

# Understanding Caffeine Use As An Ergogenic Aid In Professional Football (FV For Staff)

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## About This Survey

**The Sport & Exercise Science Research Team at Coventry University are conducting a study to help gain an understanding of the prevalence and factors influencing caffeine's use as a performance enhancing supplement in professional football.**

**Results of this study will help in the development of effective and safe strategies for the use of caffeine as a performance enhancing nutritional supplement in professional football.**

**Given your influential role in deciding if, how and when caffeine may be prescribed to players, we would greatly appreciate if you could take the time to complete this survey which should take ~5 minutes.**

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If you have any questions prior to, or following the completion of this survey, please contact the lead researchers Dr. Jason Tallis (ab0289@coventry.ac.uk) or Dr. Mark Noon (aa5349@coventry.ac.uk).

## Consent

By completing this survey you are consenting to participating in this research study and agreeing with the statement below:

- 1 I confirm that I understand the purpose of the research study and have had the opportunity to ask questions
  
- 2 I understand my participation is voluntary and that I am free to withdraw my data, without giving a reason, by contacting the lead researcher and the Faculty Research Support Office at any time until the date specified in the Participant Information Sheet
  
- 3 I understand that all the information I provide will be held securely and treated confidentially
  
- 4 I am happy for the information I provide to be used (anonymously) in academic papers and other formal research outputs
  
- 5 I agree to take part in the above study

## About You

### Please indicate the following:

**Your age:** *Optional*

**Sex:** *\* Required*

- Female
- Male
- Other
- Prefer Not to Say

**What is your current job role?** *\* Required*

**What division does your football club play in?** *\* Required*

**Which team do you work with?** *\* Required*

- First team

Women's team

Academy

Which age?

## Caffeine As A Performance Enhancer

**Does your club provide caffeine to players as a nutritional supplement to improve performance?** \* *Required*

Yes

No

## Using Caffeine As A Performance Enhancer

**How long have the team been using caffeine as a performance enhancing nutritional supplement? \* Required**

- <1 year
- 1-3 years
- 3-5 years
- 5 years +
- Unsure

**What has influenced the decision to use caffeine as a performance enhancing nutritional supplement? (You can select more than one) \* Required**

- Current/previous colleague
- Personal experience of using caffeine
- Product marketing
- Online resource/forum
- Other

Please specify:

**Please indicate when you provide caffeine to players?**

	A morning/early afternoon game	An early evening game	A late evening game	All training sessions	Some training sessions
Prior to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Following	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Please indicate (where applicable) when specifically caffeine is consumed?**

	A match	Training
Prior to	<input type="text"/>	<input type="text"/>
During	<input type="text"/>	<input type="text"/>
Following	<input type="text"/>	<input type="text"/>

**In what form is caffeine prescribed to players?** *(Select more than one if appropriate) \* Required*

- Energy Drink
- Energy Shot
- Tea/Coffee
- Capsule
- Gum
- Other

Please specify:

**Please provide the name of the caffeine products used.** *\* Required*

**What dose/quantity of caffeine is provided? (Enter 'Unknown' if appropriate) \* Required**

**Are the doses/quantities provided constant across all the times caffeine is used? \* Required**

- Yes
- No

Please provide more detail

**Do all players follow the same caffeine consumption strategy?**

*\* Required*

- Yes
- No

Please provide more detail

**Have any players ever reported any of the below adverse effect of caffeine?**

	Check as appropriate
Insomnia	<input type="checkbox"/>
Nervousness	<input type="checkbox"/>
Restlessness	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Increased heart rate	<input type="checkbox"/>
Increased respiration	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other please specify

**How common are adverse effects of caffeine consumption reported?** \* *Required*

- Extremely Rarely
- Rarely
- Commonly
- Extremely Commonly
- Never
- N/A

**Is caffeine provided at the same time as any other performance enhancing compounds?** \* *Required*

- Yes
- No

## Which nutritional supplements are used?

**Besides any caffeine prescribed by the club, do you monitor/control for any additional caffeine consumption by players? \* Required**

- Yes
- No

How is this achieved?

## Reasons For Not Using Caffeine As A Performance Enhancer

**Has your club ever used caffeine as a performance enhancing supplement?** \* *Required*

Yes

No

## Previous Experience of Using Caffeine as a Performance Enhancing Supplement

**How long ago was caffeine used?** \* *Required*

**What influenced the decision to stop using caffeine?** \* *Required*

**Have any other clubs you have worked for used caffeine as a performance enhancing supplement?** \* *Required*

Yes

No

## Monitoring Caffeine Use

**Did you monitor the caffeine consumption of the players? \***

*Required*

Yes

No

How was this achieved?

## Your Perception of Caffeine as a Performance Enhancer

### Have you ever used caffeine as a performance enhancing supplement? \* Required

- Yes
- No

### Based on your own experience and understanding of caffeine as a performance enhancing supplement, to what degree do you believe caffeine will influence the following aspects of sports performance and mood? \* Required

Please don't select more than 1 answer(s) per row.

Please select at least 13 answer(s).

	Not at all	A little	Moderately	Quite a bit	Extremely	Unsure
Muscle Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football Specific Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vigour (effort, energy, & enthusiasm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery from exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final page

**Thank you for taking the time to complete this survey.**

**If you have any further questions please contact Dr. Jason Tallis  
([ab0289@coventry.ac.uk](mailto:ab0289@coventry.ac.uk)) or Dr. Mark Noon ([aa5349@coventry.ac.uk](mailto:aa5349@coventry.ac.uk))**

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