Supplementary Material S4 – Baseline questionnaire

Dear Runner,

In the following questionnaire, we ask you an array of questions regarding you, your health, your running and any possible musculoskeletal problems. This information will be used as part of an in-depth analysis of the development of running-related injuries that uncovers the causes and provides us with knowledge about effective prevention strategies. This will pave the way for designing evidence-based, runner-specific tailored running plans to the delight of all runners.

The questionnaire takes **approximately 12 minutes to complete**. Please take your time to respond to all questions and select the option that is most appropriate for you. In case you are unsure, try to answer as best you can.

Thank you for taking part in the “Garmin-RUNSAFE Running Health Study” and sharing your data with the RUNSAFE research group at Aarhus University, Denmark.
DEMOGRAPHIC CHARACTERISTICS

1. Gender
   - Female
   - Male

RUNNING EXPERIENCE

2. For how many years have you been a runner (years of running experience)?
   - Below 1
   - 1-2
   - 2-3
   - … [continued]
   - 35-40
   - More than 40
   - I don’t know

3. At which age did you start to run on a regular basis?
   - Below 10
   - Between 10-14
   - Between 15-19
   - Between 20-24
   - Between 25-29
   - Between 30-34
   - Between 35-39
   - Between 40-44
   - Between 45-49
   - Between 50-54
   - Between 55-60
   - Above 60
   - I don’t know

4. What is your longest running distance EVER in a single running session (including competition)?
   - Less than 5 km / less than 3.2 miles
   - Between 5-15 km / between 3.2-9.6 miles
   - Between 15-25 km / between 9.6-15.9 miles
   - Between 25-35 km / between 15.9-21.1 miles
   - Between 35-45 km / between 21.1-27.2 miles
   - Between 45-55 km / between 27.2-34.3 miles
   - Between 55-65 km / between 34.3-40.7 miles
   - Between 65-75 km / between 40.7-46.1 miles
   - Between 75-85 km / between 46.1-52.1 miles
   - Between 85-95 km / between 52.1-59.5 miles
   - Between 95-105 km / between 59.5-65.4 miles
5. **What is your greatest total weekly running distance EVER?**
   - Less than 5 km in one week / Less than 3.2 miles in one week
   - Between 5-15 km in one week / between 3.2-9.6 miles in one week
   - Between 15-25 km in one week / between 9.6-15.9 miles in one week
   - Between 25-35 km in one week / between 15.9-21.1 miles in one week
   - Between 35-45 km in one week / between 21.1-27.2 miles in one week
   - Between 45-55 km in one week / between 27.2-34.3 miles in one week
   - Between 55-65 km in one week / between 34.3-40.7 miles in one week
   - Between 65-75 km in one week / between 40.7-46.1 miles in one week
   - Between 75-85 km in one week / between 46.1-52.1 miles in one week
   - Between 85-95 km in one week / between 52.1-59.5 miles in one week
   - Between 95-105 km in one week / between 59.5-65.4 miles in one week
   - More than 105 km in one week / More than 65.4 miles in one week
   - I don’t know

6. **What is your fastest ever 5 kilometer?**
   - Less than 14 minutes
   - Between 14-17 minutes
   - Between 17-20 minutes
   - Between 20-23 minutes
   - … [continued]
   - Between 46-49 minutes
   - More than 49 minutes
   - I don’t know

**CURRENT RUNNING HABITS**

7. **How many times per week, have you typically been running on average in the PAST THREE MONTHS?**
   - More than 7 times per week
   - 7 times per week
   - 6 times per week
   - 5 times per week
   - 4 times per week
   - 3 times per week
   - 2 times per week
   - 1 time per week
   - Less than one time per week
   - I have not been running at all during the past three months
   - I don’t know
8. **What is your longest running distance IN THE PAST THREE MONTHS in a single running session (including competition)?**
- Less than 5 km / Less than 3.2 miles
- Between 5-15 km / between 3.2-9.6 miles
- Between 15-25 km / between 9.6-15.9 miles
- Between 25-35 km / between 15.9-21.1 miles
- Between 35-45 km / between 21.1-27.2 miles
- Between 45-55 km / between 27.2-34.3 miles
- Between 55-65 km / between 34.3-40.7 miles
- Between 65-75 km / between 40.7-46.1 miles
- Between 75-85 km / between 46.1-52.1 miles
- Between 85-95 km / between 52.1-59.5 miles
- Between 95-105 km / between 59.5-65.4 miles
- More than 105 km / More than 65.4 miles
- I don’t know

9. **What is your greatest total weekly running distance in the PAST THREE MONTHS?**
- Less than 5 km in one week / less than 3.2 miles in one week
- Between 5-15 km in one week / between 3.2-9.6 miles in one week
- Between 15-25 km in one week / between 9.6-15.9 miles in one week
- Between 25-35 km in one week / between 15.9-21.1 miles in one week
- Between 35-45 km in one week / between 21.1-27.2 miles in one week
- Between 45-55 km in one week / between 27.2-34.3 miles in one week
- Between 55-65 km in one week / between 34.3-40.7 miles in one week
- Between 65-75 km in one week / between 40.7-46.1 miles in one week
- Between 75-85 km in one week / between 46.1-52.1 miles in one week
- Between 85-95 km in one week / between 52.1-59.5 miles in one week
- Between 95-105 km in one week / between 59.5-65.4 miles in one week
- More than 105 km in one week / more than 65.4 miles in one week
- I don’t know

10. **How fast are you able to run a 5 kilometer distance CURRENTLY?**
- Less than 14 minutes
- Between 14-17 minutes
- Between 17-20 minutes
- Between 20-23 minutes
- … [continued]
- Between 46-49 minutes
- More than 49 minutes
- I don’t know

11. **How do you structure your running?**
- I do not follow a running program / I do not structure my running schedule
- I follow a training program from a coach
- I follow a training program from a newspaper, magazine or the internet
- I follow a training program from a friend or relative
- Self-organized – I schedule my running on my own
- Other

RUNNING SHOES

12. Which running type of running shoe do you currently use?
- Motion control
- Neutral
- Both types of shoes
- Other
- I don’t know

13. Do you run in minimalistic running shoes?
- Yes, always
- Yes, occasionally
- Yes, but rarely
- I have used minimalistic shoes a few times, but I do not run in them
- No, I have never used minimalistic shoes
- I don’t know

14. What is the cushioning level of your running shoes?
- I run in highly cushioned running shoes
- I run in moderately cushioned running shoes
- I run in low-cushioned running shoes
- I switch between running shoes with different levels of cushioning
- I don’t know

15. What do you consider as most important when buying new running shoes? (please select the one option that you believe is most appropriate)
- That the shoe controls my foot motion/posture (pronation, supination, neutral)
- That the shoe suits my foot-strike pattern (forefoot, midfoot, heel strike)
- That the shoe is comfortable
- That the price is low/reasonable
- That the shoe is similar to my previous running shoe(s)
- That I get advice from running shoe retailer
- That I get advice from health-care professional (Physiotherapist, Medical doc., Orthopedic)
- That I get advice from trainer/coach
- That the shoe enables me to improve my performance / personal best
- That I like the design and colors
- That I chose my favorite brand
- I don’t buy new shoes. I receive them as a gift or from a sponsor
- I don’t buy new shoes. I run barefoot.
- Other
- I don’t know
GARMIN WATCH AND RUNNING

16. How often do you use your Garmin watch to monitor your running activities?
   - All my runs
   - More than 90% of my runs
   - 50-90% of my runs
   - Less than 50% of my runs
   - I don’t know

EQUIPMENT AND RUNNING

17. Do you currently use one or more of the following items when running?
   - Ankle brace
   - Knee brace
   - Tape to support my ankle
   - Tape to support my knee
   - Insoles
   - Compression socks
   - Baby jogger / baby stroller
   - Backpack
   - I don’t know
   - No, I do not use any equipment listed above

REASON TO RUN

18. What is your main reason for running?
   - To socialise
   - To compete and/or to get quicker
   - To lose weight
   - To get fitter
   - For well-being and/or to stay healthy
   - To get a break from hectic work-related and/or family-related activities
   - To perform supplementary training in relation to other sport(s)
   - Other
   - I don’t know

19. Do you currently run in a running club?
   - Yes, I am a member of a running club and I run with members of the club frequently/occasionally.
   - Yes, I am a member of a running club, but I rarely run with members of the club
   - Yes, I am a member of a running club, but I never run with members of the club
   - No, I am not a member of a running club
   - I don’t know
   - Other
STRETCHING

20. Do you currently perform stretching exercises?
   - Yes, I stretch on a daily basis
   - Yes, I stretch on a weekly basis
   - Yes, I stretch on a monthly basis
   - No, I rarely or never stretch
   - I don’t know

STRENGTH TRAINING

21. Do you perform strength training regularly?
   - Yes, I perform strength training on a regular basis for the upper body only
   - Yes, I perform strength training on a regular basis for the lower body only
   - Yes, I perform strength training on a regular basis for the whole body
   - I perform strength training occasionally, but not on a regular basis
   - No, I do not perform strength training
   - Other
   - I don’t know

OTHER SPORTS

22. Do you participate in other sport(s) regularly (not including strength training)?
   - Yes, I participate in other weight-bearing sport besides running on a regular basis
     (e.g. soccer, rugby, basketball)
   - Yes, I participate in non-weight-bearing sport besides running on a regular basis
     (e.g. cycling, rowing, swimming)
   - Yes, I participate in weight-bearing and non-weight-bearing sport besides running
     on a regular basis
   - No, I only use running as my preferred sport/type of physical activity
   - Other
   - I don’t know
WELL-BEING

23. Over the last two weeks, I have felt cheerful and in good spirits
   - All of the time
   - Most of the time
   - More than half of the time
   - Less than half of the time
   - Some of the time
   - At no time
   - I prefer not to answer

24. Over the last two weeks, I have felt calm and relaxed
   - All of the time
   - Most of the time
   - More than half of the time
   - Less than half of the time
   - Some of the time
   - At no time
   - I prefer not to answer

25. Over the last two weeks, I have felt active and vigorous
   - All of the time
   - Most of the time
   - More than half of the time
   - Less than half of the time
   - Some of the time
   - At no time
   - I prefer not to answer

26. Over the last two weeks, I woke up feeling fresh and rested
   - All of the time
   - Most of the time
   - More than half of the time
   - Less than half of the time
   - Some of the time
   - At no time
   - I prefer not to answer

27. Over the last two weeks, my daily life has been filled with things that interest me
   - All of the time
   - Most of the time
   - More than half of the time
   - Less than half of the time
- Some of the time
- At no time
- I prefer not to answer

HEALTH-RELATED DISEASES AND CONDITIONS

28. Do you have one or more of the following diseases / conditions?
   - No, I do not have any of the diseases / conditions below
   - Arthrosis ankle/foot
   - Arthrosis knee
   - Arthrosis hip
   - Osteoporosis
   - Rheumatoid arthritis
   - Diabetes 1
   - Diabetes 2
   - Multiple Sclerosis
   - Cancer
   - I prefer not to answer

RUNNING-RELATED INJURY

29. Which location of your body is particular vulnerable to running-related injuries? Please tick the box(es) of the area(s) where you feel particularly vulnerable.
   ✓ Foot
   ✓ Ankle
   ✓ The front of the lower leg
   ✓ The back of the lower leg
   ✓ Knee
   ✓ The front of the thigh
   ✓ The back of the thigh
   ✓ Groin
   ✓ Hip
   ✓ Buttock
   ✓ Lower back
   ✓ I do not have a particular location that is particularly vulnerable to running-related injury
   ✓ I don’t know

RUNNING-RELATED INJURY

30. Have you had any running-related injury during the past three months? (Pain, ache, stiffness, swelling, instability/giving way, locking or other complaints that affect any of your normal running activities)
31. **Please tick the box(es) of the area(s) where you have experienced injury.**
- Foot
- Ankle
- The front of the lower leg
- The back of the lower leg
- Knee
- The front of the thigh
- The back of the thigh
- Groin
- Hip
- Buttock
- Lower back
- Other

[A tick in one or more of the areas will access specific questions regarding the problem.]

**FOOT-RELATED INJURY**

32. **Please specify in which foot you have experienced the injury.**
   - Left
   - Right
   - Both

33. **How did the injury occur?**
   - Traumatic (torsion, fall, blow, etc.)
   - Non-traumatic (overuse, gradual increase in symptoms)

34. **Was the injury caused by running?**
   - Running was NOT a part of the cause of the injury
   - Running was a part of the cause of the injury

35. **Have your foot injury caused a restriction on or stopped you running (distance, speed, duration, or training) for at least 7 days or 3 consecutive scheduled training sessions within the PAST THREE MONTHS**
   - No
   - Yes

36. **To what extent have you reduced your running (e.g. training volume) due to foot injury during the past week?**
- No reduction
- To a minor extent
- To a moderate extent
- To a major extent
- Cannot participate at all due to foot problems

37. Have you consulted a healthcare professional in the past three months regarding your foot injury?
   - No
   - Yes

38. Please specify what healthcare professional
   - Medical doctor
   - Physiotherapist
   - Chiropractor
   - Other, including alternative therapists

39. Please specify the diagnosis, if possible [location specific]
   i. Shin splints
   ii. Achilles tendinopathy
   iii. Heel pain (plantar fasciitis/plantar faciopathy)
   iv. Stress fracture foot
   v. Stress fracture heel
   vi. Other
   vii. Do not know

40. Have you taken any medication in the past three months related to your foot injury?
   - No
   - Yes

41. To what degree do you consider yourself injured?
   - Not injured at all
   - To a minor extent
   - To a moderate extent
   - To a severe extent

LOCATION-SPECIFIC DIAGNOSES

Please specify the diagnosis, if possible [Ankle-related injury]
   i. Shin splints
   ii. Achilles tendinopathy
   iii. Heel pain (plantar fasciitis/plantar faciopathy)
   iv. Stress fracture tibia
v. Stress fracture heel (calcaneus)  
vi. Stress fracture fibula  
vii. Ankle distorsion (e.g. lig. talofibulare anterior)  
viii. Other  
ix. Do not know  

Please specify the diagnosis, if possible [Injury in the front of the lower leg]  

i. Shin splints (Medial tibial stress syndrome)  
ii. Achilles tendinopathy  
iii. Heel pain (plantar fasciitis/plantar faciopathy)  
iv. Stress fracture tibia  
v. Stress fracture heel (calcaneus)  
vi. Stress fracture fibula  
vii. Ankle distorsion (e.g. lig. talofibulare anterior)  
viii. Compartment syndrome  
ix. Other  
x. Do not know  

Please specify the diagnosis, if possible [Injury in the back of the lower leg]  

i. Shin splints (Medial tibial stress syndrome)  
ii. Achilles tendinopathy  
iii. Muscle injury (soleus or gastrocnemius)  
iv. Stress fracture tibia  
v. Stress fracture fibula  
vi. Ankle distorsion (e.g. lig. talofibulare anterior)  
vii. Compartment syndrome  
viii. Other  
ix. Do not know  

Please specify the diagnosis, if possible [Knee injury]  

i. Jumpers knee (Patellar tendinopathy)  
ii. Anterior knee pain (patellofemoral pain)  
iii. Medial meniscus injury  
iv. Hamstring injury  
v. Runners knee (iliotibial band syndrome)  
vi. Other  

Please specify the diagnosis, if possible [Injury in the front of the thigh]  

i. Quadriceps injury  
ii. Other  
iii. Do not know  

Please specify the diagnosis, if possible [Injury in the back of the thigh]  

i. Hamstring injury  
ii. Other  
iii. Do not know
Please specify the diagnosis, if possible [Groin-related injury]

i. Muscle/tendon injury in Iliopsoas
ii. Muscle/tendon injury in Adductors
iii. Other
iv. Do not know

Please specify the diagnosis, if possible [Hip-related injury]

i. Muscle/tendon injury in Iliopsoas
ii. Muscle/tendon injury in Adductors
iii. Muscle/tendon injury in Gluts
iv. Lateral hip pain (Greater trochanter pain)
v. Other
vi. Do not know

Please specify the diagnosis, if possible [Buttock-related injury]

i. Muscle/tendon injury in Gluts
ii. Lateral hip pain (Greater trochanter pain)
iii. Other
iv. Do not know

Please specify the diagnosis, if possible [Injury in the lower back]

i. Spine problems
ii. Other
iii. Do not know