Start of Block: Knee Pain NRS

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pain Over the past week, what is your average osteoarthritis-related pain in your worst knee? A score of 0 is no pain at all and 10 is the worst pain possible.

* 0 (No pain at all) (0)
* 1 (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 (7)
* 8 (8)
* 9 (9)
* 10 (Worst pain possible) (10)

End of Block: Knee Pain NRS

Start of Block: Process of Exercise Mindset

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PEM\_1 Exercising is:

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

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PEM\_2 Exercising is:

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

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PEM\_3 Exercising is:

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

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PEM\_4 Exercising is:

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

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PEM\_5 Exercising is:

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

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PEM\_6 Exercising is:

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

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PEM\_7 Exercising is:

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

End of Block: Process of Exercise Mindset

Start of Block: Illness and Body Mindset

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IBM Below are some statements about the body and 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.

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

End of Block: Illness and Body Mindset

Start of Block: Physical Activity Scale for the Elderly

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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)

Display This Question:

If PASE\_1a != 0

|  |  |
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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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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)

Display This Question:

If PASE\_2a != 0

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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)

Display This Question:

If PASE\_3a != 0

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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)

Display This Question:

If PASE\_4a != 0

|  |  |
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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)

Display This Question:

If PASE\_5a != 0

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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)

Display This Question:

If PASE\_6a != 0

|  |  |
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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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| Page Break |  |

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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.

|  |  |  |
| --- | --- | --- |
|  | 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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| Page Break |  |

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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: Physical Activity Scale for the Elderly

Start of Block: Step Count

PAtracker Do you use an app on your phone or a wearable device (i.e., watch or pedometer) that tracks your **daily step count**?

* Yes (1)
* No (3)

trackerInstructions For the next few questions, please refer to your activity tracker app or log. **Note: You can leave this window up while you open your activity tracker app.**

|  |
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stepCount Please enter your average **daily step count** over the past 7 days.

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End of Block: Step Count

Start of Block: Knee Osteoarthritis Knowledge Scale

KOAS Please indicate how much you agree with each statement.

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KOAS-1 These statements are about knee joint osteoarthritis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | False (1) | Possibly False (2) | Unsure (3) | Possibly True (4) | True (5) |
| Your knee joint wears out with everyday use. (KOAS\_1) |  |  |  |  |  |
| Osteoarthritis will only get worse over time. (KOAS\_2) |  |  |  |  |  |
| Increased knee pain always means that you have damaged your knee. (KOAS\_3) |  |  |  |  |  |

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KOAS-2   
These statements are about what you should do if you have knee osteoarthritis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | False (1) | Possibly False (2) | Unsure (3) | Possibly True (4) | True (5) |
| You need an X-ray or scan to know if you have osteoarthritis. (KOAS\_4) |  |  |  |  |  |
| Being active makes osteoarthritis feel better. (KOAS\_5) |  |  |  |  |  |
| Keeping a healthy body weight is a key part of osteoarthritis care. (KOAS\_6) |  |  |  |  |  |

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KOAS-3   
  
These statements are about treatment for knee osteoarthritis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | False (1) | Possibly False (2) | Unsure (3) | Possibly True (4) | True (5) |
| X-rays or scans show how much your osteoarthritis affects you. (KOAS\_7) |  |  |  |  |  |
| Making your leg muscles stronger improves your ability to do daily tasks. (KOAS\_8) |  |  |  |  |  |
| Pain from osteoarthritis can be managed without surgery. (KOAS\_9) |  |  |  |  |  |
| Exercises can ease pain as much as most medications. (KOAS\_10) |  |  |  |  |  |
| Most people with knee osteoarthritis will need a joint replacement at some point. (KOAS\_11) |  |  |  |  |  |

End of Block: Knee Osteoarthritis Knowledge Scale

Start of Block: Perceived Need for Surgery

surgery How likely do you think you are of needing knee replacement surgery in the future?

* Very unlikely to need surgery (1)
* Somewhat unlikely to need surgery (2)
* Neither likely nor unlikely (3)
* Somewhat likely to need surgery (4)
* Very likely to need surgery (5)

End of Block: Perceived Need for Surgery

Start of Block: Management Strategies

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management Which of the following are ways in which you manage and/or improve your osteoarthritis symptoms? Please select all that apply.

* Pain medication (1)
* Injections (e.g., corticosteroids or hyaluronic acid) (2)
* Physical activity and/or exercise (3)
* Supervised physical therapy (4)
* Rest (10)
* Imposing physical limitations (i.e., going slowly, not going uphill) (11)
* Diet and/or weight management (5)
* Self-soothing (e.g., hot compress, massages, creams and gels) (6)
* My mindset (9)
* Nothing (7)

End of Block: Management Strategies

Start of Block: Arthritis Self-Efficacy

ASE Please drag the slider to indicate how certain you are of the following statements from 10% to 100%.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very uncertain | Moderately uncertain | Very certain |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

|  |  |
| --- | --- |
| How certain are you that you can decrease your pain quite a bit? () |  |
| How certain are you that you can continue most of your daily activities? () |  |
| How certain are you that you can keep arthritis pain from interfering with your sleep? () |  |
| How certain are you that you can make a small-to-moderate reduction in your arthritis pain by using methods other than taking extra medication? () |  |
| How certain are you that you can make a large reduction in your arthritis pain by using methods other than taking extra medication? () |  |
| How certain are you that you can control your fatigue? () |  |
| How certain are you that you can regulate your activity so as to be active without aggravating your arthritis? () |  |
| How certain are you that you can do something to help yourself feel better if you are feeling blue? () |  |
| As compared with other people with arthritis like yours, how certain are you that you can manage arthritis pain during your daily activities? () |  |
| How certain are you that you can manage your arthritis symptoms so that you can do the things that you enjoy doing? () |  |
| How certain are you that you can deal with the frustration of arthritis? () |  |

End of Block: Arthritis Self-Efficacy

Start of Block: Fear of Movement

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TSK The following questions are about your thoughts, beliefs, and emotions related to pain and movement. Please indicate how much you agree or disagree with each statement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Somewhat Disagree (2) | Somewhat Agree (3) | Strongly Agree (4) |
| 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: Fear of Movement

Start of Block: ShortMAC

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ShortMAC\_Pain   
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...

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

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ShortMAC\_Function   
  
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...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None (0) | Slight (1) | Moderate (2) | Severe (3) | Extreme (4) |
| Ascending stairs (WOMAC\_6) |  |  |  |  |  |
| Rising from sitting (WOMAC\_7) |  |  |  |  |  |
| Walking on even floor (WOMAC\_8) |  |  |  |  |  |
| Getting in/out of car (WOMAC\_9) |  |  |  |  |  |
| Putting on socks (WOMAC\_10) |  |  |  |  |  |
| Rising from bed (WOMAC\_11) |  |  |  |  |  |
| Sitting (WOMAC\_12) |  |  |  |  |  |

End of Block: ShortMAC

Start of Block: Global-10

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Global-1 The following are statements about your health and wellbeing. In general how would you rate your…

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| --- | --- | --- | --- | --- | --- |
|  | Excellent (5) | Very Good (4) | Good (3) | Fair (2) | Poor (1) |
| Health: (Global01) |  |  |  |  |  |
| Quality of life (Global02) |  |  |  |  |  |
| Physical health (Global03) |  |  |  |  |  |
| Mental health, including mood and ability to think (Global04) |  |  |  |  |  |
| Satisfaction with your social activities and relationships (Global05) |  |  |  |  |  |
| Ability to 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 (5)
* Rarely (4)
* Sometimes (3)
* Often (2)
* Always (1)

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

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

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

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

End of Block: Global-10

Start of Block: Adequacy of Activity Mindset

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AAM These statements are about your current level of physical activity or inactivity (i.e., how much exercise, if any, you have been doing recently). Please indicate how much you agree or disagree with each statement.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Somewhat Disagree (3) | Neither Agree Nor Disagree (4) | Somewhat Agre (5) | Agree (6) | Strongly Agree (7) |
| My current level of physical activity is **unhealthy**. (AAM\_1) |  |  |  |  |  |  |  |
| My current level of physical activity is helping me achieve or maintain a **healthy** body weight. (AAM\_2) |  |  |  |  |  |  |  |

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AAM\_3 How **beneficial** is your current level of physical activity to your health?

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

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

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

End of Block: Adequacy of Activity Mindset

Start of Block: Controllable Meta Mindset

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CMM The statements below describe your beliefs about your ability to change and control your mindsets. A mindset is a lens or frame of mind through which people understand the world. For example, we can have a mindset about intelligence and abilities as learnable and capable of improvement through effort (“growth mindset”) or as inherently stable and unchangeable over time (“fixed mindset”).  
  
Please rate the extent to which you agree or disagree with the statements below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Somewhat Disagree (3) | Somewhat Agree (4) | Agree (5) | Strongly Agree (6) |
| To be honest, you can’t really change your mindsets. (CMM\_1) |  |  |  |  |  |  |
| As much as I hate to admit it, you can’t teach an old dog new tricks. You can’t really change your mindsets. (CMM\_2) |  |  |  |  |  |  |
| Even in moments when it really matters, I can’t do much to change my mindset. (CMM\_3) |  |  |  |  |  |  |
| How much I can control my mindset is something about me that I can’t change very much. (CMM\_4) |  |  |  |  |  |  |

End of Block: Controllable Meta Mindset

Start of Block: Self-fulfilling Meta Mindset

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SMM The below statements describe how having a mindset about something might change its outcome. A mindset is a lens or frame of mind through which people understand the world. Please answer the statements below as honestly as you can with what you believe to be true, not what you think you should believe. Some might make more sense, while others might seem strange. There are no right answers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Somewhat Disagree (3) | Somewhat Agree (4) | Agree (5) | Strongly Agree (6) |
| Having the mindset that I will be healthy makes it more likely that I will be healthy. (SMM\_1) |  |  |  |  |  |  |
| Having the mindset that I will feel or think a certain way makes it more likely that I will feel or think that way. (SMM\_2) |  |  |  |  |  |  |
| Having the mindset that osteoarthritis is manageable makes it more likely that I will be able to manage it. (SMM\_3) |  |  |  |  |  |  |
| Having the mindset that exercise is enjoyable makes it more likely that I will enjoy it. (SMM\_4) |  |  |  |  |  |  |

End of Block: Self-fulfilling Meta Mindset

Start of Block: Open-ended Experience

Experience People have different experiences with knee osteoarthritis and exercise. We would like to learn more about your own experience. In your own words, please share your experience with knee osteoarthritis and exercise.  
  
Consider the following questions: What has your relationship with exercise been like throughout your life? How has it changed since your diagnosis with knee osteoarthritis, if at all? How would describe your experience with knee osteoarthritis and exercise over the past three weeks?  
  
Please tell us as much as possible in 200 words or more.

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End of Block: Open-ended Experience

Start of Block: Characteristics

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

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height What is your height?

* 4'0" or less (48) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 4'1" (49) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 4'2" (50)
* 4'3" (51)
* 4'4" (52)
* 4'5" (53)
* 4'6" (54)
* 4'7" (55)
* 4'8" (56)
* 4'9" (57)
* 4'10" (58)
* 4'11" (59)
* 5' (60)
* 5'1" (61)
* 5'2" (62)
* 5'3" (63)
* 5'4" (64)
* 5'5" (65)
* 5'6" (66)
* 5'7" (67)
* 5'8" (68)
* 5'9" (69)
* 5'10" (70)
* 5'11" (71)
* 6' (72)
* 6'1" (73)
* 6'2" (74)
* 6'3" (75)
* 6'4" (76)
* 6'5" (77)
* 6'6" (78)
* 6'7" (79)
* 6'8" (80)
* 6'9" (81)
* 6'10" (82)
* 6'11" (83)
* 7' or more (84)

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weight What is your weight in pounds?

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sex What is your sex?

* Male (0)
* Female (1)
* Intersex (2)
* Nonbinary (3)

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gender What is your gender?

* Male (0)
* Female (1)
* Transgender Male (2)
* Transgender Female (5)
* Gender variant/non-conforming (6)
* Not listed (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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race What is your race or ethnicity? Check all that apply.

* American Indian or Alaskan Native (1)
* Asian (2)
* Black or African American (3)
* Native Hawaiian or Pacific Islander (4)
* Hispanic or Latino(a) or Spanish Origin (5)
* White (6)
* Other (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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state In which US state do you currently reside?

* Alabama (1)
* Alaska (2)
* Arizona (3)
* Arkansas (4)
* California (5)
* Colorado (6)
* Connecticut (7)
* Delaware (8)
* District of Columbia (9)
* Florida (10)
* Georgia (11)
* Hawaii (12)
* Idaho (13)
* Illinois (14)
* Indiana (15)
* Iowa (16)
* Kansas (17)
* Kentucky (18)
* Louisiana (19)
* Maine (20)
* Maryland (21)
* Massachusetts (22)
* Michigan (23)
* Minnesota (24)
* Mississippi (25)
* Missouri (26)
* Montana (27)
* Nebraska (28)
* Nevada (29)
* New Hampshire (30)
* New Jersey (31)
* New Mexico (32)
* New York (33)
* North Carolina (34)
* North Dakota (35)
* Ohio (36)
* Oklahoma (37)
* Oregon (38)
* Pennsylvania (39)
* Puerto Rico (40)
* Rhode Island (41)
* South Carolina (42)
* South Dakota (43)
* Tennessee (44)
* Texas (45)
* Utah (46)
* Vermont (47)
* Virginia (48)
* Washington (49)
* West Virginia (50)
* Wisconsin (51)
* Wyoming (52)
* I do not reside in the United States (53)

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degree 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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employment 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)

marital What is your current marital status?

* Married (1)
* Widowed (2)
* Divorced (3)
* Separated (4)
* Never married (5)
* Member of an unmarried couple (6)
* Other (7)

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med-cond Do you have any of the following medical conditions (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)
* Total joint replacement in the ankle(s), knee(s), or hips(s), please specify: (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Orthopedic surgery within the past year, please specify: (17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other medical condition (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗None of the above (14)

uni-bi Do you have unilateral (one knee affected) or bilateral (both knees affected) osteoarthritis?

* Unilateral (4)
* Bilateral (5)

pain-time How long has it been since you started having pain in your worst knee (in years)?

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diagnosis-time How long has it been since you were first diagnosed with knee osteoarthritis (in years)?

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treatment-time How long has it been since you first sought treatment for the pain in your worst knee (in years)?

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End of Block: Characteristics

Start of Block: Sit-to-Stand Test

description The final part of this survey is recording a video performing the five-repetition sit-to-stand test, which is a test to measure your physical function. For this test, you will perform five sit-to-stand transitions as quickly as safely possible without the use of your arms. We recommend that another person record the test for you from your smartphone, but it is also possible to prop up your phone to do the recording yourself. Then, you can return to this survey on your smartphone to upload the video or transfer it to your computer and upload it from there. You can also prop up your smartphone or record the video from your computer, as long as your entire body is visible in the camera frame.

sit2stand-qual1 Are you able to go from sitting to standing without the use of your arms?

* Yes (1)
* No (2)

Skip To: End of Block If sit2stand-qual1 = 2

sit2stand-qual2 Do you have someone to record the test for you, or do you feel comfortable propping up your phone to take the recording yourself?  
  
If you would like to perform the test when you have someone to assist you, you can return to the survey at any time and pick up where you left off.

* Yes (1)
* No (2)

Skip To: End of Block If sit2stand-qual2 = 2

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instruction-video **Sit-to-Stand Test Instructions**   
  
  
   
  
  
Please watch the instruction video and read the instructions fully before performing the test.    
 

instructions **Sit-to-Stand Instructions** Set-Up Go to a well-lit room Find a chair that is: Sturdy Free-standing (not against a wall) Without wheels Not a couch or reclining chair Place the chair on a steady surface   Participant Start Position Sit comfortably in the chair Cross your arms in front of you Place your feet flat on the floor   Recorder Position 45-degree angle so you can see both the side and front of the participant 5-10 feet away so the participant’s head and feet stay in the video frame even while they are standing   *Start the recording*   Sit-To-Stand Test **AS QUICKLY AS YOU CAN 5 TIMES** Stand up straight and sit back down No stopping between reps Stand up fully Do not push off of the chair with the back of your legs Finish seated in the chair \*Note: If you experience any unusual discomfort or pain, you should stop the test immediately   *Stop the recording* Upload the video on the next page

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video-upload Please upload your sit-to-stand test video file, ensuring that: Your entire body is visible throughout the video You performed the test as fast as safely possible

End of Block: Sit-to-Stand Test