Study 2: Knee Osteoarthritis Survey - @stanford.edu ID848049006

Start of Block: Consent Form

[Consent form]

* I AGREE (1)
* I DISAGREE (2)

Skip To: End of Survey If Stanford University Research Consent DESCRIPTION:  You are invited to participate in a research s... = I DISAGREE

End of Block: Consent Form

Start of Block: Qualifications

Qual\_1 Do you have a clinical diagnosis of knee osteoarthritis in at least one knee (i.e. have had a doctor’s diagnosis of knee osteoarthritis)?

* Yes (1)
* No (2)

Qual\_2 Have you had a Total Knee Arthroplasty surgery or other knee surgery after your diagnosis of osteoarthritis?

* Yes (1)
* No (2)

Qual\_3 Are you between 45-85 years of age?

* Yes (1)
* No (2)

End of Block: Qualifications

Start of Block: Illness Mindset

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IllMind Below are some statements about the body and knee osteoarthritis. Choose the option that best reflects how much you generally agree or disagree with each statement. There are no correct answers – we are only interested in your personal beliefs.

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|  | Strongly Disagree (1) | Disagree (2) | Somewhat Disagree (3) | Somewhat Agree (4) | Agree (5) | Strongly Agree (6) |
| Your body can heal itself on its own in many different circumstances. (IllMind\_1\_resp)  |  |  |  |  |  |  |
| Knee osteoarthritis negatively impacts nearly all parts of life. (IllMind\_2\_cat)  |  |  |  |  |  |  |
| Having knee osteoarthritis means that your body isn’t doing its job. (IllMind\_3\_adv)  |  |  |  |  |  |  |
| Your body is able to cope with knee osteoarthritis. (IllMind\_4\_cap)  |  |  |  |  |  |  |
| Knee osteoarthritis can be an opportunity to make positive life changes. (IllMind\_5\_opp)  |  |  |  |  |  |  |
| Knee osteoarthritis is manageable. (IllMind\_6\_man)  |  |  |  |  |  |  |
| If you have knee osteoarthritis, it means your body has betrayed you. (IllMind\_7\_adv)  |  |  |  |  |  |  |
| Having knee osteoarthritis allows you to find more meaning in life. (IllMind\_8\_opp)  |  |  |  |  |  |  |
| Knee osteoarthritis is something that can be dealt with. (IllMind\_9\_man)  |  |  |  |  |  |  |
| In general, your body has remarkable self-healing properties. (IllMind\_10\_resp)  |  |  |  |  |  |  |
| Having knee osteoarthritis spoils many parts of life. (IllMind\_11\_cat)  |  |  |  |  |  |  |
| Having knee osteoarthritis is a challenge that can make you stronger. (IllMind\_12\_opp)  |  |  |  |  |  |  |
| In general, your body is able to handle knee osteoarthritis. (IllMind\_13\_cap)  |  |  |  |  |  |  |
| Knee osteoarthritis ruins most aspects of life. (IllMind\_14\_cat)  |  |  |  |  |  |  |
| Your body is designed to deal with and manage knee osteoarthritis. (IllMind\_15\_cap)  |  |  |  |  |  |  |
| You can live a relatively normal life with knee osteoarthritis. (IllMind\_16\_man)  |  |  |  |  |  |  |
| Having knee osteoarthritis means that your body has failed. (IllMind\_17\_adv)  |  |  |  |  |  |  |
| Fighting knee osteoarthritis can be empowering. (IllMind\_18\_opp)  |  |  |  |  |  |  |
| Your body is able to heal itself from most conditions and diseases. (IllMind\_19\_resp)  |  |  |  |  |  |  |
| Your body is to blame if you have knee osteoarthritis. (IllMind\_20\_adv)  |  |  |  |  |  |  |

End of Block: Illness Mindset

Start of Block: Process of Exercise Scale

PES The following statements are different opinions about what it is like to exercise. Please select the option on each row that best describes how you feel about the process of **exercising**. There are no correct answers – we are only interested in your personal beliefs.

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PES\_1 Exercising is:

* Very difficult (1)
* Somewhat difficult (2)
* Somewhat easy (3)
* Very easy (4)

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PES\_2 Exercising is:

* Very unpleasant (1)
* Somewhat unpleasant (2)
* Somewhat pleasurable (3)
* Very pleasurable (4)

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PES\_3 Exercising is:

* Very stressful (1)
* Somewhat stressful (2)
* Somewhat relaxing (3)
* Very relaxing (4)

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PES\_4 Exercising is:

* Very depriving (1)
* Somewhat depriving (2)
* Somewhat indulgent (3)
* Very indulgent (4)

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PES\_5 Exercising is:

* Very boring (1)
* Somewhat boring (2)
* Somewhat fun (3)
* Very fun (4)

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PES\_6 Exercising is:

* Very lonely (1)
* Somewhat lonely (2)
* Somewhat social (3)
* Very social (4)

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PES\_7 Exercising is:

* Very inconvenient (1)
* Somewhat inconvenient (2)
* Somewhat convenient (3)
* Very convenient (4)

End of Block: Process of Exercise Scale

Start of Block: Exercise Benefits Mindset Measure (Adequacy)

amm In answering the next few questions, please **think about your**current**level of physical activity or inactivity** (i.e., how much exercise, if any, you have been doing recently).

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amm\_1 How much do you agree or disagree with the following statement?

My current level of physical activity is **unhealthy**.

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

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amm\_2
How much do you agree or disagree with the following statement?

My current level of physical activity is helping me **achieve**or maintain a healthy body weight.

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

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amm\_3 How **beneficial** is your current level of physical activity for your health?

* Extremely beneficial (5)
* Very beneficial (4)
* Moderately beneficial (3)
* Slightly beneficial (2)
* Not at all beneficial (1)

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amm\_4 How much does your current level of physical activity or physical inactivity **increase or decrease your risk of disease**?

* Increases my risk very much (1)
* Increases my risk moderately (2)
* Increases my risk slightly (3)
* Neither increases nor decreases my risk (4)
* Decreases my risk slightly (5)
* Decreases my risk moderately (6)
* Decreases my risk very much (7)

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amm\_5 How much is your current level of physical activity or physical inactivity **strengthening or weakening your muscles?**

* Strengthening very much (7)
* Strengthening moderately (6)
* Strengthening slightly (5)
* Neither strengthening nor weakening (4)
* Weakening slightly (3)
* Weakening moderately (2)
* Weakening very much (1)

End of Block: Exercise Benefits Mindset Measure (Adequacy)

Start of Block: WOMAC

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WOMAC\_1
The following questions concern the amount of pain you have experienced due to osteoarthritis in your knee(s).
 Rate your pain in your knee(s) when...

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| --- | --- | --- | --- | --- | --- |
|  | None (0) | Slight (1) | Moderate (2) | Severe (3) | Extreme (4) |
| Walking (WOMAC\_1\_1)  |  |  |  |  |  |
| Climbing Stairs (WOMAC\_1\_2)  |  |  |  |  |  |
| Sleeping at night (WOMAC\_1\_3)  |  |  |  |  |  |
| Resting (WOMAC\_1\_4)  |  |  |  |  |  |
| Standing (WOMAC\_1\_5)  |  |  |  |  |  |

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WOMAC\_2

The following questions concern the amount of stiffness you have experienced due to osteoarthritis in your knee(s).
 Rate your stiffness in your knee(s) in the...

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|  | None (0) | Slight (1) | Moderate (2) | Severe (3) | Extreme (4) |
| Morning (WOMAC\_2\_1)  |  |  |  |  |  |
| Evening (WOMAC\_2\_2)  |  |  |  |  |  |

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WOMAC\_3

The following questions concern the amount of difficulty you have experienced due to osteoarthritis in your knee(s).
 Rate your difficulty when performing the following activities...

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|  | None (0) | Slight (1) | Moderate (2) | Severe (3) | Extreme (4) |
| Descending stairs (WOMAC\_3\_1)  |  |  |  |  |  |
| Ascending stairs (WOMAC\_3\_2)  |  |  |  |  |  |
| Rising from sitting (WOMAC\_3\_3)  |  |  |  |  |  |
| Standing (WOMAC\_3\_4)  |  |  |  |  |  |
| Bending to floor (WOMAC\_3\_5)  |  |  |  |  |  |
| Walking on even floor (WOMAC\_3\_6)  |  |  |  |  |  |
| Getting in/out of car (WOMAC\_3\_7)  |  |  |  |  |  |
| Going shopping (WOMAC\_3\_8)  |  |  |  |  |  |
| Putting on socks (WOMAC\_3\_9)  |  |  |  |  |  |
| Rising from bed (WOMAC\_3\_10)  |  |  |  |  |  |
| Taking off socks (WOMAC\_3\_11)  |  |  |  |  |  |
| Lying in bed (WOMAC\_3\_12)  |  |  |  |  |  |
| Getting in/out of bath (WOMAC\_3\_13)  |  |  |  |  |  |
| Sitting (WOMAC\_3\_14)  |  |  |  |  |  |
| Getting on/off toilet (WOMAC\_3\_15)  |  |  |  |  |  |
| Doing light domestic duties (cooking, dusting) (WOMAC\_3\_16)  |  |  |  |  |  |

End of Block: WOMAC

Start of Block: Exercise General

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Ex\_Gen\_walk Do you currently walk 30 minutes or more continuously each day?

* Yes (1)
* No (0)

Ex\_Gen\_program Do you currently participate in a regular (more than twice a week) exercise program?

* Yes (1)
* No (2)

End of Block: Exercise General

Start of Block: PASE

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PASE\_1a
Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, or doing handcrafts?

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_2a If Over the past 7 days, how often did you participate in sitting activities such as reading, watchi... = Never

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PASE\_1b On average, how many hours per day did you engage in these sitting activities?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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| Page Break |  |

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PASE\_2a Over the past 7 days, how often did you take a walk outside your home or yard for any reason?  For example, for fun or exercise, walking to work, walking the dog, etc.

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_3a If Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For... = Never

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PASE\_2b On average, how many hours per week did you spend walking?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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PASE\_3a Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_4a If Over the past 7 days, how often did you engage in light sport or recreational activities such as... = Never

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PASE\_3b On average, how many hours per week did you engage in these light sport or recreational activities?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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PASE\_4a
Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_5a If Over the past 7 days, how often did you engage in moderate sport and recreational activities such... = Never

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PASE\_4b On average, how many hours per week did you engage in these moderate sport or recreational activities?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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PASE\_5a
Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross-country) or other similar activities?

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_6a If Over the past 7 days, how often did you engage in strenuous sport and recreational activities suc... = Never

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PASE\_5b On average, how many hours per week did you engage in these strenuous sport or recreational activities?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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PASE\_6a
Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups?

* Never (0)
* Seldom (1)
* Sometimes (2)
* Often (3)

Skip To: PASE\_7 If Over the past 7 days, how often did you do any exercises specifically to increase muscle strength... = Never

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PASE\_6b On average, how many hours per week did you engage in these muscle strength and endurance activities?

* Less than 1 hour (1)
* 1-2 hours (2)
* 2-4 hours (3)
* More than 4 hours (4)

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PASE\_7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?

* No (0)
* Yes (1)

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PASE\_8
During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

* No (0)
* Yes (1)

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PASE\_9
During the past 7 days, did you engage in any of the following activities? Please answer YES or NO for each item.

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|  | No (0) | Yes (1) |
| Home repairs like painting, wallpapering, electrical work, etc. (PASE\_9\_a)  |  |  |
| Lawn work or yard care, including snow or leaf removal, wood chopping, etc. (PASE\_9\_b)  |  |  |
| Outdoor gardening (PASE\_9\_c)  |  |  |
| Caring for another person, such as children, dependent spouse, or another adult (PASE\_9\_d)  |  |  |

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PASE\_10 During the past 7 days, did you work for pay or as a volunteer?

* No (0)
* Yes (1)

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PASE\_10a How many hours per week did you work for pay and or as a volunteer? (Enter 0 if you did not work for pay or as a volunteer).

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PASE\_10b
Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

* Mainly sitting with some slight arm movement (Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.) (0)
* Sitting or standing with some walking (Examples: cashier, general office worker, light tool and machinery worker) (1)
* Walking with some handling of materials generally weighing less than 50 pounds (Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker) (2)
* Walking and heavy manual work often requiring handling of materials weighing over 50 pounds (Examples: lumberjack, stone mason, farm or general laborer) (3)

End of Block: PASE

Start of Block: Attention Check

CHECK Recent research on decision making shows that choices are affected by context. Specifically, we are interested in whether you actually take the time to read each question. To show that you are paying attention, please check only the “none of the above” option as your answer.

* Interested (1)
* Distressed (2)
* Excited (3)
* Upset (4)
* None of the above (10)

End of Block: Attention Check

Start of Block: Anxiety: PROMIS

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Anxiety Please respond to each question or statement by marking one answer per row.

In the past 7 days…

|  |  |  |  |  |  |
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|  | Never (1) | Rarely (2) | Sometimes (3) | Usually (4) | Always (5) |
| I felt fearful. (Anxiety\_1)  |  |  |  |  |  |
| I found it hard to focus on anything other than my anxiety. (Anxiety\_2)  |  |  |  |  |  |
| My worries overwhelmed me. (Anxiety\_3)  |  |  |  |  |  |
| I felt uneasy. (Anxiety\_4)  |  |  |  |  |  |
| I felt nervous. (Anxiety\_5)  |  |  |  |  |  |
| I felt like I needed help for my anxiety. (Anxiety\_6)  |  |  |  |  |  |
| I felt anxious. (Anxiety\_7)  |  |  |  |  |  |
| I felt tense. (Anxiety\_8)  |  |  |  |  |  |

End of Block: Anxiety: PROMIS

Start of Block: Depression: PROMIS

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Depression
Please respond to each item by marking one answer per row.

In the past 7 days....

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|  | Never (1) | Rarely (2) | Sometimes (3) | Usually (4) | Always (5) |
| I felt worthless. (Depression\_1)  |  |  |  |  |  |
| I felt that I had nothing to look forward to. (Depression\_2)  |  |  |  |  |  |
| I felt helpless. (Depression\_3)  |  |  |  |  |  |
| I felt sad. (Depression\_4)  |  |  |  |  |  |
| I felt like a failure. (Depression\_5)  |  |  |  |  |  |
| I felt depressed. (Depression\_6)  |  |  |  |  |  |
| I felt unhappy. (Depression\_7)  |  |  |  |  |  |
| I felt hopeless. (Depression\_8)  |  |  |  |  |  |

End of Block: Depression: PROMIS

Start of Block: Global Health: PROMIS Scale v1.2 – Global Health

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Global\_1 Please respond to each question or statement by marking one box per row.

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|  | Excellent (5) | Very Good (4) | Good (3) | Fair (2) | Poor (1) |
| In general, would you say your health is: (Global01)  |  |  |  |  |  |
| In general, would you say your quality of life is: (Global02)  |  |  |  |  |  |
| In general, how would you rate your physical health? (Global03)  |  |  |  |  |  |
| In general, how would you rate your mental health, including your mood and your ability to think? (Global04)  |  |  |  |  |  |
| In general, how would you rate your satisfaction with your social activities and relationships? (Global05)  |  |  |  |  |  |
| In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) (Global09)  |  |  |  |  |  |

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Global06 To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

* Completely (5)
* Mostly (4)
* Moderately (3)
* A little (2)
* Not at all (1)

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Global10 How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable over the past 7 days?

* Never (1)
* Rarely (2)
* Sometimes (3)
* Often (4)
* Always (5)

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Global08 How would you rate your fatigue on average over the past 7 days?

* None (1)
* Mild (2)
* Moderate (3)
* Severe (4)
* Very Severe (5)

Global07 How would you rate your pain on average over the past 7 days?

* 0 (No Pain) (1)
* 1 (2)
* 2 (3)
* 3 (4)
* 4 (5)
* 5 (6)
* 6 (7)
* 7 (8)
* 8 (9)
* 9 (10)
* 10 (Worst Pain Imaginable) (11)

End of Block: Global Health: PROMIS Scale v1.2 – Global Health

Start of Block: Pain Catastrophizing Scale

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PCS We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (0) | To a slight degree (1) | To a moderate degree (2) | To a great degree (3) | All the time (4) |
| I worry all the time about whether the pain will end. (PCS\_1)  |  |  |  |  |  |
| I feel I can’t go on. (PCS\_2)  |  |  |  |  |  |
| It’s terrible and I think it’s never going to get any better. (PCS\_3)  |  |  |  |  |  |
| It’s awful and I feel that it overwhelms me. (PCS\_4)  |  |  |  |  |  |
| I feel I can’t stand it anymore. (PCS\_5)  |  |  |  |  |  |
| I become afraid that the pain will get worse. (PCS\_6)  |  |  |  |  |  |
| I keep thinking of other painful events. (PCS\_7)  |  |  |  |  |  |
| I anxiously want the pain to go away. (PCS\_8)  |  |  |  |  |  |
| I can’t seem to keep it out of my mind. (PCS\_9)  |  |  |  |  |  |
| I keep thinking about how much it hurts. (PCS\_10)  |  |  |  |  |  |
| I keep thinking about how badly I want the pain to stop. (PCS\_11)  |  |  |  |  |  |
| There’s nothing I can do to reduce the intensity of the pain. (PCS\_12)  |  |  |  |  |  |
| I wonder whether something serious may happen. (PCS\_13)  |  |  |  |  |  |

End of Block: Pain Catastrophizing Scale

Start of Block: Tampa Scale of Kinesiophobia: 6-item Brief Fear of Movement Scale

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TSK The following questions are about your thoughts, beliefs, and emotions related to pain and movement. Please rate each of the following statements using the scale provided. Mark the answer choice that best describes your own opinion of what is generally true for you.

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| --- | --- | --- | --- | --- |
|  | Strongly Disagree (4) | Somewhat Disagree (3) | Somewhat Agree (2) | Strongly Agree (1) |
| I’m afraid that I might injure myself if I exercise. (TSK\_1)  |  |  |  |  |
| If I were to try to overcome it, my pain would increase. (TSK\_2)  |  |  |  |  |
| I am afraid that I might injure myself accidentally. (TSK\_9)  |  |  |  |  |
| Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening. (TSK\_10)  |  |  |  |  |
| It’s really not safe for a person with a condition like mine to be physically active. (TSK\_14)  |  |  |  |  |
| I can’t do all the things normal people do because it’s too easy for me to get injured. (TSK\_15)  |  |  |  |  |

End of Block: Tampa Scale of Kinesiophobia: 6-item Brief Fear of Movement Scale

Start of Block: Self-Efficacy for Exercise Scale (SEE)

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SEE How confident are you right now that you could exercise three times per week for 20 minutes if:

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|  | 0 (Not Confident) (0) | 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | 10 (Very Confident) (10) |
| The weather was bothering you (SEE\_1)  |  |  |  |  |  |  |  |  |  |  |  |
| You were bored by the program or activity (SEE\_2)  |  |  |  |  |  |  |  |  |  |  |  |
| You felt pain when exercising (SEE\_3)  |  |  |  |  |  |  |  |  |  |  |  |
| You had to exercise alone (SEE\_4)  |  |  |  |  |  |  |  |  |  |  |  |
| You did not enjoy it (SEE\_5)  |  |  |  |  |  |  |  |  |  |  |  |
| You were too busy with other activities (SEE\_6)  |  |  |  |  |  |  |  |  |  |  |  |
| You felt tired (SEE\_7)  |  |  |  |  |  |  |  |  |  |  |  |
| You felt stressed (SEE\_8)  |  |  |  |  |  |  |  |  |  |  |  |
| You felt depressed (SEE\_9)  |  |  |  |  |  |  |  |  |  |  |  |

End of Block: Self-Efficacy for Exercise Scale (SEE)

Start of Block: Brief Power of the Mindset

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mnd\_pow
A mindset is a lens or frame of mind through which people understand the world, including thoughts, beliefs, and expectations.  Please rank how much you agree or disagree with the following statement.

My mindset is useful in helping me manage my osteoarthritis symptoms.

* Strongly Disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

End of Block: Brief Power of the Mindset

Start of Block: General Questions

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Gen\_1 What do you think are the most important factor(s) that motivate you to engage in physical activity regularly?

* Social Benefits (1)
* Physical Benefits (2)
* Mental Benefits (3)
* Emotional Benefits (4)
* Other (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Gen\_2 How does physical activity (exercise, walking, running, yoga etc) influence your osteoarthritis related symptoms (pain, function)?
It makes the symptoms...

* Much worse (1)
* Slightly worse (2)
* Neither worse nor better (3)
* Slightly better (4)
* Much better (5)

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Gen\_3 What do you think the biggest barrier(s) are for you to engage in regular physical activity?

* Pain or other osteoarthritis related symptoms (1)
* Not enough time (2)
* No access (3)
* Not enough energy (4)
* Not enough motivation (5)
* Too overwhelming (6)
* Competing interests (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None - I do engage in physical activity regularly (9)

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Gen\_4 How, if at all, does osteoarthritis impact your involvement in physical activity?

* Large decrease in involvement (1)
* Slight decrease in involvement (2)
* No impact (3)
* Slight increase in involvement (4)
* Large increase in involvement (5)

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Gen\_5\_BeforeOA\_MAX Which of these responses describes how physically active you were BEFORE being diagnosed with osteoarthritis?

* I rarely or never did any physical activities. (1)
* I did some light or moderate physical activities, but not every week. (2)
* I did some light physical activity every week. (3)
* I did moderate physical activities every week, but less than 30 minutes a day or 5 days a week. (4)
* I did vigorous physical activities every week, but less than 20 minutes a day or 3 days a week. (5)
* I did 30 minutes or more a day of moderate physical activities, 5 or more days a week. (6)
* I did 20 minutes or more a day of vigorous physical activities, 3 or more days a week. (7)

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Gen\_5\_AfterOA\_MAX Which of these responses describes your CURRENT level of physical activity?

* I rarely or never do any physical activities. (1)
* I do some light or moderate physical activities, but not every week. (2)
* I do some light physical activity every week. (3)
* I do moderate physical activities every week, but less than 30 minutes a day or 5 days a week. (4)
* I do vigorous physical activities every week, but less than 20 minutes a day or 3 days a week. (5)
* I do 30 minutes or more a day of moderate physical activities, 5 or more days a week. (6)
* I do 20 minutes or more a day of vigorous physical activities, 3 or more days a week. (7)

Open\_1 How do you think having osteoarthritis has impacted your life? You can describe how it impacts multiple areas of life including physically, emotionally and socially.

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Open\_2 In your own words, describe how you manage and/or improve the symptoms of osteoarthritis.

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End of Block: General Questions

Start of Block: Demographics

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Dem\_1 What is your age in years? Please enter the number only.

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Dem\_2 What is your height?

* Feet: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Inches: (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dem\_3 What is your weight in pounds?

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Dem\_4a What sex were you assigned at birth, on your original birth certificate?

* Male (0)
* Female (1)

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Dem\_4b What is your gender identity? Gender identity is one's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

* Male (0)
* Female (1)
* Non-Binary (2)
* Other (3)
* Prefer Not to Answer (4)

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Dem\_5 What is your ethnicity? Check all that apply.

* White (1)
* African American (2)
* Hispanic (3)
* Asian (4)
* Other (6)
* Prefer Not to Answer (5)

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Dem\_6 What is the highest degree or level of school you have completed?

* Less than high school (1)
* High school graduate (2)
* Some college (3)
* College Degree or Higher (4)
* Prefer Not to Answer (5)

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Dem\_7 What is your current employment status?

* Employed full time (40+ hours per week) (1)
* Employed part time (less than 40 hours per week) (2)
* Unemployed and currently looking for work (3)
* Unemployed and not currently looking for work (4)
* Student (5)
* Retired (6)
* Homemaker (7)
* Self-employed (8)
* Unable to work (9)
* Prefer Not to Answer (10)

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Dem\_8 What is your total household income?

* < $10,000 (1)
* $10,000 to $24,999 (2)
* $25,000 to $49,999 (3)
* $50,000 to $99,999 (4)
* > $100,000 (5)
* Prefer Not to Answer (6)

Dem\_9 What is your current marital status?

* Married (1)
* Widowed (2)
* Divorced (3)
* Separated (4)
* Never married (5)
* Member of an unmarried couple (6)
* Prefer Not to Answer (7)

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Dem\_10 Are you a current smoker?

* Yes (1)
* No (0)

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Dem\_11 How many years has it been since you were first clinically diagnosed with knee osteoarthritis?

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Dem\_12 What is your diagnosed Kellgren-Lawrence Classification of Osteoarthritis (KL Score), if known?

* 0 (0)
* 1 (1)
* 2 (2)
* 3 (3)
* 4 (4)
* Unknown (5)

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Dem\_13 Do you have unilateral (one knee affected) or bilateral (both knees affected) osteoarthritis?

* Unilateral (1)
* Bilateral (2)

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Dem\_14 Have you experienced your osteoarthritis-related knee pain for at least 6 months?

* Yes (1)
* No (0)

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Dem\_15 Have you had any recent (within the past 2 months) serious injury on the knee(s) with osteoarthritis?

* Yes (1)
* No (0)

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Dem\_16 Do you have a knee replacement surgery scheduled for sometime in the next 6 months?

* Yes (1)
* No (0)

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Dem\_17 Do you have any of the following problems (select all that apply)?

* Heart disease (1)
* High blood pressure (2)
* Lung disease (3)
* Diabetes (4)
* Ulcer or stomach disease (5)
* Kidney disease (6)
* Liver disease (7)
* Anemia or other blood disease (8)
* Cancer (9)
* Depression (10)
* Back pain (11)
* Rheumatoid arthritis (12)
* Other medical problem (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (14)

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Dem\_18 If you checked any of the above problems, does it limit your physical activity participation?

* Yes (1)
* No (0)
* N/A (2)

End of Block: Demographics

Start of Block: Follow-Up

FollowUp Would you be willing to participate in a follow-up survey?

* Yes (1)
* No (2)

End of Block: Follow-Up