

STUDY: “Lower limb functional asymmetry in novice and highly-trained distance runners versus non-runners.”

- * Gelieve rechtsboven deze pagina de taal van deze vragenlijst aan te passen.
- * Please adjust the language of this questionnaire at the top right of this page.
- * Veuillez changer la langue de ce questionnaire en haut à droite de cette page.

This (short) online questionnaire frames within a study of bodily asymmetry (or disparities in performance when comparing both sides of the body) at the level of the lower limb in recreational novice and trained distance runners, as well as in a control group of non-runners, and will serve to assess whether or not you are suitable for participation in this study.



The first part involves questions on some personal details.

The second part involves questions about your general health.

The third section involves questions about your physical activities.

Please complete this “intake” questionnaire as honestly as possible. It will only take about minutes to complete the questionnaire. Remember that no question can be answered incorrectly. The data collected from this questionnaire will be processed completely anonymously. This means that the completed data will only be used for scientific research and will not be shared with third parties who are not part of the research team. Please take all the time you need to complete the full questionnaire (= all 3 parts) and read each question (and the corresponding answer options) very carefully.

You can also contact the research team directly at joachim.dhondt@vub.be at any time for any additional questions you might have while completing the questionnaire.

Thank you in advance for completing this “intake” questionnaire!

On behalf of the research team,
Joachim D'Hondt

For the EC's information: This questionnaire is administered online via the programme "Qualtrics" and/or "REDCap". This "intake" questionnaire is administered only once and also serves as a pre-screening questionnaire. This questionnaire will be available on the project website (<https://joachimdhondt.wixsite.com/asymrun>) and will be shared via QR codes.

Questionnaire

- ☐ Nederlands
- ☐ Français
- ☐ English

Date of today (dd/mm/yyyy): / /

PART 1: Personal data

Surname:.....

First name:.....

Age:

Biological sex (Choose ONLY the one you MOST agree with)

- ☐ Men
- ☐ Woman
- ☐ Intersex

Ethnicity - Choose all the ethnicities you identify with

- ☐ Caucasian
- ☐ African
- ☐ Latin American
- ☐ Asian
- ☐ Other ethnicity:.....
- ☐ I don't know

Nationality:.....

Mobile phone:.....

E-mail adress:.....

PART 2: General health

1. Have you been diagnosed with an injury at the level of the lower limbs, hip, trunk or lower back (left and/or right leg) by a doctor over the **past 6 months**?
 - ☐ No
 - ☐ Yes, namely:

	Region (e.g., hip, knee or ankle)	The doctor's determination	Date of injury	The time it took before you were able to function "normally" again (in days)
1				
2				
3				
4				
5				

2. In the past 6 months, have you undergone any medical interventions on the lower extremities, hip, trunk or low back?
- ☐ No
 - ☐ Yes, namely:

	Region (e.g., hip, knee or ankle)	The doctor's determination	Date of surgery	The time it took before you were able to function "normally" again (in days)
1				
2				
3				
4				
5				

3. Do you suffer from one (or more) of the following physical conditions? This may include multiple answers.
- ☐ Amputation
 - ☐ Neurological disorders
 - ☐ Inner ear disorders
 - ☐ Diabetes
 - ☐ Muscular disorders
 - ☐ Other:.....
 - ☐ I suffer from no defined physical condition
4. Are you taking any of the following medication or drugs that could potentially affect the performance of physical tests? This may include multiple answers.
- ☐ Medication for the heart or against high blood pressure, namely:.....
 - ☐ Medication on doctor's prescription, namely:
 - ☐ Other:.....
 - ☐ I do not take any medication that may affect my performance on physical tests

Only for female sex:

5. How many children are you the biological mother of?
- ☐ I am not a biological mother

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or more

6. Date of last child birth (dd/mm/yyyy): / /
7. Did you experience any problems related to pelvic instability after your pregnancy
- ☐ No
 - ☐ Yes

PART 3: Sports activities

1. Thinking about the **past 3 months**, how many kilometres did you run on average per month (while jogging and/or running)?
- ☐ <10km per month
 - ☐ 10-50km per month
 - ☐ 50-149km per month
 - ☐ ≥150km per month
2. Thinking about the **past 5 years**, how many kilometres did you run on average per month (while jogging and/or running)?
- ☐ <10km per month
 - ☐ 10-50km per month
 - ☐ 50-149km per month
 - ☐ ≥150km per month
3. Thinking about a typical (work) week, how many minutes on average did you spend doing moderate physical activity.

Moderate physical activity refers to physical activities where your heart beats faster and you breathe slightly faster and deeper than normal, but are not out of breath and can still talk as normal (for example: cycling, taking the stairs, brisk walking, etc.).

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4. Thinking about a typical (work) week, how many minutes on average did you spend doing vigorous physical activity.

Heavy physical activity refers to physical activities where your heart beats faster, you sweat and breathe much faster and deeper than normal, and where talking is difficult (for example: running, swimming, tennis, etc.).

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5. Do you practice more than 2 hours of unilateral sports activities on a weekly basis?

Unilateral sports activities refer to sports characterized by the repeated use of one specific arm and/or leg (e.g., racket sports, field hockey, golf, volleyball, soccer, etc.).

- ☐ No
- ☐ Yes, namely:

	Sport	Time spent (min)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

6. Comment

Thank you very much for completing this intake questionnaire! You will be informed shortly about your possible participation in the study.