

DISTANCE RUNNING STUDY

Training Practices and Injury Questionnaire

Today's Date: _____ / _____ / _____
Day Month Year

SECTION #1: Demographics

| | |
|--|--|
| Full Name: _____ | Date of Birth: _____ / _____ / _____ Day Month Year |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Height: _____ feet _____ inches or _____ cm | Is distance running your main sport? <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| Weight: _____ stone or _____ kg | How many years have you participated in distance running? |
| Age Group: <input type="checkbox"/> 13-14 y <input type="checkbox"/> 15-16 y <input type="checkbox"/> 17-18 y | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Are you a member of an Athletics Club? | <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> Other _____ |
| If you answered 'yes', which Athletics Club(s)? | What is your current level? |
| | <input type="checkbox"/> Recreational (for fun) <input type="checkbox"/> Competitive |
| *If distance running is not your main sport, what is? | How long have you participated at this level? |
| | _____ years _____ months |

SECTION #2: Performance History

| | |
|--|---|
| Which distance running event is your main event? Tick one. | Which other events do you compete in? Tick all that apply. |
| <input type="checkbox"/> 800 m <input type="checkbox"/> 1,500 m <input type="checkbox"/> 3,000 m | <input type="checkbox"/> 800 m <input type="checkbox"/> 1,500 m <input type="checkbox"/> 3,000 m |
| <input type="checkbox"/> 5,000m <input type="checkbox"/> 10,000m <input type="checkbox"/> Other | <input type="checkbox"/> 5,000m <input type="checkbox"/> 10,000m <input type="checkbox"/> Other |
| If 'other', which event? _____ | If 'other', which events? _____ |
| What is your personal best time for your main event? | Do you currently have a Coach? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ : _____ Minutes Seconds | If 'yes', do they set your training plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If 'no', who sets your training plan? |
| At what level are you currently competing? Tick all that apply. | |
| <input type="checkbox"/> Club <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International | |
| What is the highest level that you have competed at? Tick one. | |
| <input type="checkbox"/> Club <input type="checkbox"/> County <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International | |
| Do you participate in any other sports? <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'yes', which sports? |
| 1 _____ 2 _____ 3 _____ | |
| Is distance running more important to you than any other sport? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you quit other sports in order to focus on distance running? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION #3.1: Training Practices

| | | | | |
|--|---|--|--|---------------------------------------|
| How many <u>months of the past year</u> (12 months) did you participate in distance running? | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| How many <u>weeks per month</u> did you participate in distance running? <i>For the months where you did participate.</i> | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| How many <u>days per week</u> did you participate in distance running? <i>For the weeks where you did participate.</i> | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | |
| How many <u>minutes per day</u> did you participate in distance running? | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> less than 1 hour | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> 3-4 hours | |
| | <input type="checkbox"/> 5-6 hours | <input type="checkbox"/> 7-8 hours | <input type="checkbox"/> Other: _____ | |
| How long does a normal training session last for you? <i>Round up to the nearest hour.</i> | | | | |
| <input type="checkbox"/> less than 30 mins | <input type="checkbox"/> between 30 mins - 1 hour | <input type="checkbox"/> between 1 - 2 hours | <input type="checkbox"/> More than 2 hours | |
| What surface do most of your training sessions take place on? | | | | |
| <input type="checkbox"/> Athletics Track | <input type="checkbox"/> Tarmac / Road | <input type="checkbox"/> Grass / Cross Country | <input type="checkbox"/> Other: _____ | |
| What footwear / shoes do you wear when running on the following surfaces? <i>Complete table below.</i> | | | | |
| | Type of surface | Brand of shoe | Model of shoe | Duration of use (i.e. months)? |
| 1 | Athletics Track | | | |
| 2 | Tarmac / Road | | | |
| 3 | Grass / Cross Country | | | |
| 4 | Other: _____ | | | |
| Do you include a warm-up as part of your training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| In 'yes', please describe your typical warm-up: | | | | |
| Do you include a cool-down as part of your training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| In 'yes', please describe your typical cool-up: | | | | |
| Do you do any strength and conditioning (physical preparation), to your distance running? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| In 'yes', please describe what this typically involves and who sets this training: | | | | |
| How many times did you compete in distance running events in the past year (12 months)? | | | | |
| <input type="checkbox"/> None | <input type="checkbox"/> Less than 10 | <input type="checkbox"/> Between 10 and 20 | <input type="checkbox"/> Other: _____ | |

SECTION #3.2: Training Diary

Thinking about the last seven days of your distance running training (i.e. a typical week), please complete the following training diary. When entering session duration and distance covered, please estimate as best as possible. For session intensity, please choose a number on the CR-10 Borg Scale (on back of questionnaire), by answering the following question: 'how hard was your workout?'.

| Day of week | Session number | Total session duration (min) | Total distance covered (km) | Type of training session | Session intensity | Specific details about the training session |
|-------------|----------------|------------------------------|-----------------------------|----------------------------|-------------------|---|
| Example | 1 | 45 | 7 | 6 x 800 m (2 min recovery) | 7 = very hard | On an athletics track, in spikes. Started the session at 9am |
| | 2 | 30 | 6 | 30 minute easy run | 2 = easy | On tarmac, in regular trainers. Started the session at 6pm. |
| Monday | 1 | | | | | |
| | 2 | | | | | |
| Tuesday | 1 | | | | | |
| | 2 | | | | | |
| Wednesday | 1 | | | | | |
| | 2 | | | | | |
| Thursday | 1 | | | | | |
| | 2 | | | | | |
| Friday | 1 | | | | | |
| | 2 | | | | | |
| Saturday | 1 | | | | | |
| | 2 | | | | | |
| Sunday | 1 | | | | | |
| | 2 | | | | | |

SECTION #4: Athletic Identity

For each statement, please circle one number from 1 (strongly disagree) to 7 (strongly agree) that best represents your answer.

| | Strongly Disagree | | | | | | | Strongly Agree |
|---|------------------------------|---|---|---|---|---|---|---------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I consider myself an athlete. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I have many goals related to sport. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Most of my friends are athletes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Sport is the most important part of my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I spend more time thinking about sport than anything else. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I need to participate in sport to feel good about myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Other people see me mainly as an athlete. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I feel bad about myself when I do poorly in sport. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| Sport is the only important thing in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| I would be very depressed if I were injured and could not compete in sport. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

Are you currently taking medication for any of your injuries?

Yes No If 'yes', please list medication: _____

Paracetamol
 Ibuprofen
 Other: _____

Do you currently take any medication on a regular basis?

Yes No If 'yes', please list medication: _____

Paracetamol
 Ibuprofen
 Asthma Inhaler
 Other: _____

Are you currently taking any supplements for performance and/or health reasons (vitamins, minerals, protein powder, etc.)?

Yes No If 'yes', please list supplements, the dose and how long you have been taking the supplement: _____

Have you ever been diagnosed by a physician with a bone fracture, arthritis, and/or other muscle or bone related condition?

Yes No If 'yes', please describe (include year): _____

Have you had surgery in the past year?

Yes No If 'yes', please describe: _____

In the past year (12 months), have you had any pain, discomfort, or physical problems during running that you did not list as an injury?

Yes No If 'yes', please list in the table below.

| Date | Session Type | Surface | Body Part | Time loss | Treatment (if any) | Description |
|----------------------------|------------------------------|---------------------------|--------------------------------|-----------------------------------|---|-------------------------------|
| <i>i.e. month and year</i> | <i>Intervals, race, etc.</i> | <i>Track, grass, etc.</i> | <i>Left elbow, ankle, etc.</i> | <i>1 day, none, 3 weeks, etc.</i> | <i>None, first aid, Doctor, physio, massage, etc.</i> | <i>Provide short overview</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION #6: Follow-Up Study

Are you be willing to take part in a follow-up study for this research?

Yes

No

Are you be willing to take part in any further research studies?

Yes

No

If yes, please provide us with the full name of your parent or guardian, in addition to their contact details:

Full Name: _____

Email: _____

Telephone: _____

Thank you for completing this questionnaire

CR-10 Borg Scale

When entering session intensity in the training diary, please choose a number on the CR-10 Borg scale (as below), by answering the following question: **'How hard was your workout?'**.

| Rating | Description |
|---------------|-------------------------|
| 0 | Rest (no effort at all) |
| 1 | Very, very easy |
| 2 | Easy |
| 3 | Moderate |
| 4 | Somewhat hard |
| 5 | Hard |
| 6 | |
| 7 | Very hard |
| 8 | |
| 9 | |
| 10 | Maximal effort |
| • | |