Appendix 1: Strava COVID-19 Research Survey

Strava COVID-19 Research

Start of Block: General Athlete Questions

Q1 What is your study ID (provided in the initial email)?

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Q10 What is your age?

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Q2 What is your gender?

* Male
* Female
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3 How would you primarily identify as an athlete?

* Runner
* Cyclist
* Triathlete
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 In the last 3 months, approximately what percentage of your training activities (swim, bike, run) have you uploaded to Strava?

* 0-25% of activities
* 25-50% of activities
* 50-75% of activities
* 75-100% of activities

Q5 In the last 3 weeks, have you covered your face during any outdoor training/workout sessions?

* Yes
* No

Q6 In the last 3 weeks, how often do you cover your face during outdoor training/workout sessions?

* All of the time
* Most of the time
* Only when around other people

Q7 Do you receive financial compensation (i.e. travel, stipend, salary, commission, or race earnings) for athletics?

* Yes
* No

Q8 Since COVID-19 restrictions were put into place (March), have you received a reduction in financial compensation from sponsors?

* Yes
* No

Q9 Since COVID-19 restrictions were put into place (March), have you experienced anxiety or worry related to financial compensation for athletics?

* All of the time
* More than half of the days
* A few days
* Not at all

End of Block: General Athlete Questions

Start of Block: COVID-19 & Health

Q11 Since COVID-19 restrictions were put into place (March), which of the following symptoms have you experienced (if any)?

* Sustained Cough
* Fever
* Shortness of Breath
* Loss of Taste
* Loss of Smell
* Unusual Fatigue
* None of the Above

Q12 Since COVID-19 restrictions were put into place (March), which of the following symptoms have your household contacts experienced (if any)?

* Sustained Cough
* Fever
* Shortness of Breath
* Loss of Taste
* Loss of Smell
* Unusual Fatigue
* None of the Above

Q13 Have you been tested for COVID-19 (antibody test or swab test)?

* Yes
* No

Q15 How many times have you been tested for COVID-19?

* 1
* 2
* 3
* More than 3

Q14 Did you have a positive COVID-19 test?

* No
* Yes (antibodies for prior infection at time of test)
* Yes (active infection at time of test)

Q16 What was the date of your positive COVID-19 test?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 Have you had to skip any training/workout sessions due to suspected COVID-19 symptoms?

* Yes
* No

Q18 How many days of training did you miss (does not have to be consecutive)?

* 1-3 days
* 4-7 days
* More than 7 days

End of Block: COVID-19 & Health

Start of Block: COVID-19 & Athletic Training

Q20 Since COVID-19 restrictions were put into place (March), how (if at all) have you modified the overall duration of your aerobic training?

* Decreased duration of training
* No change in duration of training
* Increased duration of training

Q21 Since COVID-19 restrictions were put into place (March), how (if at all) have you modified the overall intensity of your aerobic training?

* Decreased intensity of training
* No change in intensity of training
* Increased intensity of training

Q22 Since COVID-19 restrictions were put into place (March), how (if at all) have you modified your outdoor training activity?

* Decreased outdoor exercise time
* No change in outdoor exercise time
* Increased outdoor exercise time

Q23 Before COVID-19 restrictions were put into place (March), how many days per week would you typically complete the following activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 Days | 1-2 Days | 3-4 Days | 5-6 Days | Every Day |
| Running  |  |  |  |  |  |
| Cycling  |  |  |  |  |  |
| Swimming  |  |  |  |  |  |
| Strength Training  |  |  |  |  |  |
| Cross Training  |  |  |  |  |  |
| Yoga  |  |  |  |  |  |

Q24 Since COVID-19 restrictions were put into place (March), how many days per week would you typically complete the following activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 Days | 1-2 Days | 3-4 Days | 5-6 Days | Every Day |
| Running  |  |  |  |  |  |
| Cycling  |  |  |  |  |  |
| Swimming  |  |  |  |  |  |
| Strength Training  |  |  |  |  |  |
| Cross Training  |  |  |  |  |  |
| Yoga  |  |  |  |  |  |

Q25 Before COVID-19 restrictions were put into place (March), how often did you typically exercise with others?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 Days | 1-2 Days | 3-4 Days | 5-6 Days | Every Day |
| With Training Partner(s)  |  |  |  |  |  |
| With a Team  |  |  |  |  |  |
| With an In-Person Coach  |  |  |  |  |  |

Q26 Since COVID-19 restrictions were put into place (March), how often have you typically exercised with others?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0 Days | 1-2 Days | 3-4 Days | 5-6 Days | Every Day |
| With Training Partner(s)  |  |  |  |  |  |
| With a Team  |  |  |  |  |  |
| With an In-Person Coach  |  |  |  |  |  |

Q27 Since COVID-19 restrictions were put into place (March), how (if at all) have changes in group exercise capabilities impacted your motivation to train?

* Highly decreased motivation
* Slightly decreased motivation
* No change
* Slightly increased motivation
* Highly increased motivation

Q28 Since COVID-19 restrictions were put into place (March), how (if at all) have changes in upcoming race schedules impacted your motivation to train?

* Highly decreased motivation
* Slightly decreased motivation
* No change
* Slightly increased motivation
* Highly increased motivation

Q29 Before COVID-19 restrictions were put into place (March), approximately how often did you experience the following feelings?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A few days | More than half the days | All the time |
| Feeling down or depressed  |  |  |  |  |
| Feeling nervous or anxious  |  |  |  |  |
| Feeling little interest in doing things  |  |  |  |  |
| Feeling preoccupied about nutrition  |  |  |  |  |
| Feeling preoccupied about athletic future  |  |  |  |  |

Q30 Since COVID-19 restrictions were put into place (March), approximately how often have you experienced the following feelings?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A few days | More than half the days | All the time |
| Feeling down or depressed  |  |  |  |  |
| Feeling nervous or anxious  |  |  |  |  |
| Feeling little interest in doing things  |  |  |  |  |
| Feeling preoccupied about nutrition  |  |  |  |  |
| Feeling preoccupied about athletic future  |  |  |  |  |

Q31 Since COVID-19 restrictions were put into place (March), how difficult have these feelings made it to exercise?

* Not difficult at all
* Somewhat difficult
* Neutral
* Difficult
* Very difficult

Q32 Since COVID-19 restrictions were put into place (March), what role has exercise played in your overall well-being?

* Large role in overall well-being
* Moderate role in overall well-being
* Small role in overall well-being
* No role in overall well-being

Q33 Compared to baseline, how do you perceive your current level of fitness since COVID-19 restrictions (March) were put into place?

* Decreased level of fitness
* No change
* Increased level of fitness

Q36 Compared to baseline, have your sleep patterns changed since COVID-19 restrictions (March) were put into place?

* Sleeping less
* No change
* Sleeping more

Q37 Since COVID restrictions were put into place (March), approximately how many hours of sleep have you averaged per night?

* Less than 4 hours
* 4-6 hours
* 6-8 hours
* 8-10 hours
* More than 10 hours

End of Block: COVID-19 & Athletic Training