

Appendix 1. Survey instrument with formatting included.

# OA Segmentation Survey

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Start of Block: Default Question Block

Q1

**THANK YOU FOR YOUR HELP! This is a survey to better understand the hurdles faced by osteoarthritis (OA) patients** who have been asked to do some type of **physical exercise** by their doctors as a way to improve their OA knee problems. (Please only take this survey if you have OA and you have been asked by your doctor to do some type of physical exercise as part of your treatment.) Because OA seriously impacts the lives of many different kinds of people, we need as many people as possible to take this survey -- thank you for your help!

Many different types of exercise are often suggested by doctors such as walking, physical therapy, swimming, etc. We will simply refer to these as "exercise" in the survey. You can answer the questions based on the specific exercise(s) that your doctor or healthcare provider suggested to you.

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Q2 We need your honest answers! Thus, this survey is anonymous and will not be linked to your identity or health record in anyway. You will be asked to give some general information (e.g., gender, age, etc.) at the end. Please note that there are NO wrong answers -- we simply want to know your true opinion as it relates to your own experience.

On the next screen, you will see the official participant consent form. Please read this information and indicate your willingness to participate at the end of the page.

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Page Break

Q17 **STATEMENT OF CONSENT** "The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to obtain information or offer input about the research. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I understand that I may request a copy of this consent form for my records."

Q18 Do you agree to participate in this study?

Yes (1)

No (2)

*Skip To: End of Survey If Do you agree to participate in this study? = No*

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Page Break

Q13 Was some kind of exercise prescribed to you by a doctor or other healthcare provider?

Yes (1)

No (2)

*Skip To: Q5 If Was some kind of exercise prescribed to you by a doctor or other healthcare provider? = No*

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Q14 What type of healthcare provider first prescribed exercise for your OA?

Primary care doctor (1)

Orthopedic surgeon (2)

Physical therapist (3)

Physician's assistant or nurse (4)

Other (5)

Q15 At that first time, how much time did he or she spend talking to you about exercise as a treatment?

Less than two minutes (1)

Somewhere between 2 - 5 minutes (2)

Somewhere between 5 - 10 minutes (3)

More than 10 minutes (4)

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Q3 First, please rate your agreement with the following statements. **What best describes YOU?**

	Strongly disagree (1)	Somewhat disagree (2)	Unsure (3)	Somewhat agree (4)	Strongly agree (5)
I am really trying to do the exercise as prescribed. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get upset with myself when I don't do the exercise. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honestly, I don't really try to do the exercise. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing the exercise is NOT a priority for me. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am NOT persuaded that this exercise will help me. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the doctor was wrong to suggest this exercise in my case. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether or not I can, I think the exercise would help me. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe doing the exercise consistently would lead to a big improvement in my case. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Now, the important part! We want to know about what **hurdles** you face in doing the exercise -- what is it that *really* keeps you from doing the exercise? We've listed MANY possible hurdles. Remember, everyone is different so some of these may be true of you and some may not be true of you. Please indicate which describe YOUR feelings.

"One thing that really keeps *me* from doing the exercise is that..."

	Does not describe my feelings (1)	Slightly describes my feelings (2)	Moderately describes my feelings (3)	Mostly describes my feelings (4)	Clearly describes my feelings (5)
...it hurts my joint. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...it hurts other parts of my body (e.g., sore muscles) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...it costs too much money. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I have to pay for childcare while I do the exercise. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I'm afraid of hurting my joint worse. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I can't pay for the right shoes or clothes. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I don't want to use up what's left of my joint. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I want to protect my joint. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I feel too old to do it. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I feel too fat to do it. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I'm not the athletic type (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I'm embarrassed to be seen by others while exercising (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...my friends/family are not supportive (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...I don't like doing the exercise alone (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...I don't know if I'm doing it right. (15)

...I don't have anybody to show me how. (16)

...I don't want to give up my TV time. (17)

...I would rather do something else with my free time. (18)

...I don't have transportation. (19)

...I don't have a safe place to exercise. (20)

...I don't have the right equipment. (21)

...it reminds me that my body has aged. (22)

...it makes me feel like a "sick person" (23)

...I find the exercise boring. (24)

...I don't enjoy the exercise. (25)

...I feel sad when I exercise. (26)

...I don't lose weight when I exercise. (27)

...I don't feel like I'm seeing results as fast as I should. (28)

...I start strong but get discouraged. (29)

...I'd rather just get a shot when my symptoms get bad. (30)

...I'd rather wait and fix it with surgery. (31)

...I feel that medicine works better for me than exercise. (32)

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**Q5 Thank you!** Now a few questions about you and your opinions...

What is your age?

\_\_\_\_\_

Q6 Gender (self-identified):

- Male (1)
- Female (2)
- Prefer not to answer (3)

Q7 Weight (lbs):

\_\_\_\_\_

Q8 Height (Feet-inches):

\_\_\_\_\_

Q9 Number of dependents living in your home:

\_\_\_\_\_



Q10 Highest level of education:

- Some high school (1)
  - High school degree (2)
  - Some college (3)
  - College undergraduate degree (4)
  - College graduate degree (5)
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Q16 Do you use social media (e.g., Facebook, Instagram, LinkedIn)

- Yes (5)
  - No (6)
- 

Q20 Have you had knee replacement surgery?

- Yes (1)
  - No (2)
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**Q11 YOUR health opinions:**

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I have a duty to my family to stay healthy. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of control over my health. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal responsibility to exercise. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been an athletic person in my life. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've always been the kind of person who loves to exercise. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm the kind of person who enjoys quiet activities best. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had health problems my whole life. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid sugar in my diet. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints are like tire treads -- they only have so much "life" in them. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12 Thank you so much!**

The last thing is to see **what things might realistically HELP YOU** do the exercise your doctor suggested.

Below are **four things that could be developed to help patients with OA** to do their exercises more regularly.

***Which of these things would or would not personally help you to do your exercise more regularly?***

	Honestly, this would not help me exercise more. (1)	This might help me a little to exercise more. (2)	This would greatly help me to exercise more. (3)
A game through your doctor's office that would let you earn points for exercising and win small prizes like water bottles or \$5 gift cards. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A social group that would get together to exercise at the same time and offer each other support. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An educational app for your phone that would provide tips and videos to show you how and when to do the exercises. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An insurance program that would give you a \$25 rebate in return for doing the exercise regularly. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Default Question Block

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