Supplementary Material S5 – Weekly questionnaire

WEEKLY QUESTIONNAIRE FROM RUNSAFE

Dear Runner

It is time for the weekly Garmin-RUNSAFE Running Health Study Questionnaire. We kindly ask you to respond to questions within the following four sections:

Running-related injury or problems
Medication
Health conditions
Equipment use

When responding to each question, please select the option that is most appropriate for you, and if you are unsure, try to answer as best you can anyway. *Please note that the past week refers to the period from Monday to Sunday in the calendar week specified when you opened the questionnaire.*

Thank you for taking part in the Garmin-RUNSAFE Running Health Study and for sharing your data with the RUNSAFE research group

RUNNING-RELATED INJURY

A *problem* is less severe than an injury. A problem is something that can be painful and irritating, however running activity continues in full (both volume, intensity, frequency).

An *injury* is more severe than a problem. An injury is something that is painful and irritating leading to a reduction in running activity (i.e. volume, intensity, frequency).

*If you have injuries or problems to many locations, please answer the questions in this questionnaire based on the injury or problem that currently affects you the most.*

1. In the past week, have you had a musculoskeletal injury or have you experienced a problem to muscles, tendons or bones that is fully or partly caused by running?
   - No
   - Yes, I have had a problem
   - Yes, I have had an injury
EXISTING OR NEW INJURY
You have reported having had an injury in the past week. Below, we kindly ask you to specify if the injury is new or existing.

Existing refers to an injury that you have reported in a previous questionnaire. For instance, if you have reported to having sustained a knee injury in the most recent weekly questionnaire, you should classify this as an existing injury in the present questionnaire.

New refers to a new injury that you have not reported in the most recent weekly questionnaire. If you reported a problem in the last week, which has developed into an injury, please report a new injury.

2. Is the injury new?
   - Yes, the injury is new
   - No, the injury is an existing injury

NEW RUNNING-RELATED INJURY
3. Please indicate which day in the past week you sustained a running-related injury? (tick one day below, which refers to the period from Monday to Sunday in the calendar week specified when you opened the questionnaire)
   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday
   - Sunday

EXISTING RUNNING-RELATED INJURY
4. Please indicate which day(s) in the past week your running-related injury affected your running activity and/or affected your activities of daily living? (tick one or more days below, which refers to the period from Monday to Sunday in the calendar week specified when you opened the questionnaire)
   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday
   - Sunday
RUNNING-RELATED INJURY

5. Please tick one box of the area where you have sustained a new injury? If you are injured in many locations, please report the location that affects you the most.

- 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 of the areas above will access specific questions regarding the injury. Following is an example of “foot”]

FOOT-RELATED INJURY

6. Please specify in which FOOT you are injured

- Left
- Right
- Both

7. How did the injury occur?

- Traumatic (torsion, fall, blow, etc.)
- Non-traumatic (overuse, gradual increase in symptoms)

8. Do you believe your FOOT injury was fully or partly caused by running?

- Yes, running was the primary cause of my injury
- Yes, running combined with other activity (e.g. other types of physical activity) was the cause of my injury
- No, running was not a part of the cause of my injury

9. Please specify the diagnosis, if possible

i. Shin splints
ii. Achilles tendinopathy
iii. Heel pain (plantar fasciitis/plantar faciopathy)
iv. Stress fracture foot
v. Stress fracture heel (calcaneus)
vi. Other
vii. Do not know
[After the injury-location-specific questions, the following questions related to pain and medication surface]

**PAIN**

10. In your last running session, please report on a scale from 0 to 10 where 0 is no pain and 10 is the worst possible pain, how strong was your pain while running?
   - 0 is no pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 is the worst possible pain
   - I did not run the past week

11. Consider today, on a scale from 0 to 10 where 0 is no pain and 10 is the worst possible pain, how strong is your pain when walking?
   - 0 is no pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 is the worst possible pain

**MEDICATION**

12. Have you taken any medication in the past week to avoid or to reduce pain?
   - No
   - Yes
The following questions open, if one responds “Yes, I have experienced a problem” in question 1.

EXISTING OR NEW PROBLEM

You have reported having had a problem in the past week. Below, we kindly ask you to specify if the problem is new or existing.

Existing refers to a problem that you have reported in a previous questionnaire. For instance, if you have reported to having sustained a knee problem in the most recent weekly questionnaire, you should classify this as an existing problem in the present questionnaire.

New refers to a new problem that you have not reported in the most recent weekly questionnaire. If you reported an injury in the last week, which is now a problem, please report an existing problem below.

13. Is the injury new?

- Yes, the injury is new
- No, the injury is an existing injury

RUNNING-RELATED PROBLEMS

14. Please indicate which day(s) in the past week you have felt problems? (tick one or more days below, which refer to the period from Monday to Sunday in the calendar week specified when you opened the questionnaire)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

15. Please tick one box of the area where you have a problem? If you have problems in many locations, please report the location that affects you the most.

- 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 of the areas above will access specific questions regarding the injury. Following is an example of “foot”]

**EXAMPLE BELOW WITH FOOT PROBLEM**

16. Please specify in which FOOT you are experiencing problems
   - Left
   - Right
   - Both

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

18. Do you believe your FOOT problem was fully or partly caused by running?
   - Yes, running was the primary cause of my problem
   - Yes, running combined with other activity (e.g. other types of physical activity) was the cause of my problem
   - No, running was not a part of the cause of my problem

19. In your last running session, please report on a scale from 0 to 10 where 0 is no pain and 10 is the worst possible pain, how strong was your pain while running?
   - 0 is no pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 is the worst possible pain
   - I did not run the past week

20. Consider today, on a scale from 0 to 10 where 0 is no pain and 10 is the worst possible pain, how strong is your pain when walking?
   - 0 is no pain
   - 1
   - 2
   - 3
   - 4
HEALTH PROBLEM

Please answer all questions if you have had any health problems during the past week. Select the alternative that is most appropriate for you, and if you are unsure try to answer as best as you can.

A health problem is any condition that you consider to be a reduction in your normal state of full health, irrespective of its consequences on your sports participation or whether you have sought medical attention. This may include, but is not limited to, injury (not related to running), illness, pain or mental health conditions.

21. Have you had any difficulties participating in running due to illness, injury not related to running, or other problems during the past week?
   - Full participation in running without health problems
   - Full participation in running, but with a health problem
   - Reduced participation in running due to a health problem
   - Could not participate in running due to health problem

22. Have you had one or more of the following health problems in the past week?
   - Sports-related injury unrelated to running
   - Musculoskeletal injury unrelated to sport
   - Problems related to mental health
   - Illness-related problems (e.g. influenza)
   - Asthma-related problems
   - Other disease-related problems
   - Other health-related problems than those above
   - I don’t know

EQUIPMENT

23. Have you been wearing your Garmin watch during all your running sessions in the past week?
   - Yes, I monitored all my running activity with my Garmin watch in the past week
   - I monitored some of my running activity with my Garmin watch in the past week
   - No, I did not monitor my running activity with my Garmin watch at all in the past week
   - I did not run in the past week
24. Have you used a new pair of shoes during the past week?
   - No
   - Yes

25. Have you used following equipment during your running in the past week?
   - No use of additional equipment
   - Ankle brace
   - Knee brace
   - Support or tape of ankle
   - Support or tape of the knee
   - Insoles
   - Compression socks during running
   - Compression socks after running
   - Baby jogger/baby stroller
   - Backpack