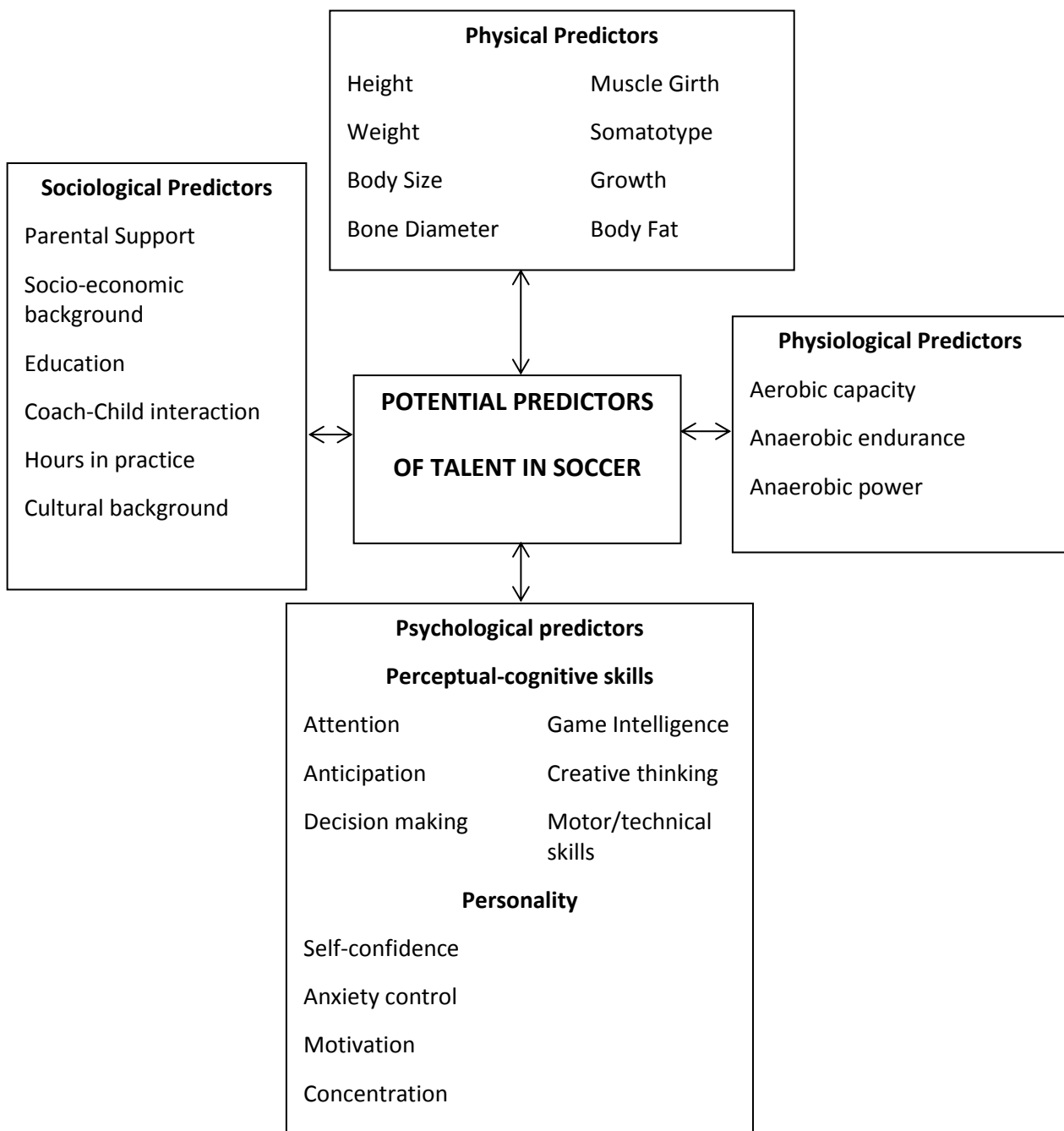


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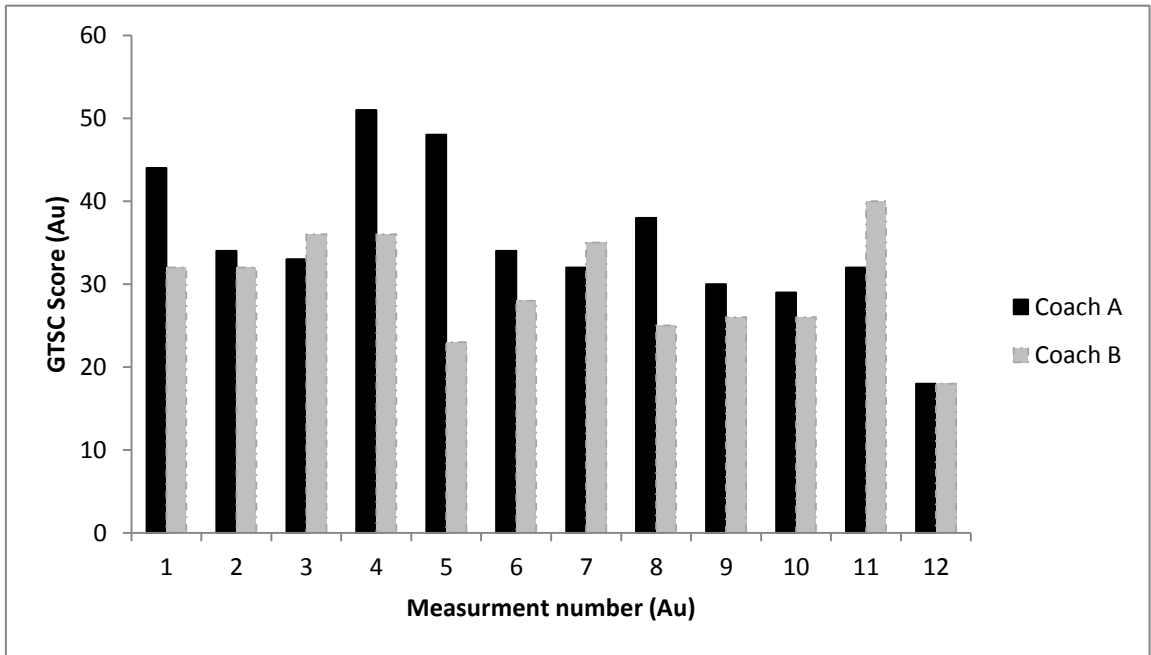
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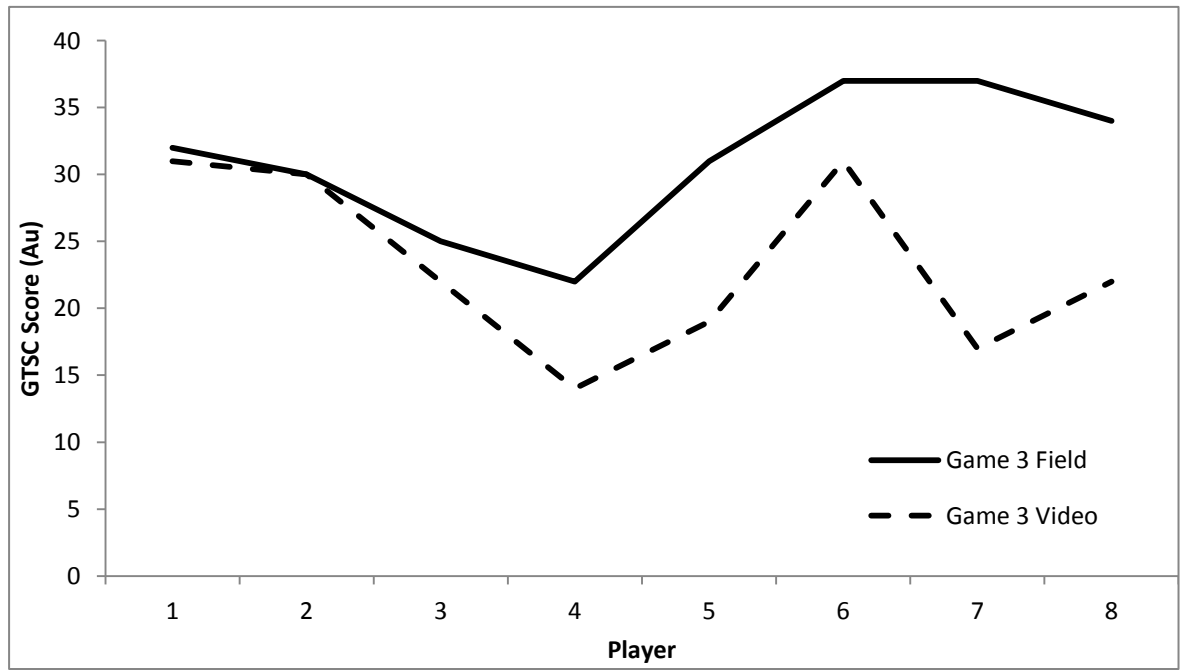


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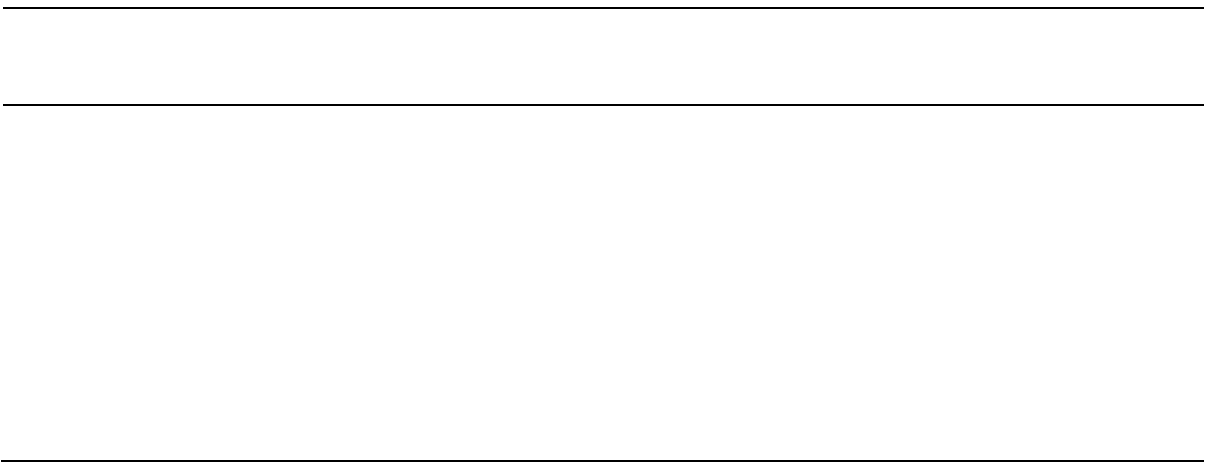


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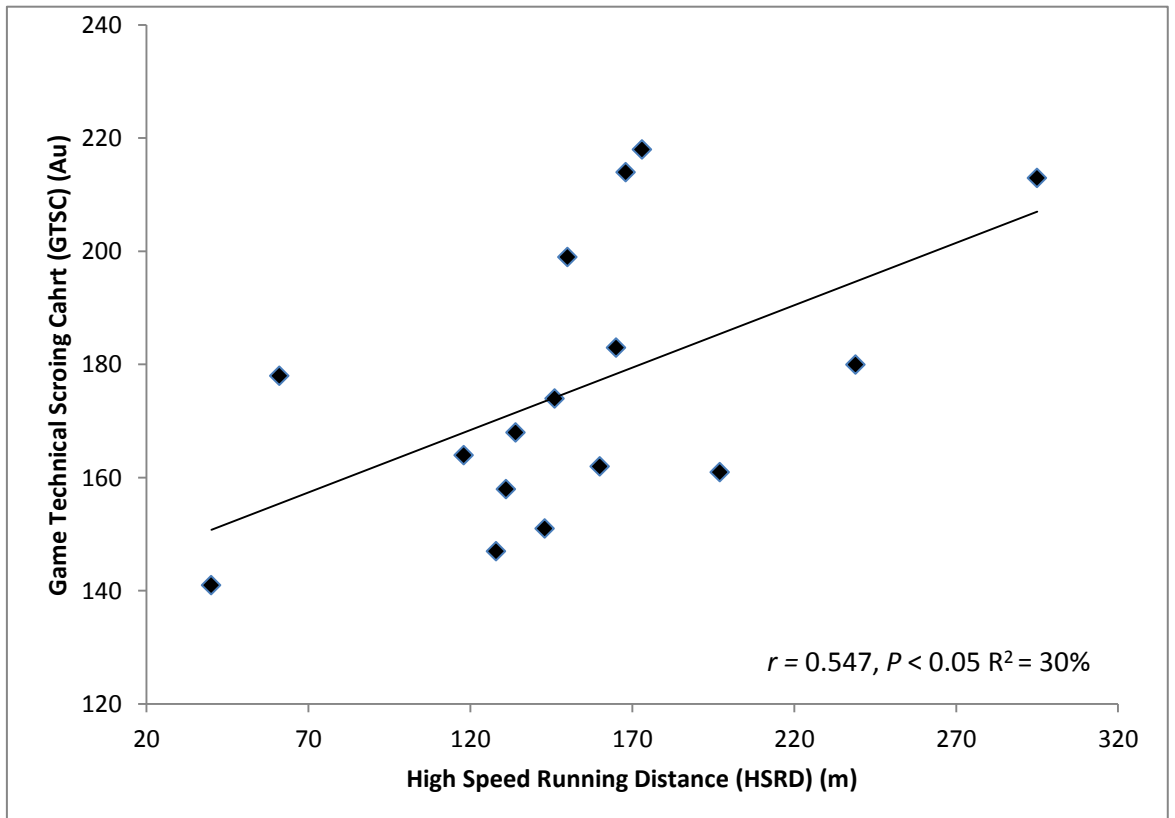
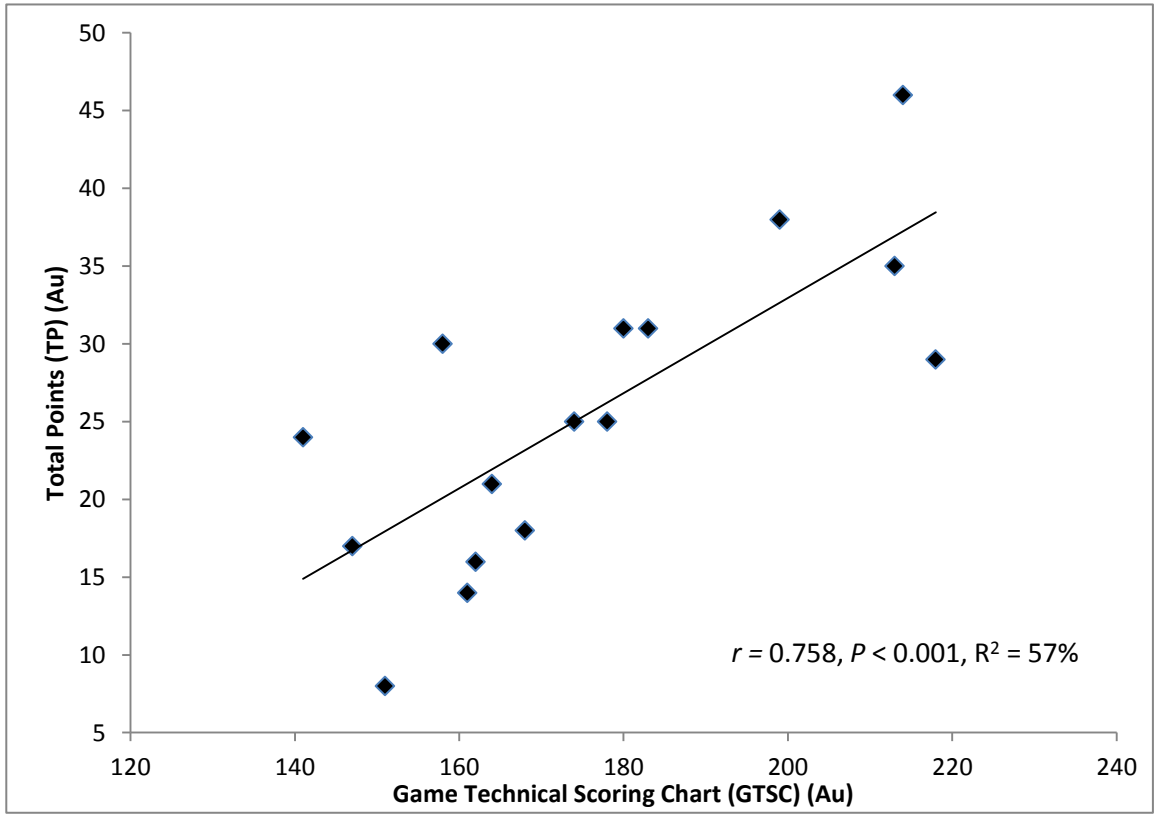
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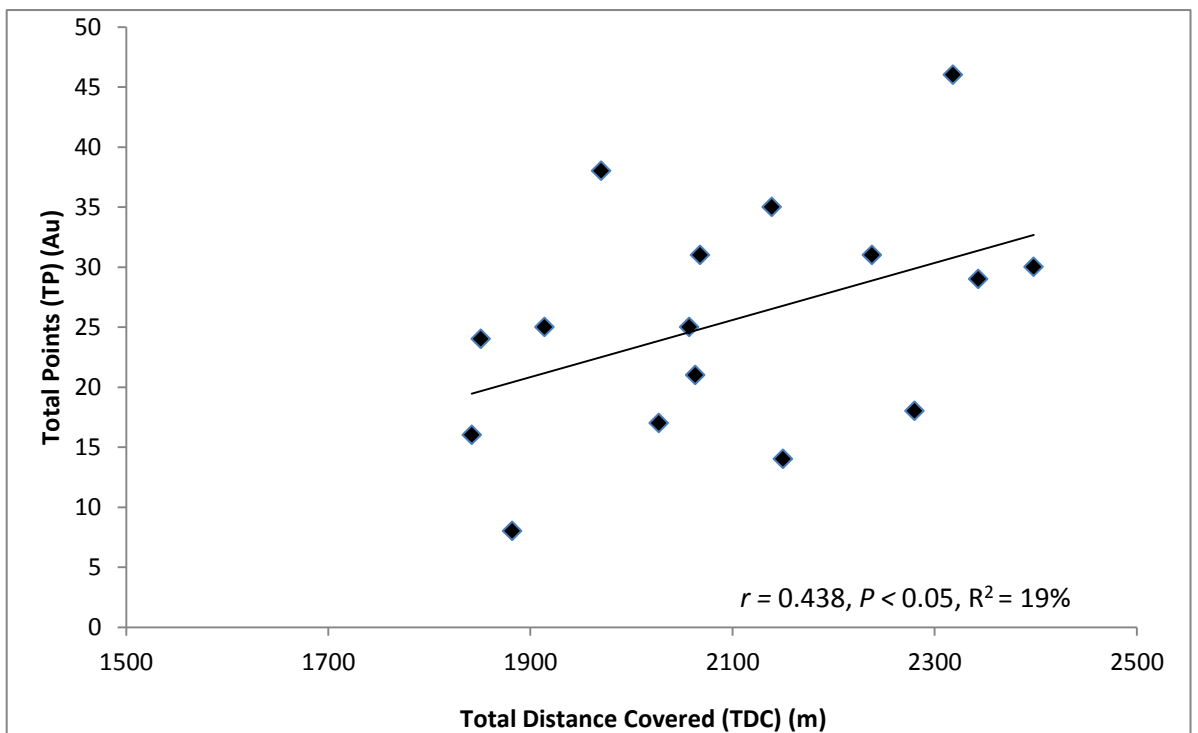
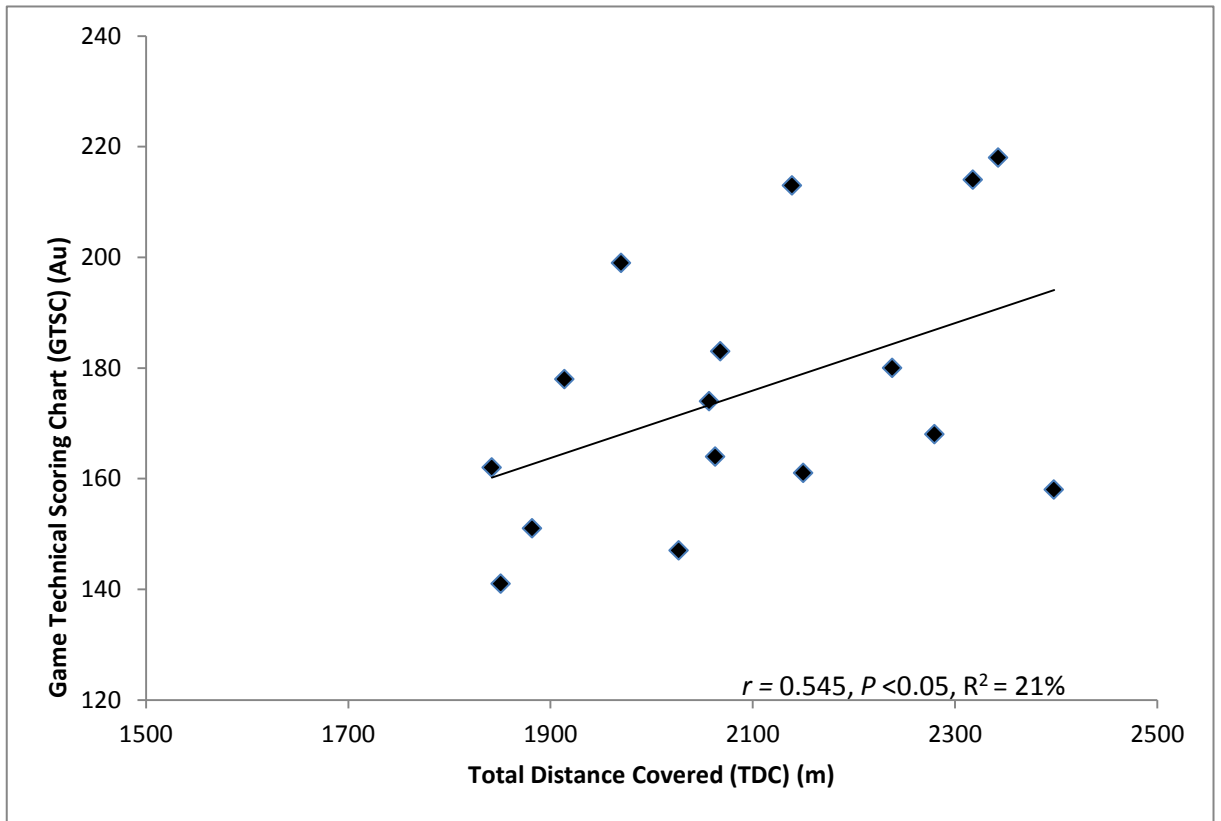
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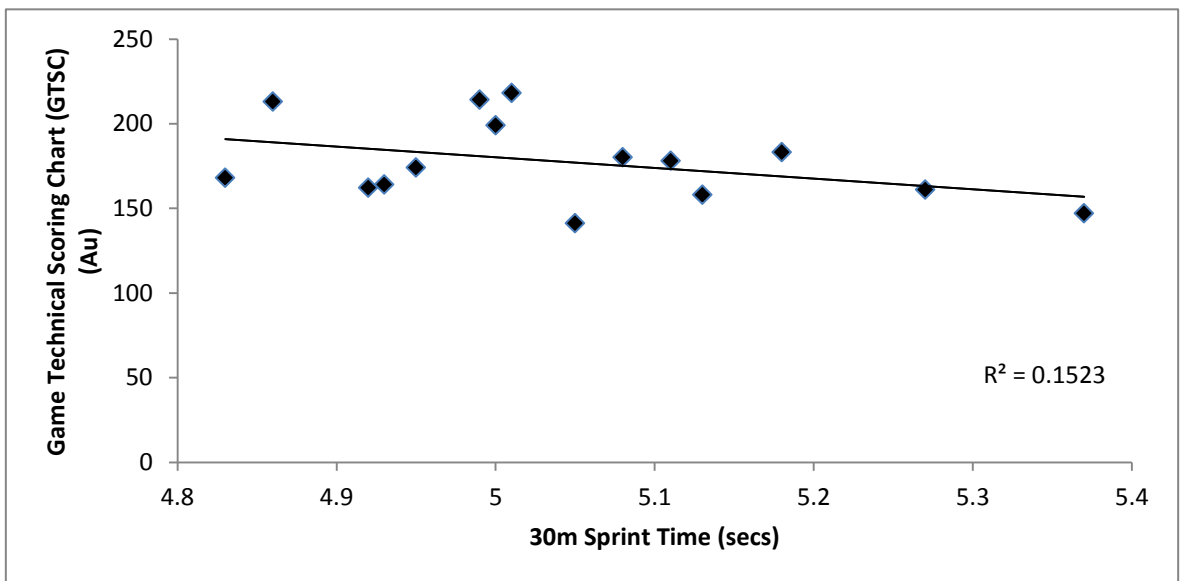
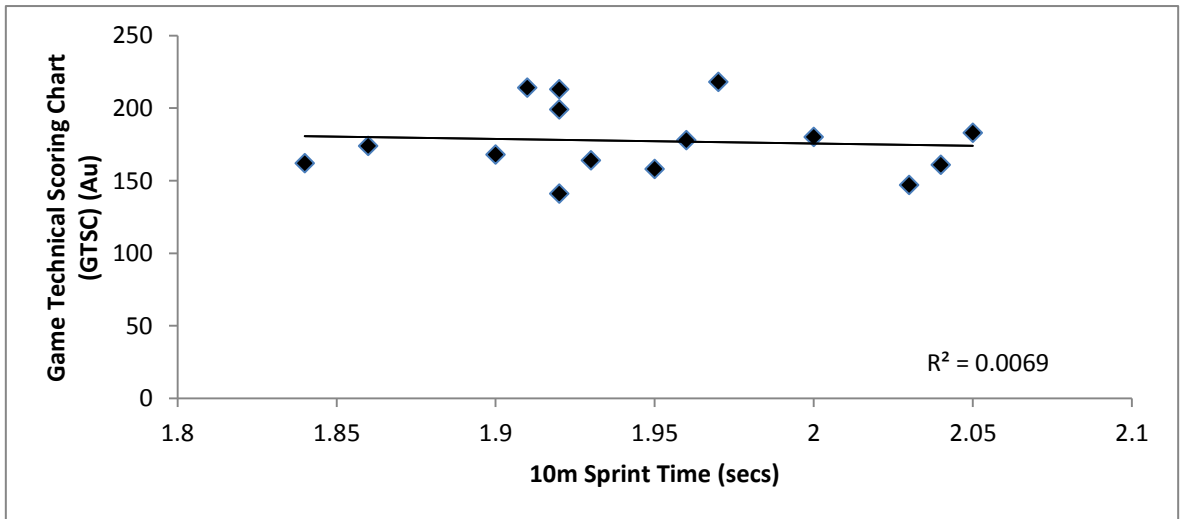
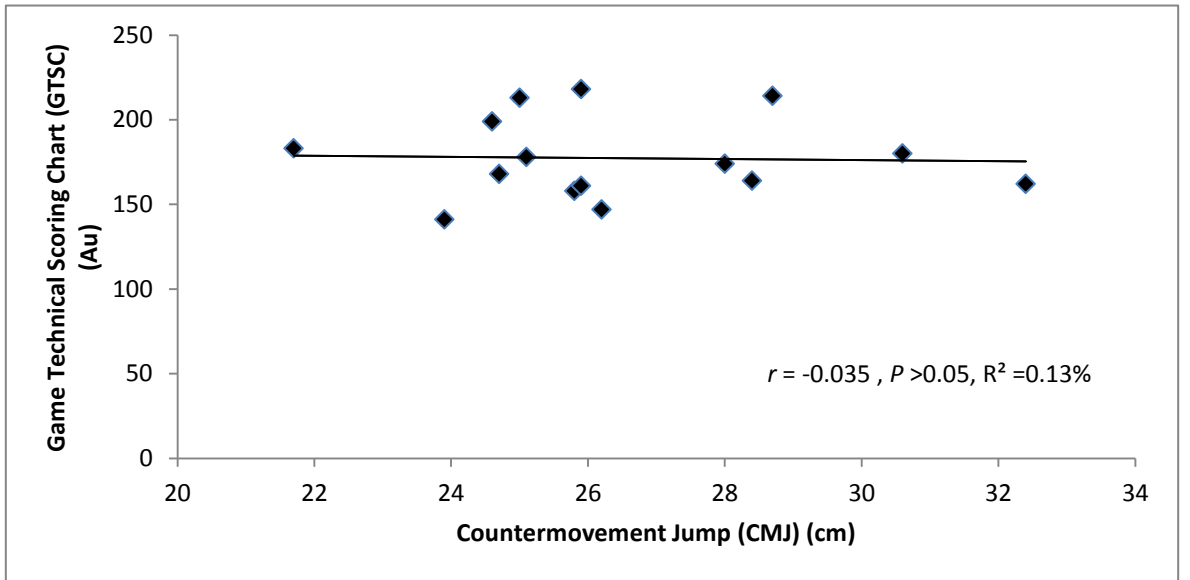
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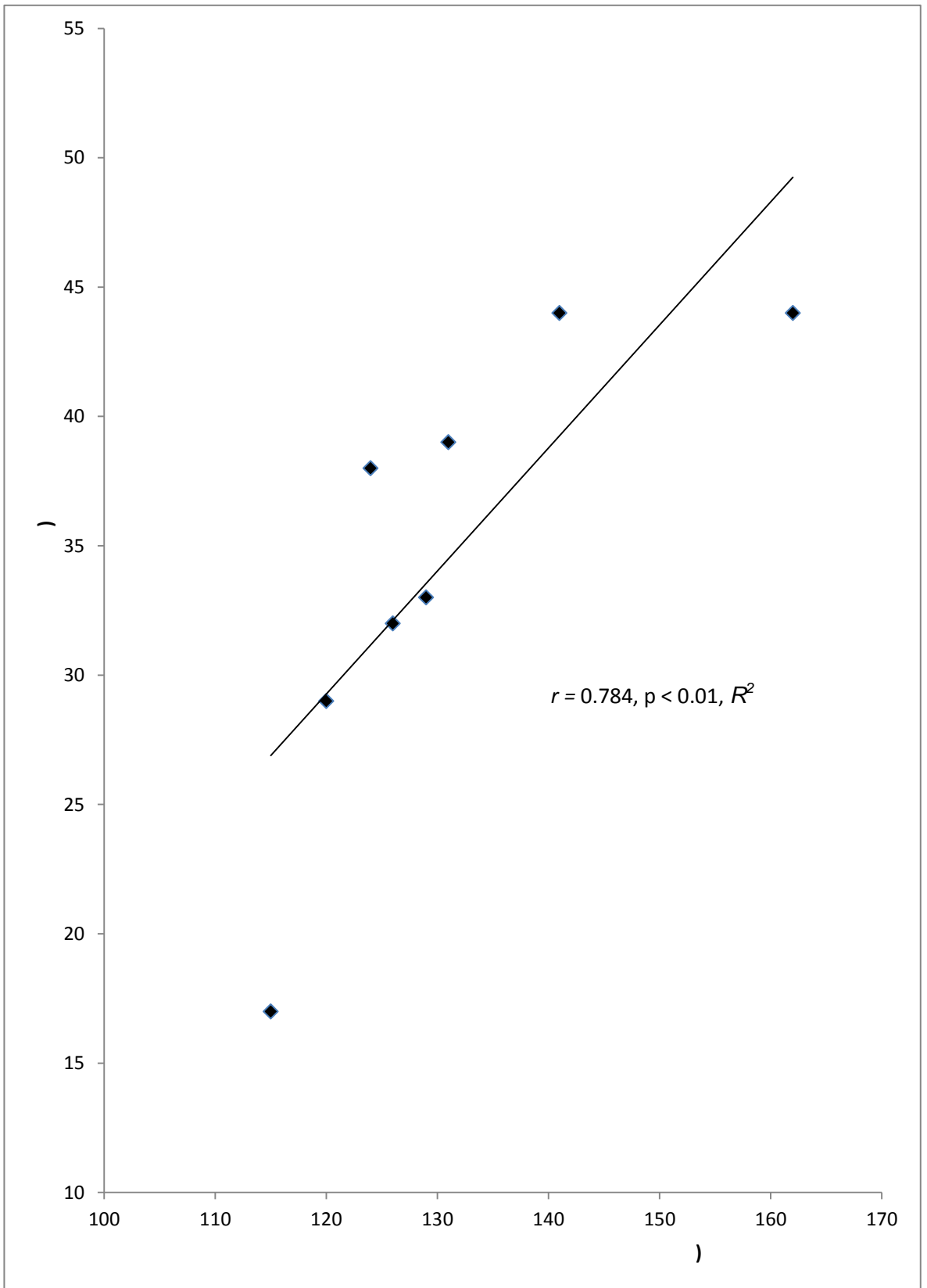
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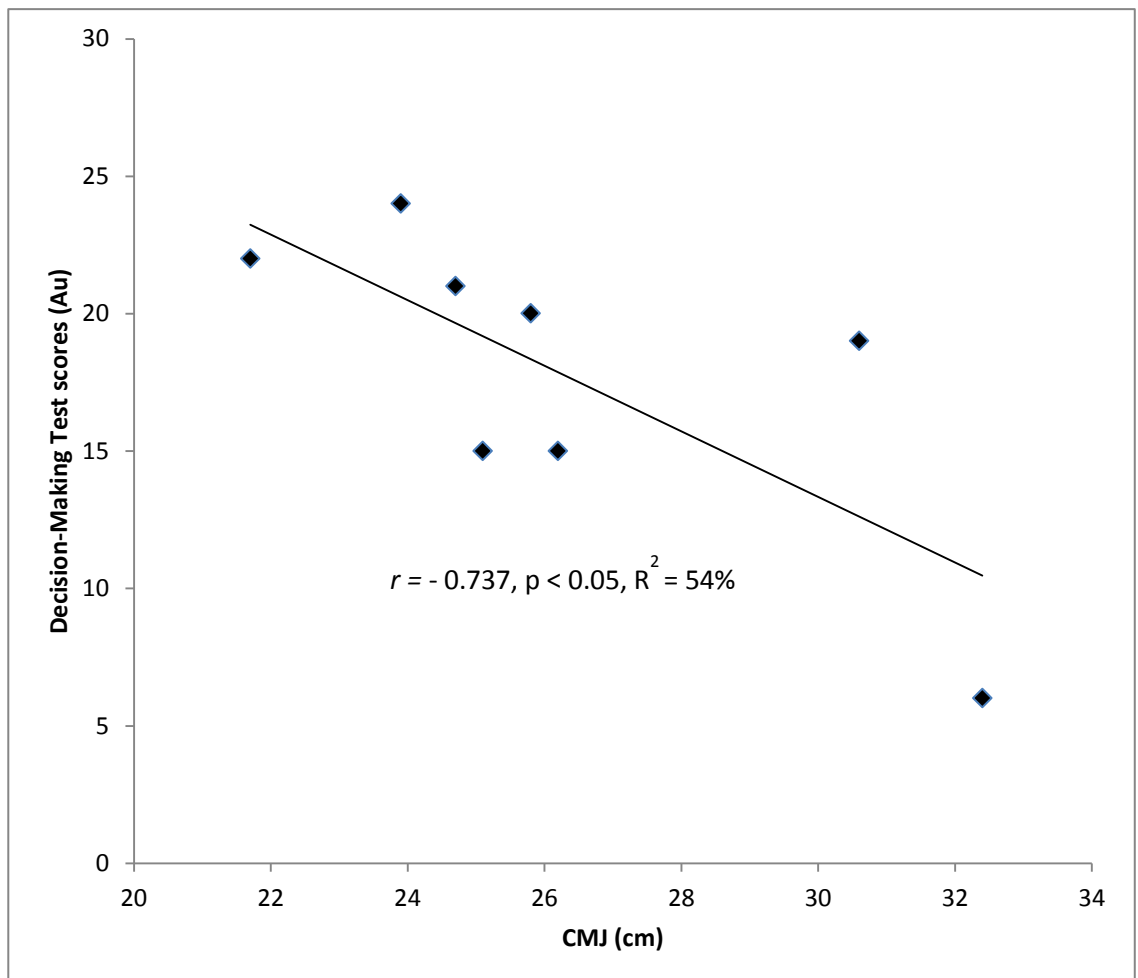
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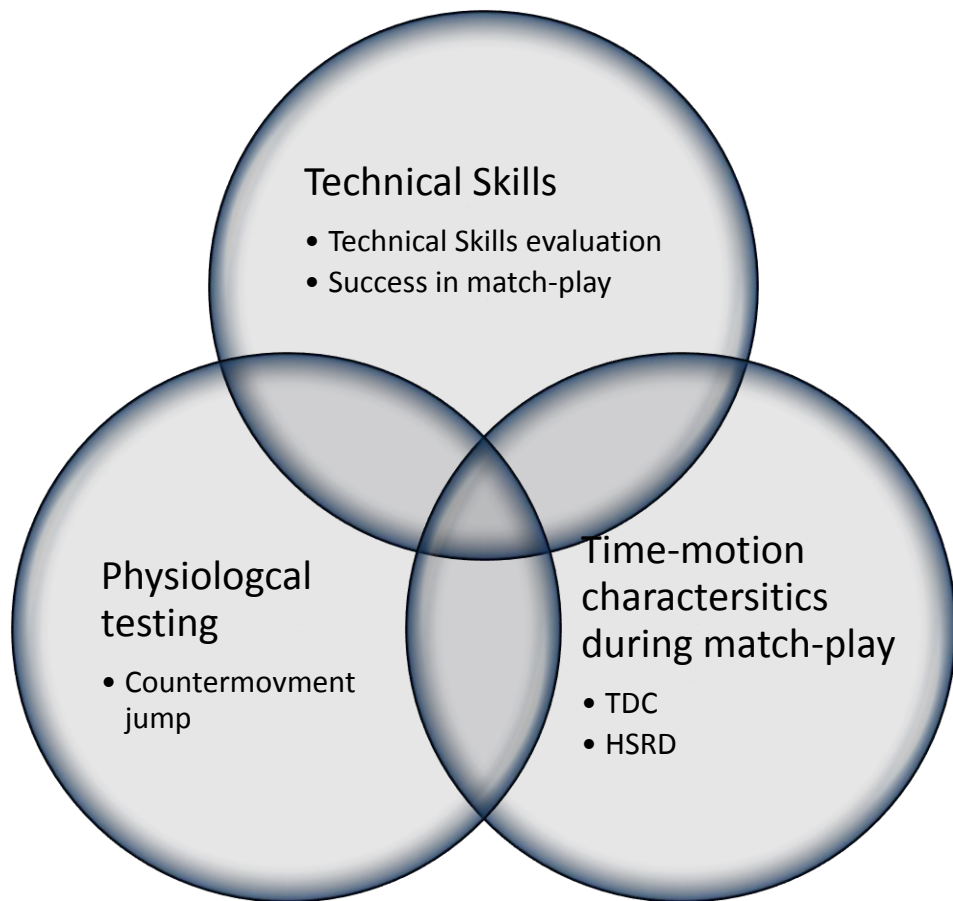
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Human

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Journal strength and conditioning

research,

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Scandinavian

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Clinical Biomechanics

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Journal of Sports Sciences,

Human

Movement Sciences,

Journal of strength and conditioning research

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Journal of Sports Science

and Medicine

Journal of Sports Sciences,

Measurement in Physical Education

and Exercise Science,

—

(i) Fatigue

(ii) Discomfort:

I.D.# _____
Date: (d) _____ (m) _____ (Y)

Activity Questionnaire

First Name: _____

Last Name: _____

Date of Birth: (day) ____ (month) ____ (Year) ____ Sex: M/F

Name of Parent or Guardian: _____

Address: _____

Phone No: _____

Please circle the most appropriate answer:

1. How would you compare your physical activity with that of your friends?

- A As active as my friends
- B More active than my friends
- C Less active than my friends
- D It is hard to make such a comparison

Details _____

2. How would you compare your overall fitness level with that of your friends?

- A Equally as fit
- B More fit
- C Less fit

3. How would you compare your physical activity with that of your brother(s)/sister(s)?

- A I have no brother(s)/sister(s)
- B I am as active as my brother(s)/sister(s)
- C I am more active than my brother(s)/sister(s)
- D I am less active than my brother(s)/sister(s)
- E It is hard to make such a comparison

Details _____

4. Do you take part in physical education classes at school?

- A All activities, with no exception
- B Some activities only
- C I do not take part in physical education classes
- D I do not attend school

Details (especially type of activities not taken) _____

5. If you are limited in activity at school, for what reason? (You may fill in more than one answer)

- A Advice of physician
- B Advice of teacher
- C Decision of parents
- D I do not want to participate
- E Other

Details _____

6. Are you a member of a sports team at school or otherwise? (you can circle more than one answer)

- A No
- B Yes, within school (intramural)
- C Yes, representing the school
- D Yes, other
- E Yes, in the past but no more

7. If a member of a team, in which sport or sports? _____

8. If you train regularly, what is the nature of your training?

	Type of sport	Hours per week	Time of year	Comments
A				
B				
C				

9. Are there any other members of your family who participate in competitive sports?

- A No, no one in the family
 B Yes

10. If "yes," please specify

	Family Member	Type of sport	Trains regularly?
A			
B			
C			
D			

11. Do you participate in any recreational activity that requires physical effort? (For example, skiing, canoeing, cycling, dancing, swimming). Please specify.

(Please see the next page)

12. Does any member of the family participate in recreational activities that require physical effort?

- A Yes
 B No one

13. If "yes" please specify

	Family member	Type of Activity	Time of year
A			
B			
C			
D			

14. Do you have any difficulty during or after physical exertion?

- A No Complaint
 B Shortness of breath
 C Pain
 D Fatigue
 E Other _____

Where? _____

(Please specify)

Details _____

15. Do you often sustain bruises, injuries, or other damage when physically active?

- A Yes
- B No

16. If "yes," please specify _____

17. In your opinion, are you as active as you should be?

- A Yes
- B Too active
- C Not sufficiently active

18. If you are not as active as you should be, what in your opinion is the reason? (You can circle more than one answer)

- A Lack of interest
- B A disease
- C Lack of suitable conditions
- D Other
- E I don't know

Details _____

19. Please circle in any of the following statements that you agree with (you can circle more than one statement):

- A Physical activity is important because it is fun
- B Physical activity is necessary to keep fit
- C Physical activity is good for health reasons
- D Physical activity may be dangerous to one's health
- E Physical activity can prevent overweight
- F Physical activity is important mostly to those who wish to become professional athletes

Thank you

TRAINING QUESTIONNAIRE

NAME:-----

AGE:-----

CLUB:-----

The following questions relate to your football training and competitions. This information is extremely important to the research project, so please try and answer as accurately as possible.

1. How many years have you been training for football-----years
2. How many months per year do you train-----
months/year
3. How many times per week do you train-----
-times/week
4. How many hours per week do you train-----
hours/week
5. How long have you been competing in football-----
years
6. How often do you play football-----

If you do other sports other than football, please list the sport and the amount of training that you do for these sports below

Performance Criteria

Name of Scorer: _____

Condition:

	Game 1					Game 2					Game 3				
Criteria															
Cover / Support															
Communication-Team work															
Decision making															
Passing															
Receiving-1 st touch															
Control-Running with the ball															
1v1															
Shooting															
Assist															
Marking															

Game Score (won, draw or loss and write score)			
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Key

5 - Excellent

4 - Very good

3 - Average

2 - Below Average

1 - Poor

Players name in team:

Comments:



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Small-sided games, youth soccer, identifying talent

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Subjects

SSG Protocol

Game Technical Scoring Chart (GTSC) and Total Points (TP) Protocol

Time Motion analysis

Physiological Testing

Jumps

Countermovement jump protocol

Speed protocol.

Statistical analysis

P

P

Technical evaluation

R

r P

Time-motion analysis

P R

r= P< R

r= P< R

r=

Physiological testing

r *P*

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Journal of Human Kinetics,

Journal of Sports

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Figure 1

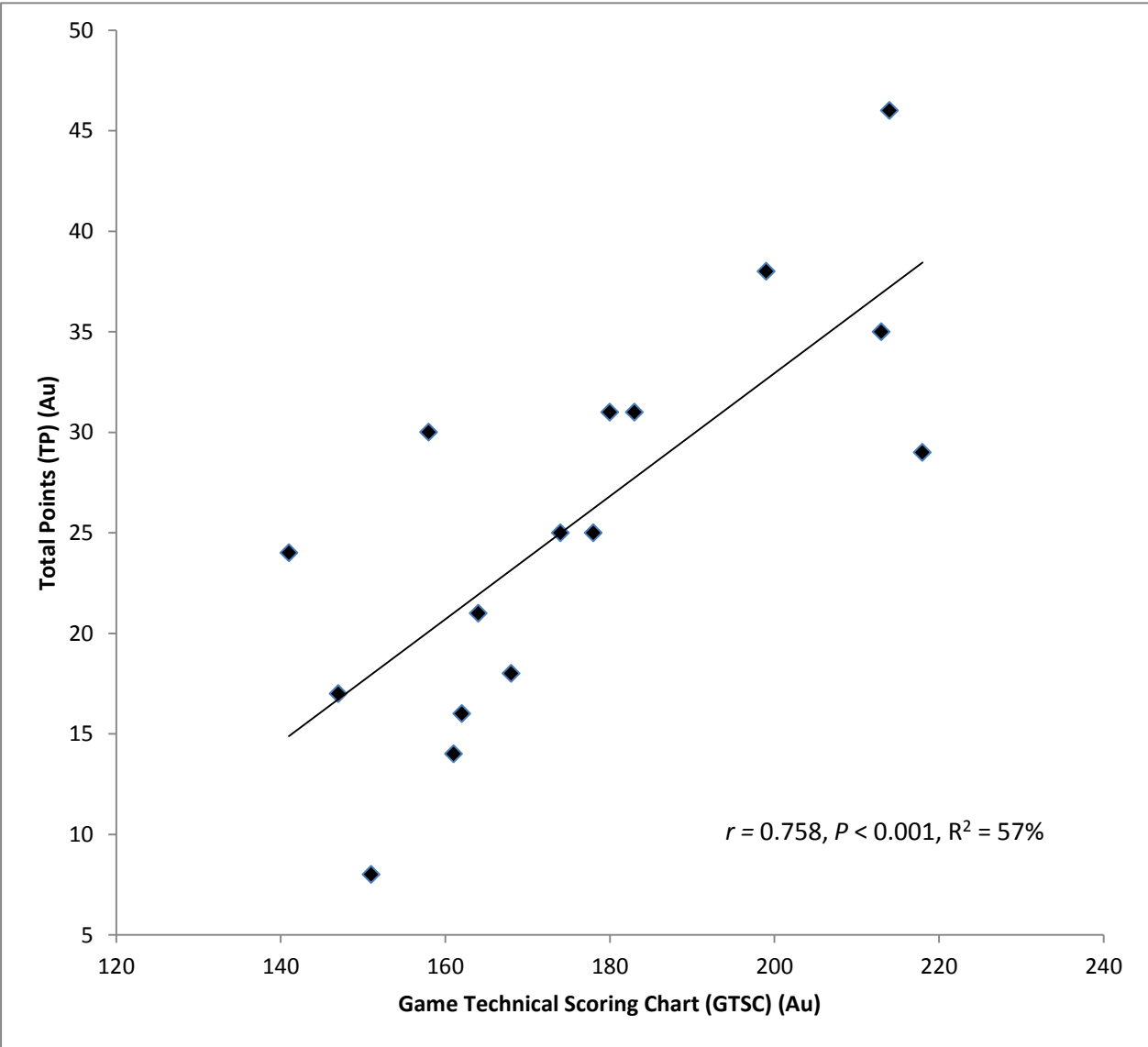


Figure 2

