ Gymnastics
- ☐ Ice Hockey
- ☐ Lacrosse
- ☐ Soccer
- ☐ Softball
- ☐ Swimming and Diving
- ☐ Tennis
- ☐ Track and Field
- ☐ Volleyball
- ☐ Wrestling
- ☐ Multi-Sport Athlete (please specify)

What campus do you compete for?

What is your preferred gender identity?

- ☐ Male
- ☐ Female
- ☐ Non-binary / third gender
- ☐ Prefer not to say

How fearful are you of sustaining a sports-related injury that would limit your participation in practices and/or games?

- No Fear
- 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Constantly Fearful

Within the last year, which best describes your collegiate injury history?

- ☐ No significant injuries with no absence from practice or games
- ☐ Mild injuries with 1-2 absences from practice but no games were missed
- ☐ Moderate injuries with > 2 absences from practice and/or >1 missed game participation
- ☐ Significant major injury delaying start or prematurely ending participation due to medical reasons during the season (ex. Fracture, Dislocation, Surgery)

Comparing yourself to other college athletes, how would you describe your injury resistance?

- ☐ I am more injury resistant than my peers
- ☐ I encounter the same amount of injuries as my peers
- ☐ I am more susceptible to injuries than my peers

The Functional Movement Screen (FMS) is a tool for standardized movement screening to see how an individual, no matter their age, is moving in everyday life. It takes into account both mobility and stability and equips the professional with information to make programming decisions with precision and purpose.

Source: Functional Movement Systems. [Functionalmovement.com](https://www.functionalmovement.com/system/fms). Published 2022.  
<https://www.functionalmovement.com/system/fms>



Throughout your athletic career(youth to collegiate), have you ever completed a pre-season movement screen such as the Functional Movement Screen (pictured above)?

- ☐ Yes
- ☐ No
- ☐ Not sure

Please rate the extent to which you agree or disagree with the following statements about a pre-season movement screen as described above.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
A movement screen could enhance my athletic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
A movement screen could provide information that is valuable to my coach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A movement screen could help to identify my vulnerability to injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A movement screen could help my athletic trainer to take better care of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a movement screen took less than 10 minutes to complete, I'd be willing to participate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how do you rate your individualized sport specific conditioning program provided by your school?

- ☐ Excellent
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Unacceptable
- ☐ None Available

What do you feel would be the primary barrier in the implementation of a movement screen like above?

- ☐ No barriers identified
- ☐ Interruption of practice time
- ☐ Lack of coaches' support of screening
- ☐ Lack of interest from athletes
- ☐ Lack of athletic trainer support
- ☐ Not enough staff available to provide screens
- ☐ There is no value added from the screen results
- ☐ Movement screens are too expensive to be feasible for every athlete
- ☐ There is a lack of awareness that the screens are available
- ☐ Movement screens are too time consuming
- ☐ Other (please explain)