Questionnaire

1) Your Age: ____________ years

2) Your Gender: [ ] female [ ] male [ ] non-binary

3) Your Height: _____ feet _____ inches

4) Dominant Hand: [ ] right handed [ ] left handed

5) Prior Experience with Basketball (please check one)

[ ] I play once a week.
[ ] I play once a month.
[ ] Last time I played was ca. 1 year ago.
[ ] Last time I played was between 2-5 years ago.
[ ] Last time I played was 10 years ago or more.
[ ] I have never played basketball.

6) Do you play any other ball sports?

[ ] yes [ ] no

If you answered yes, which ones do you play and how often?

Ball sport 1: name: ____________________ how often you play it: ____________________

Ball sport 2: name: ____________________ how often you play it: ____________________

Ball sport 3: name: ____________________ how often you play it: ____________________