

Player Survey

Thank you for completing this evaluation. This survey is intended to obtain your feedback on the resources provided to you earlier this season after the passing of your teammate. It is important to us to evaluate those resources provided during that difficult time, and your feedback will help us improve them.

Survey responses will be used only for evaluation purposes and to improve resources for our players. Your survey response is anonymous; we will have no way to identify the person submitting the response unless you identify yourself. Please answer honestly and completely.

1. Indicate your level of agreement with the following statements (please choose only one response per statement):

a. The club informed players of the resources and services available to them after the passing of a teammate.

Strongly Disagree Disagree Neutral Agree Strongly Agree

b. The club provided the support players needed to address emotional health issues after the passing of a teammate.

Strongly Disagree Disagree Neutral Agree Strongly Agree

c. I know how to access the resources and services the club has to assist me and (if applicable) my family with emotional health issues when or if the need arises.

Strongly Disagree Disagree Neutral Agree Strongly Agree

d. When or if needed, I would be comfortable using the resources and services the club has in place to assist with emotional health issues.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. Indicate your level of agreement with the following statements (please choose only one response per statement):

a. I am aware of how to access the NFL Life Line.

Strongly Disagree Disagree Neutral Agree Strongly Agree

b. When or if needed, I would use the NFL Life Line.

Strongly Disagree Disagree Neutral Agree Strongly Agree

c. I believe my teammates are aware of how to access the NFL Lifeline.

Strongly Disagree Disagree Neutral Agree Strongly Agree

d. When or if needed, I believe my teammates would use the NFL Life Line.

Strongly Disagree Disagree Neutral Agree Strongly Agree

e. I am aware of how to access the resources provided by the League Office/NFL Player Engagement (NFLPE) to assist players with emotional health issues.

Strongly Disagree Disagree Neutral Agree Strongly Agree



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f. When or if needed, I would use League Office/ NFLPE resources to assist me in addressing emotional health issues.

Strongly Disagree Disagree Neutral Agree Strongly Agree

g. I believe my teammates are aware of how to access the resources provided by the League Office/NFLPE to assist players with emotional health issues.

Strongly Disagree Disagree Neutral Agree Strongly Agree

h. When or if needed, I believe my teammates would use League Office/NFLPE resources to assist them in addressing emotional health issues.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. Who would you most likely reach out to if or when you were in need of emotional support? (Please check all that apply.)

- NFL Life Line
- Current teammate
- Current coach
- Former teammate
- Former coach
- Team physician
- Director of Player Engagement
- Team chaplain
- Personal chaplain
- Spouse or significant other
- Parent or other family member
- Non-NFL friend
- No one
- Other – please specify

4. What additional resources or services would you like to see the club provide when a teammate passes away?

5. What additional resources or services would you like to see the League Office/NFLPE provide when a teammate passes away?

6. Please provide any additional feedback you have about how the club and League Office/NFLPE responded earlier this season, and how you think they should have responded differently.