Modified OSTRC-H

Survey Flow
<table>
<thead>
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<th>Block: OSTRC (1 Question)</th>
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<tbody>
<tr>
<td>Block: Training data (10 Questions)</td>
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<td>Block: Injury/Illness Effect (5 Questions)</td>
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**Branch: New Branch**

- **If**
  - If Was an **INJURY** responsible for your difficulty in running participation over the PAST TWO WEEKS? No Is Selected

**Block: Illness ? (1 Question)**

**Branch: New Branch**

- **If**
  - If Was an **ILLNESS** responsible for your difficulty in running participation over the PAST TWO WEEKS? Yes Is Selected

**Block: Illness 1 (9Questions)**

**Branch: New Branch**

- **If**
  - If Do you have any OTHER ILLNESS to record? Yes Is Selected

**Block: Illness 2 (9Questions)**

**Branch: New Branch**

- **If**
  - If Do you have any OTHER ILLNESS to record? Yes Is Selected

**Block: Illness 3 (8Questions)**

**EndSurvey:**

**Block: Injury 1 (8Questions)**

**Branch: New Branch**

- **If**
  - If Do you have any OTHER INJURY to record? Yes Is Selected

**Block: Injury 2 (8Questions)**

**Branch: New Branch**

- **If**
  - If Do you have any OTHER INJURY to record? Yes Is Selected

**EndSurvey:**
<table>
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<td>Block: Illness ? (1 Question)</td>
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<td>Branch: New Branch</td>
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<tr>
<td>If</td>
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<tr>
<td>If Was an ILLNESS responsible for your difficulty in running participation over the PAST TWO WEEKS? Yes Is Selected</td>
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<td>-----------------------------</td>
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<tr>
<td>Block: Illness 1 (9 Questions)</td>
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<tr>
<td>Branch: New Branch</td>
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<tr>
<td>If</td>
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<tr>
<td>If Do you have any OTHER ILLNESS to record? Yes Is Selected</td>
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<tr>
<td>Block: Illness 2 (9 Questions)</td>
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<tr>
<td>Branch: New Branch</td>
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<tr>
<td>If</td>
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<tr>
<td>If Do you have any OTHER ILLNESS to record? Yes Is Selected</td>
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<tr>
<td>-----------------------------</td>
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<tr>
<td>Block: Illness 3 (8 Questions)</td>
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<td>EndSurvey:</td>
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<td>EndSurvey:</td>
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<tr>
<td>EndSurvey:</td>
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</tbody>
</table>
Q1 Please answer all questions regardless of whether or not you have experienced health problems in the PAST TWO WEEKS. If you have several illness or injury problems, please refer to the one that has been your worst problem in the PAST TWO WEEKS. You will have a chance to register other problems at the end of the questionnaire. Let’s start!

Start of Block: Training data

Q63 Initials & Surname

Q68 ID number

Q57 How many running sessions did you do in the PAST TWO WEEKS?

▼ 0 (1) ... more than 14 (16)

Q58 How many of these running sessions were ran on trails in the PAST TWO WEEKS?

▼ 0 (1) ... more than 14 (16)

Q59 What distance (km) did you run over the PAST TWO WEEKS?
Q82 What was the **total ascent (m)** you got during your runs over the PAST TWO WEEKS?

________________________________________________________________

Q68 What was the total descent (m) you got during your runs over the PAST TWO WEEKS?

________________________________________________________________

Q70 At what **average altitude (m)** did you train during the PAST TWO WEEKS?

________________________________________________________________

Q65 What was your **average running pace (min/km)** over the PAST TWO WEEKS?

▼ 3:30 (1) ... Did not run (29)

Q60 What **cross training** did you do and **for how many hours** in the PAST TWO WEEKS?

Cycling : _______ (1)
Strength training : _______ (2)
Rowing : _______ (3)
Swimming : _______ (4)
Pilates : _______ (5)
Functional training : _______ (6)
Other sports (squash, tennis, soccer etc.) : _______ (7)
None : _______ (8)
Total : _______
Q2 To what extent have you **MODIFIED YOUR TRAINING OR COMPETITION** due to injury, illness or other health problems during the PAST TWO WEEKS?

- No modification (1)
- To a minor extent (2)
- To a moderate extent (3)
- To a major extent (4)
- Could not participate at all (5)

*Skip To: End of Survey If To what extent have you MODIFIED YOUR TRAINING OR COMPETITION due to injury, illness or other health problems during the PAST TWO WEEKS? = No modification*

Q3 To what extent have injury, illness or other health problems affected your **PERFORMANCE** during the PAST TWO WEEKS?

- No effect (1)
- To a minor extent (2)
- To a moderate extent (3)
- To a major extent (4)
- Could not participate at all (5)
Q4 To what extent have you **experienced symptoms/health complaints** during the PAST TWO WEEKS?

- No symptoms/health complaints (1)
- To a minor extent (2)
- To a moderate extent (3)
- To a major extent (4)
- Could not participate at all (5)

Q5 To what extent have you experienced **PAIN** related to your sport during the PAST TWO WEEKS?

- No pain (1)
- Mild pain (2)
- Moderate pain (3)
- Severe pain (4)
- Could not participate at all (5)

Q6 Was an **INJURY** responsible for your difficulty in running participation over the PAST TWO WEEKS?

- Yes (1)
- No (2)

Skip To: End of Block If Was an INJURY responsible for your difficulty in running participation over the PAST TWO WEEKS? = No

End of Block: Injury/Illness Effect

Start of Block: Illness?
Q29 Was an **ILLNESS** responsible for your difficulty in running participation over the PAST TWO WEEKS?

○ Yes  (1)

○ No  (2)

*Skip To: End of Survey If Was an ILLNESS responsible for your difficulty in running participation over the PAST TWO WEEKS? = No*

End of Block: Illness ?

Start of Block: Illness 1

Q67 Is this the first time you have registered this illness through this monitoring system?

○ Yes  (1)

○ No, I have reported the same problem in the previous 4 weeks  (2)

○ No, I have reported the same problem previously, but it was more than 4 weeks ago  (3)
Q30 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.

Fever (1)
Fatigue/malaise (2)
Swollen glands (3)
Sore throat (4)
Blocked nose/running nose/sneezing (5)
Cough (6)
Breathing difficulty/tightness (7)
Nausea (8)
Vomiting (9)
Diarrhoea (10)
Constipation (11)
Abdominal pain (12)
Irregular pulse/arrhythmia (13)
Chest pain/Angina (14)
Other pain (15)
Headache (16)
Fainting (17)
Numbness/pins and needles (18)
Sunburn (19)
Rash with itchiness (20)

Ear symptoms (21)

Eye symptoms (22)

Symptoms from urinary tract/genitalia (23)

Anxiety (24)

Depression/sadness (25)

Irritability (26)

Muscle Cramps – Generalised (unspecific region of the body) (27)

Muscle Cramps – Localised (in specific location) (28)

Other (please specify) (29) ________________________________________________
Q31 Please indicate the body system involved with your illness.

- Brain and Nervous system (1)
- Heart and Blood vessels (2)
- Lungs and Respiratory tract (3)
- Digestive system (4)
- Kidney and bladder (5)
- Muscle (i.e. muscle cramps, muscle weakness) (6)
- Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
- Immune (i.e. infections) (8)
- Metabolic or Endocrine (i.e. glands, hormones) (9)
- Skin (10)
- Do not know (11)

Q35 Do have a specific diagnosis for your illness? Please specify

- Yes (please specify) (1) ____________________________________________________
- No (2)
Q36 **Who made the diagnosis of your illness?**

- Doctor (1)
- Physiotherapist (2)
- Other health care professional (3)
- Coach (4)
- Self-diagnosed (5)

Q37 **Did your illness have a GRADUAL or SUDDEN onset?**

- Gradual (1)
- Sudden (2)

Q38 **How was your illness treated or managed?**

- Self-medicated (1)
- Antibiotics (2)
- Referral to other health care professional (3)
- Other drug therapies (4)

Q40 **Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.**

________________________________________________________________________
Q41 Do you have any OTHER ILLNESS to record?

- Yes (1)
- No (2)

Skip To: End of Survey if Do you have any OTHER ILLNESS to record? = No

End of Block: Illness 1

Start of Block: Illness 2

Q68 Is this the first time you have registered this illness through this monitoring system?

- Yes (1)
- No, I have reported the same problem in the previous 4 weeks (2)
- No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
Q40 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.

- Fever (1)
- Fatigue/malaise (2)
- Swollen glands (3)
- Sore throat (4)
- Blocked nose/running nose/sneezing (5)
- Cough (6)
- Breathing difficulty/tightness (7)
- Nausea (8)
- Vomiting (9)
- Diarrhoea (10)
- Constipation (11)
- Abdominal pain (12)
- Irregular pulse/arrhythmia (13)
- Chest pain/Angina (14)
- Other pain (15)
- Headache (16)
- Fainting (17)
- Numbness/pins and needles (18)
- Sunburn (19)
Rash with itchiness (20)

Ear symptoms (21)

Eye symptoms (22)

Symptoms from urinary tract/genitalia (23)

Anxiety (24)

Depression/sadness (25)

Irritability (26)

Muscle Cramps – Generalised (unspecific region of the body) (27)

Muscle Cramps – Localised (in specific location) (28)

Other (please specify) (29) ________________________________
Q41 Please indicate the body system involved with your illness.

- Brain and Nervous system (1)
- Heart and Blood vessels (2)
- Lungs and Respiratory tract (3)
- Digestive system (4)
- Kidney and bladder (5)
- Muscle (i.e. muscle cramps, muscle weakness) (6)
- Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
- Immune (i.e. infections) (8)
- Metabolic or Endocrine (i.e. glands, hormones) (9)
- Skin (10)
- Do not know (11)

Q42 Do have a specific diagnosis for your illness? Please specify

- Yes (please specify) (1) _____________________________________________
- No (2)
Q43 Who made the diagnosis of your illness?

- Doctor (1)
- Physiotherapist (2)
- Other health care professional (3)
- Coach (4)
- Self-diagnosed (5)

Q44 Did your illness have a GRADUAL or SUDDEN onset?

- Gradual (1)
- Sudden (2)

Q45 How was your illness treated or managed?

- Self-medicated (1)
- Antibiotics (2)
- Referral to other health care professional (3)
- Other drug therapies (4)

Q46 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.

________________________________________________________________
Q47 Do you have any OTHER ILLNESS to record?

- Yes (1)
- No (2)

End of Block: Illness 2

Start of Block: Illness 3

Q69 Is this the first time you have registered this illness through this monitoring system?

- Yes (1)
- No, I have reported the same problem in the previous 4 weeks (2)
- No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
Q48 Please check the boxes corresponding to the major symptoms you have experienced during the PAST TWO WEEKS. You may select several alternatives.

Fever (1)
Fatigue/malaise (2)
Swollen glands (3)
Sore throat (4)
Blocked nose/running nose/sneezing (5)
Cough (6)
Breathing difficulty/tightness (7)
Nausea (8)
Vomiting (9)
Diarrhoea (10)
Constipation (11)
Abdominal pain (12)
Irregular pulse/arrhythmia (13)
Chest pain/Angina (14)
Other pain (15)
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Rash with itchiness (20)

Ear symptoms (21)

Eye symptoms (22)

Symptoms from urinary tract/genitalia (23)

Anxiety (24)

Depression/sadness (25)

Irritability (26)

Muscle Cramps – Generalised (unspecific region of the body) (27)

Muscle Cramps – Localised (in specific location) (28)

Other (please specify) (29) ___________________________________________________________
Q49 Please indicate the body system involved with your illness.

- Brain and Nervous system (1)
- Heart and Blood vessels (2)
- Lungs and Respiratory tract (3)
- Digestive system (4)
- Kidney and bladder (5)
- Muscle (i.e. muscle cramps, muscle weakness) (6)
- Bone (i.e. osteopenia, osteoporosis, low bone density) (7)
- Immune (i.e. infections) (8)
- Metabolic or Endocrine (i.e. glands, hormones) (9)
- Skin (10)
- Do not know (11)

Q50 Do have a specific diagnosis for your illness? Please specify

- Yes (please specify) (1) ____________________________________________
- No (2)
Q51 Who made the diagnosis of your illness?

- Doctor (1)
- Physiotherapist (2)
- Other health care professional (3)
- Coach (4)
- Self-diagnosed (5)

Q52 Did your illness have a GRADUAL or SUDDEN onset?

- Gradual (1)
- Sudden (2)

Q53 How was your illness treated or managed?

- Self-medicated (1)
- Antibiotics (2)
- Referral to other health care professional (3)
- Other drug therapies (4)

Q54 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this illness.

________________________________________________________________

End of Block: Illness 3
Start of Block: Injury 1
Q64 Is this the **first time** you have **registered this injury** through this monitoring system?

- Yes  (1)
- No, I have reported the same problem in the previous 4 weeks  (2)
- No, I have reported the same problem previously, but it was more than 4 weeks ago  (3)
Q7 Please select the box that best describes the LOCATION of your injury. If the injury involves several locations please select the main area. If you have multiple injuries please complete a separate registration of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)
Q8 Please select a box that best describes your **TYPE OF INJURY**.

- **Concussion** (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)

- **Fracture** (traumatic - broken bone caused by sudden impact) (2)

- **Stress fracture** (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3)

- **Other bone injuries** (4)

- **Dislocation, subluxation** (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)

- **Tendon rupture** (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)

- **Tendinosis/tendinopathy** (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)

- **Ligamentous rupture** (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)

- **Sprain** (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)

- **Lesion of meniscus or cartilage** (injuries of meniscus [knee] or joint surfaces) (10)

- **Muscle strain** (11)

- **Muscle rupture/tear** (12)

- **Contusion/haematoma/bruise** (13)

- **Arthritis/synovitis/bursitis** (inflammation of any part of a joint or structures near the joint, characterized by pain on movement, tenderness, heat and swelling) (14)

- **Fasciitis/aponeurosis injury** (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)

- **Impingement** (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)
Q9 Who made the diagnosis of your injury?

- Doctor (1)
- Physiotherapist (2)
- Other health care professional (3)
- Coach (4)
- Self-diagnosed (5)

Q10 Did your injury have a GRADUAL or SUDDEN onset?

- Gradual (1)
- Sudden (2)
Q11 Was the injury due to a specific action? (fall, jump, landing, increased pace, overstretch, collision etc.)

☐ Yes (please specify the action) (1)

☐ No (2)

Q14 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this injury.

________________________________________________________________________

Q15 Do you have any OTHER INJURY to record?

☐ Yes (1)

☐ No (2)

End of Block: Injury 1

Start of Block: Injury 2

Q83 Is this the first time you have registered this injury through this monitoring system?

☐ Yes (1)

☐ No, I have reported the same problem in the previous 4 weeks (2)

☐ No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
Q84 Please select the box that best describes the LOCATION of your injury. If the injury involves several locations please select the main area. If you have multiple injuries please complete a separate registration of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)
Q85 Please select a box that best describes your **TYPE OF INJURY**.

- Concussion (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)
- Fracture (traumatic - broken bone caused by sudden impact) (2)
- Stress fracture (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3
- Other bone injuries (4)
- Dislocation, subluxation (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)
- Tendon rupture (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)
- Tendinosis/tendinopathy (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)
- Ligamentous rupture (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)
- Sprain (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)
- Lesion of meniscus or cartilage (injuries of meniscus [knee] or joint surfaces) (10)
- Muscle strain (11)
- Muscle rupture/tear (12)
- Contusion/haematoma/bruise (13)
- Arthritis/synovitis/bursitis (inflammation of any part of a joint or structures near the joint, characterize by pain on movement, tenderness, heat and swelling) (14)
- Fasciitis/aponeurosis injury (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)
- Impingement (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)
Skin laceration/cut/lesion (17)
Skin abrasion/chafing (18)
Dental injury/broken tooth (19)
Nerve injury/spinal cord injury (20)
Muscle cramps or spasm (21)
I don't know (22)
Other (please specify) (23) ________________________________________________

Q86 **Who** made the **diagnosis** of your injury?

- Doctor (1)
- Physiotherapist (2)
- Other health care professional (3)
- Coach (4)
- Self-diagnosed (5)

Q87 Did your injury have a **GRADUAL** or **SUDDEN** onset?

- Gradual (1)
- Sudden (2)
Q88 Was the injury due to a specific action? (fall, jump, landing, increased pace, overstretch, collision etc.)

- Yes (please specify the action) (1)

- No (2)

Q89 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this injury.

________________________________________________________________

Q90 Do you have any OTHER INJURY to record?

- Yes (1)

- No (2)

End of Block: Injury 2

Start of Block: Injury 3

Q99 Is this the first time you have registered this injury through this monitoring system?

- Yes (1)

- No, I have reported the same problem in the previous 4 weeks (2)

- No, I have reported the same problem previously, but it was more than 4 weeks ago (3)
Q100 Please select the box that best describes the **LOCATION** of your injury. If the injury involves several locations please select the main area. If you have **multiple injuries** please complete a **separate registration** of each one.

- Head/face (1)
- Neck (2)
- Shoulder (including clavicle) (3)
- Upper arm (4)
- Elbow (5)
- Forearm (6)
- Wrist (7)
- Hand/fingers (8)
- Chest/ribs (9)
- Abdomen (10)
- Thoracic spine (11)
- Lumbar spine (12)
- Pelvis/buttock (13)
- Hip/groin (14)
- Thigh (front - quadricep) (15)
- Thigh (back - hamstring) (16)
- Knee (17)
- Lower leg (18)
- Ankle (19)
- Foot/toes (20)
Q101 Please select a box that best describes your **TYPE OF INJURY**.

- Concussion (symptoms like disorientation, dizziness, loss of memory, nausea or vomiting due to a blow to the head) (1)
- Fracture (traumatic - broken bone caused by sudden impact) (2)
- Stress fracture (overuse - fracture in a weight bearing bone caused by repetitive stress (e.g. running), a stress fracture in one of the small bones in the foot will typically cause severe pain at the beginning of a run, moderate pain during the run and severe pain at the end and after the run) (3)
- Other bone injuries (4)
- Dislocation, subluxation (the total or partial displacement or misalignment of bones in a joint, most often caused by a sudden impact to the joint) (5)
- Tendon rupture (tearing of a tendon that occurs when the forces placed upon the tendon exceed its tensile strength) (6)
- Tendinosis/tendinopathy (all non-inflammatory and inflammatory conditions affecting a tendon, "tendinitis") (7)
- Ligamentous rupture (tearing of the bands of fibrous tissue connecting bones or cartilages, serving to support and strengthen joints) (8)
- Sprain (wrenching or twisting of a joint, with partial rupture of its ligaments, accompanied by severe pain, impaired function, swelling, heat and discolouration of the skin) (9)
- Lesion of meniscus or cartilage (injuries of meniscus [knee] or joint surfaces) (10)
- Muscle strain (11)
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- Contusion/haematoma/bruise (13)
- Arthritis/synovitis/bursitis (inflammation of any part of a joint or structures near the joint, characterize by pain on movement, tenderness, heat and swelling) (14)
- Fasciitis/aponeurosis injury (inflammation or injury of a sheet like tendinous expansion, e.g. plantar fasciitis) (15)
- Impingement (compression of a nerve, blood vessel, tendon, ligament or muscle through a constricted space, e.g. sciatica) (16)
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Skin abrasion/chafing (18)
Dental injury/broken tooth (19)
Nerve injury/spinal cord injury (20)
Muscle cramps or spasm (21)
I don't know (22)
Other (please specify) (23) ________________________________________________

Q102 Who made the diagnosis of your injury?

○ Doctor (1)
○ Physiotherapist (2)
○ Other health care professional (3)
○ Coach (4)
○ Self-diagnosed (5)

Q103 Did your injury have a GRADUAL or SUDDEN onset?

○ Gradual (1)
○ Sudden (2)
Q104 Was the injury due to a specific action? (fall, jump, landing, increased pace, overstretch, collision etc.)

☐ Yes (please specify the action) (1)

☐ No (2)

Q105 Please state the NUMBER OF DAYS that you had to completely miss training/races due to this injury.

________________________________________________________________

End of Block: Injury 3