

Appendix

TABLE E-1 Marathoning: Hip and Knee Health Survey

1. In the past year, did you have pain in your hip or knee?
a. No pain
b. Yes, hip pain
c. Yes, knee pain
d. Yes, hip and knee pain
2. Have you ever been diagnosed by a doctor with hip or knee arthritis (worn-out cartilage)?
a. No
b. Yes, hip arthritis
c. Yes, knee arthritis
d. Yes, hip and knee arthritis
3. If yes to Question 2, at what age were you diagnosed with arthritis?
4. Do you have a family history (parents, siblings) of arthritis in the hip or knee?
a. No
b. Yes
c. Unsure
5. Have you ever had a surgical procedure on your hip or knee? (Check all that apply)
a. No surgical procedure
b. Total knee replacement
c. Unicompartmental or partial knee replacement
d. Total hip replacement
e. Anterior cruciate ligament (ACL) reconstruction
f. Knee meniscal surgical procedure
g. Knee arthroscopy (scope)
h. Hip arthroscopy (scope)
i. Other (please specify):
6. If yes to Question 5, have you had pain in the operative joint (where you had the surgical procedure) in the past 3 months?
a. No pain
b. Yes, mild pain
c. Yes, moderate pain
d. Yes, severe pain
7. How many years have you been running?
8. In the past year, how many miles per week did you run on average? (If using the metric system, please designate "km" in your response.)
9. How many marathons (including ultra-marathons or triathlons) have you run?
10. Date or year of your first marathon:
11. Date or year of your most recent marathon:
12. What is your personal record (best time) for the marathon (26.2 miles)?
13. What was your age at the time of your personal record?
14. Are you still running?
a. Yes
b. No
c. If no, please state why you stopped running:
15. Age:
16. Sex:
17. Height:
18. Weight:
19. What country are you from?