

Dear climbers,

In the last 10 years many scientific studies were published exploring rock climbing accidents and injuries. These publications helped a lot to improve climbing equipment as well as the treatment of climbing injuries.

Regarding ice climbing we have unfortunately a different situation. There are only a few studies concerning typical accidents and overuse injuries. In public ice climbers are regarded as daredevils and insurance companies consider this sport extreme dangerous.

To clarify this situation German sports physicians initiated together with the University of Aachen an international ice climbing study. This questionnaire is an important part of it.

We assure that all the information we receive will remain strictly confidential. All particulars will be erased after the analysis of the questionnaire is finished.

Please take your time to fill in your answer or tick the boxes even if you never sustained any kind of accident or overuse injury during ice climbing. Please send back the questionnaire as soon as possible.

For questions, please contact one of the following persons (subject: ice climbing).

Thank you very much for taking the time to fill in this questionnaire!

Ulrich Schwarz

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name: _____

first name: _____

Consent

Herewith I give my consent that the information I gave in the questionnaire "ice climbing" is stored and analysed by the study group.

I was assured that the analysis of the questionnaire will be made anonymously and that all personal information will be erased after the analysis is finished.

None of the particulars will be given to other persons except on demand of authority (e.g. ethic-commission of the University of Aachen).

Place, date

Signatur

Questionnaire ice climbing

1 Particulars

1.1 Name, first name _____

1.2 Address

street: _____

postal code: _____

city: _____

country: _____

nationality: _____

1.3 Sex

female

male

1.4 Date of birth _____

1.5 Height _____ (cm)

1.6 Weight _____ (kg)

1.7 Martial status

married

single

divorced

widowed

1.8 Do you have children?

yes

no

1.9 What is your profession?

1.10 What is your occupation at present?

1.11 How much physical strength do you need for your present occupation?

Very much much little none

2 Climbing experience

2.1 In which year did you start with ice climbing? _____

2.2 Since that time did you practice ice climbing regularly (at least once a year)?

yes

no

If "yes",

- How many **days** a month did you spend ice climbing within the first year (average)? _____
- How many **days** a month did you spend ice climbing within the last 3 years (average)? _____
- How many **ice climbs** a month did you do within the first year (average)? _____
- How many **ice climbs** a month did you do within the last 3 years (average)? _____

○ How much of them on a

	mostly	often	occasional	never
waterfall				
glacier				
artificial ice wall				
mixed terrain				

If "no"

- Please describe in which years since starting ice climbing you paused, how long, and for what reason.

2.3 Did you ever make first ascents (ice climbing)?

yes

no

If "yes",

How many? _____

Maximum grade? _____

2.4 Where are your favorite ice climbing regions?

Country	Region

2.5 Do you practice other climbing disciplines such as:

climbing discipline			
sport rock climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
traditional rock climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
indoor climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
rock bouldering	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
indoor bouldering	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
mixed traditional climbing (rock and snow)	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
expedition mountaineering	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
others	yes <input type="checkbox"/>	no <input type="checkbox"/>	since when
comments			

2.6 How many hours a week do you train for improving your climbing performance? (ice- and rock climbing)

2.7 Do you take part in climbing contests (ice- and rock climbing)?

yes

no

If "yes", which contests?

2.8 What is your maximum grade on ice climbs/glacier(steeptness)?

o Leading _____

don't know

o toprope _____

don't know

2.9 What is your maximum grade on ice climbs/waterfall (wi/m)?

o leading _____

don't know

o toprope _____

don't know

2.10 What is your maximum grade on traditional rock climbs (rp/os, UIAA/French)?

o leading _____

don't know

o toprope _____

don't know

2.11 What is your maximum lead grade on sport rock climbs (rp/os, UIAA/French)?

o leading _____

don't know

o toprope _____

don't know

2.12 What is your maximum grade on an indoor wall (rp/os, UIAA/French)?

o leading _____

don't know

o toprope _____

don't know

2.13 What is your maximum grade for bouldering (Fb)?

don't know

2.14 If you are leading, how do you assess your moral on

waterfall	very good <input type="checkbox"/>	good <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
artificial ice wall	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
glacier	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
traditional climbs	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
mixed climbs (rock and snow)	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
expedition mountaineering	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
sport rock climbs	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>
indoor climbs	excellent <input type="checkbox"/>	fine <input type="checkbox"/>	reasonable <input type="checkbox"/>	poor <input type="checkbox"/>

2.15 Do you practice other sports (at least twice a week)?

yes no

if "yes" which one _____

3 Injuries

We are very interested in all injuries you sustained during **ice climbing**.

There are two kind of injuries: caused by *accidents* and caused by *overuse*.

Overuse injuries are defined as physical problems due to overuse (tendons, muscles joints etc.), combined with the necessity of treatment (doctor, hospital, physiotherapist, chiropractor or other), temporary disablement and/or pause of climbing for at least 1 week.

Injuries caused by accidents are defined as physical problems due to direct force (falling, something falling on you, frostbites etc.), combined with the necessity of treatment (doctor, hospital, physiotherapist, chiropractor or other), temporary disablement and/or pause of climbing for at least 1 week.

3.1 Overuse injuries

3.1.1 Did you ever sustain any kind of overuse injury since you started ice climbing?

yes

no

3.1.1.1 If "yes", how many? _____

3.1.1.2 If "no", please continue with point 3.2!

3.1.2 Please describe each overuse injury separately as far as you can remember using one of the following tables (please copy tables as required)

1. Overuse injury

Month/Year:

kind of overuse injury			
probable cause of the overuse			
did you contact a doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
necessity of treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
hospital treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:
comments			

2. Overuse injury

Month/Year:

kind of overuse injury			
probable cause of the overuse			
did you contact a doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
necessity of treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
hospital treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:
comments			

3. Overuse injury

Month/Year:

kind of overuse injury			
probable cause of the overuse			
did you contact a doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
necessity of treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
hospital treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:
comments			

4. Overuse injury

Month/Year:

kind of overuse injury			
probable cause of the overuse			
did you contact a doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
necessity of treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
hospital treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:
comments			

5. Overuse injury

Month/Year:

kind of overuse injury			
probable cause of the overuse			
did you contact a doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
did you contact a non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after the injury:
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
necessity of treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
hospital treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:
comments			

3.1.3 Did you sustain overuse injuries in other climbing disciplines?

yes no

If “yes”, how often did you sustain what kind of overuse in what event?

3.1.4 Regarding overuse injuries – do you think ice climbing is more dangerous compared to rock climbing?

yes

no

Please, specify

3.2 Accident caused injuries

3.2.1 Did you ever sustain accident caused injuries on ice climbing?

yes

no

3.2.1.1 If "yes" , how many? _____

3.2.1.2 If "no", please continue with point 4!

3.2.2 Please describe each accident caused injury separately as far as you can remember using one of the following tables (please copy tables as required)

1. accident caused injury

month/year:

kind of injury	frostbites <input type="checkbox"/>	wounds <input type="checkbox"/>	fractures <input type="checkbox"/>	effusion of blood <input type="checkbox"/>	
	others <input type="checkbox"/> please specify (e.g.eyes)				
part of body	head <input type="checkbox"/>	collar <input type="checkbox"/>	shoulder <input type="checkbox"/>	arms <input type="checkbox"/>	fingers <input type="checkbox"/>
	chest <input type="checkbox"/>	abdomen <input type="checkbox"/>	back <input type="checkbox"/>	pelvis <input type="checkbox"/>	buttock <input type="checkbox"/>
	legs <input type="checkbox"/>	feet <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
activity	approach <input type="checkbox"/>	leading <input type="checkbox"/>	on top rope <input type="checkbox"/>	belaying <input type="checkbox"/>	
	descent <input type="checkbox"/>	others <input type="checkbox"/> (please specify)			
terrain	waterfall <input type="checkbox"/>	glacier <input type="checkbox"/>	artificial ice wall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
occasion	training <input type="checkbox"/>	contest <input type="checkbox"/>	tour <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
cause	braking ice <input type="checkbox"/>	failure of material <input type="checkbox"/>	failure of belaying <input type="checkbox"/>	swing <input type="checkbox"/>	
	rockfall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)			
	Could the accident have been prevented? yes <input type="checkbox"/> no <input type="checkbox"/>				
	if "yes" how?				
in case of falling	height of fall: (meter)				
	was the fall slowed down?		yes <input type="checkbox"/>	no <input type="checkbox"/>	
	if "yes", how was it slowed down?				
protective equipment	helmet <input type="checkbox"/>	gloves <input type="checkbox"/>	others <input type="checkbox"/> which one?		
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days?:		
contact doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:		
contact physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:		
contact non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:		
treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:		
Hospital	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:		
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:		
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:		

2. accident caused injury

month/year:

kind of injury	frostbites <input type="checkbox"/>	wounds <input type="checkbox"/>	fractures <input type="checkbox"/>	
	others <input type="checkbox"/> please specify (e.g.eyes)			
part of body	head <input type="checkbox"/>	collar <input type="checkbox"/>	shoulder <input type="checkbox"/>	arms <input type="checkbox"/>
	chest <input type="checkbox"/>	abdomen <input type="checkbox"/>	back <input type="checkbox"/>	pelvis <input type="checkbox"/>
	legs <input type="checkbox"/>	feet <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
activity	approach <input type="checkbox"/>	leading <input type="checkbox"/>	on top rope <input type="checkbox"/>	belaying <input type="checkbox"/>
	descent <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
terrain	waterfall <input type="checkbox"/>	glacier <input type="checkbox"/>	artificial ice wall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
occasion	training <input type="checkbox"/>	contest <input type="checkbox"/>	tour <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
cause	braking ice <input type="checkbox"/>	failure of material <input type="checkbox"/>	failure of belaying <input type="checkbox"/>	
	rockfall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
	Could the accident have been prevented? yes <input type="checkbox"/> no <input type="checkbox"/>			
	if "yes" how?			
in case of falling	height of fall: (meter)			
	was the fall slowed down?		yes <input type="checkbox"/>	
	if "yes", how was it slowed down?			
protective equipment	helmet <input type="checkbox"/>	gloves <input type="checkbox"/>	others <input type="checkbox"/> which one?	
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days?:	
contact doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
Hospital	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:	

3. accident caused injury

month/year:

kind of injury	frostbites <input type="checkbox"/>	wounds <input type="checkbox"/>	fractures <input type="checkbox"/>	
	others <input type="checkbox"/> please specify (e.g.eyes)			
part of body	head <input type="checkbox"/>	collar <input type="checkbox"/>	shoulder <input type="checkbox"/>	arms <input type="checkbox"/>
	chest <input type="checkbox"/>	abdomen <input type="checkbox"/>	back <input type="checkbox"/>	pelvis <input type="checkbox"/>
	legs <input type="checkbox"/>	feet <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
activity	approach <input type="checkbox"/>	leading <input type="checkbox"/>	on top rope <input type="checkbox"/>	belaying <input type="checkbox"/>
	descent <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
terrain	waterfall <input type="checkbox"/>	glacier <input type="checkbox"/>	artificial ice wall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
occasion	training <input type="checkbox"/>	contest <input type="checkbox"/>	tour <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
cause	braking ice <input type="checkbox"/>	failure of material <input type="checkbox"/>	failure of belaying <input type="checkbox"/>	
	rockfall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
	Could the accident have been prevented? yes <input type="checkbox"/> no <input type="checkbox"/>			
	if "yes" how?			
in case of falling	height of fall: (meter)			
	was the fall slowed down?		yes <input type="checkbox"/>	
	if "yes", how was it slowed down?			
protective equipment	helmet <input type="checkbox"/>	gloves <input type="checkbox"/>	others <input type="checkbox"/> which one?	
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days?:	
contact doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
Hospital	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:	

4. accident caused injury

month/year:

kind of injury	frostbites <input type="checkbox"/>	wounds <input type="checkbox"/>	fractures <input type="checkbox"/>	
	others <input type="checkbox"/> please specify (e.g.eyes)			
part of body	head <input type="checkbox"/>	collar <input type="checkbox"/>	shoulder <input type="checkbox"/>	arms <input type="checkbox"/>
	chest <input type="checkbox"/>	abdomen <input type="checkbox"/>	back <input type="checkbox"/>	pelvis <input type="checkbox"/>
	legs <input type="checkbox"/>	feet <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
activity	approach <input type="checkbox"/>	leading <input type="checkbox"/>	on top rope <input type="checkbox"/>	belaying <input type="checkbox"/>
	descent <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
terrain	waterfall <input type="checkbox"/>	glacier <input type="checkbox"/>	artificial ice wall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
occasion	training <input type="checkbox"/>	contest <input type="checkbox"/>	tour <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
cause	braking ice <input type="checkbox"/>	failure of material <input type="checkbox"/>	failure of belaying <input type="checkbox"/>	
	rockfall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
	Could the accident have been prevented? yes <input type="checkbox"/> no <input type="checkbox"/>			
	if "yes" how?			
in case of falling	height of fall: (meter)			
	was the fall slowed down?		yes <input type="checkbox"/>	
	if "yes", how was it slowed down?			
protective equipment	helmet <input type="checkbox"/>	gloves <input type="checkbox"/>	others <input type="checkbox"/> which one?	
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days?:	
contact doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact non- medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
Hospital	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:	

5. accident caused injury

month/year: _____

kind of injury	frostbites <input type="checkbox"/>	wounds <input type="checkbox"/>	fractures <input type="checkbox"/>	
	others <input type="checkbox"/> please specify (e.g.eyes)			
part of body	head <input type="checkbox"/>	collar <input type="checkbox"/>	shoulder <input type="checkbox"/>	arms <input type="checkbox"/>
	chest <input type="checkbox"/>	abdomen <input type="checkbox"/>	back <input type="checkbox"/>	pelvis <input type="checkbox"/>
	legs <input type="checkbox"/>	feet <input type="checkbox"/>	others <input type="checkbox"/> (please specify)	
activity	approach <input type="checkbox"/>	leading <input type="checkbox"/>	on top rope <input type="checkbox"/>	belaying <input type="checkbox"/>
	descent <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
terrain	waterfall <input type="checkbox"/>	glacier <input type="checkbox"/>	artificial ice wall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
occasion	training <input type="checkbox"/>	contest <input type="checkbox"/>	tour <input type="checkbox"/>	others <input type="checkbox"/> (please specify)
cause	braking ice <input type="checkbox"/>	failure of material <input type="checkbox"/>	failure of belaying <input type="checkbox"/>	
	rockfall <input type="checkbox"/>	others <input type="checkbox"/> (please specify)		
	Could the accident have been prevented? yes <input type="checkbox"/> no <input type="checkbox"/>			
	if "yes" how?			
in case of falling	height of fall: _____ (meter)			
	was the fall slowed down?		yes <input type="checkbox"/>	
	if "yes", how was it slowed down?			
protective equipment	helmet <input type="checkbox"/>	gloves <input type="checkbox"/>	others <input type="checkbox"/> which one?	
temporary disablement	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days?:	
contact doctor	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact physiotherapist	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
contact non-medical practitioner	yes <input type="checkbox"/>	no <input type="checkbox"/>	how many days after injury:	
treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
Hospital	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
pause of climbing	yes <input type="checkbox"/>	no <input type="checkbox"/>	how long:	
permanent damage	yes <input type="checkbox"/>	no <input type="checkbox"/>	what kind:	

3.2.3 Did you sustain accident caused injuries in other climbing disciplines?

yes

no

if “yes”, how often did you sustain what kind of accident caused injury in what event?

3.3 Do you use the hand loops of your ice axe?

yes

no

If “yes” why? _____

If “no” why not? _____

3.3.1 Regarding accident caused injuries – do you think ice climbing is more dangerous compared to rock climbing?

yes

no

Please specify

4 Others

4.1 Can you think of something else that might be important for us but was not mentioned in this questionnaire?

4.2 Would you agree that we contact you in case we might have some further inquiries concerning your answers?

yes

no

if „yes“, please tell us your phone number or email address

phone _____

email _____

4.3 I would like to be informed about the results of this study:

yes

no

Thank you very much!