

APPENDIX G: Participant screening form

What sport do you play	Rugby	Soccer
How many hours do you spend training and participating in your sport per week		
Have you ever had any pain over your groin area?	YES	NO
Has the groin pain been there for longer than three months?	YES	NO
Is the groin pain currently stopping you from participating in sport?	YES	NO
Which side is your pain? (It can be on both sides)	LEFT	RIGHT
Do you feel generally healthy?	YES	NO
Do you have a history of neck, back, pelvis or limb injuries? If YES, please state	YES Types of injuries: _____	NO
Have you suffered from any of the symptoms related to prostatitis or urinary tract infection, as listed adjacently? YES/ NO	Pain and tenderness in upper back and sides.	Rectal pain.
	Pain in the pelvis, genitals, lower back and buttocks.	Discomfort in the perineal area (area between the scrotum and the anus)
Have you had symptoms associated with nerve entrapment syndrome in your legs (tingling, pins and needles, numbness or burning pain)?	YES	NO
Have you undergone any orthopaedic surgery, as listed adjacently in the last 12 months? YES/ NO	Lumbar spine	Pelvis
	Hip Joint	Knee joint
	Ankle joint	Foot
Have you been diagnosed with any of the following illnesses? YES/ NO	Ankylosing Spondylosis;	Scheuerman's disease
	Rheumatoid Arthritis;	Muscular Dystrophy
	Paget's disease	