

APPENDICES

APPENDIX 1: THE STUDY QUESTIONNAIRE

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Dear Fellow Runner

I am a student at the University of South Africa doing my master's dissertation in psychology. For this dissertation I am conducting a study on the effects of exercise workload, stress, coping and personality on symptoms of upper respiratory tract infection. This study may be helpful in suggesting how runners can stay healthy and avoid infections such as the common cold, which often affect training and performance. The findings will be published in the form of an article in an accredited journal of which you could request a copy from me.

I would appreciate it if you could take the time to complete the attached set of questionnaires relating to this study. All respondents shall remain anonymous and all responses will be treated as strictly confidential. Kindly place your completed questionnaires in the box in your clubhouse labelled, "Completed Study Questionnaires," before 6th December 2002. Please feel free to contact me if you have any questions.

Finally, thank you for your cooperation. Your participation in this study is highly valued.

Regards

Gillian Struwig

SECTION A: DEMOGRAPHIC QUESTIONNAIRE

The following section contains several questions of a demographic nature. Please answer each question carefully.

1. Age:
2. Sex (Please *tick* one): Male _____ Female _____
3. What is your home language?
4. To which ethnic group do you belong? (Please *tick* one):
Black _____ Coloured _____ Indian _____ White _____ Other _____
5. What is your marital status? (Please *tick* one):
Never married _____ Separated _____ Divorced _____ Widowed _____ Married _____
6. What is your employment status? (Please *tick* one):
Employed full-time _____ Employed part-time _____ Unemployed _____
Homemaker _____ Student / Scholar _____ Retired _____
7. Approximately how many years have you been running?
8. What are your personal best times for the following distances?
10kms 21.1kms. 42.2kms..... 90kms.....
9. What are the main reasons you run? Please rank the following motives in order of their personal importance, ranging from 1 = most important, to 3 = least important:
 - a) Health / appearance motives (e.g. "I want to control my weight and reduce stress") _____
 - b) Competence motives (e.g. "I like the competition and challenge") _____
 - c) Enjoyment / interest motives (e.g. "I enjoy the activity of running") _____
10. Do you usually keep a training diary or logbook in which you record details of your exercise activity? (Please *tick* one): Yes _____ No _____
11. a) Do you regularly participate in any other endurance activities, apart from running (e.g. cycling, swimming)? (Please *tick* one): Yes _____ No _____
b) If "yes", please name them:
c) Approximately how many hours per week in total do you participate in the activity / activities mentioned in (b)?
12. Do you suffer from any allergic conditions affecting the upper respiratory tract e.g. hay fever? (Please *tick* one): Yes _____ No _____ Not sure _____
13. How many hours sleep do you usually have per night? (Please *tick* one):
4 hours or less _____ 5-6 hours _____ 7-8 hours _____ 9 hours or more _____
14. How much do you weigh (in kilograms)?
15. What is your height (in metres)?

SECTION B: EXERCISE INVENTORY

1) Please describe one of your typical training weeks **during the past six months**, using the table below:

DAY	TIME	AVE. DURATION OF RUN (in minutes)	AVERAGE INTENSITY OF RUN (<i>tick one</i>)			
			Fairly light	Somewhat hard	Hard	Very hard
Monday	Am:					
	Pm:					
Tuesday	Am:					
	Pm:					
Wednesday	Am:					
	Pm:					
Thursday	Am:					
	Pm:					
Friday	Am:					
	Pm:					
Saturday	Am:					
	Pm:					
Sunday	Am:					
	Pm:					

2) How many running competitions (e.g. road races) did you participate in during the past six months? Of:
 5kms-15kms 21kms-32kms 42kms-56kms Other (specify).....

SECTION C: UPPER RESPIRATORY SYMPTOMS CHECKLIST

We are interested in knowing whether you experienced any symptoms of an upper respiratory tract infection, such as a cold, during the past six months. Please read through the list of symptoms below and then do the following:

- 1) Place a *tick* under “YES” next to each symptom you experienced **during the past six months**.
- 2) Under “FREQUENCY”, *write in* the number of times you had the symptom during this period.
- 3) Under “DURATION”, *write in* the total number of days, on average, the symptom lasted.
- 4) Indicate whether the symptom was, on average, “MILD”, “MODERATE” or “SEVERE”, by placing a *tick* under the appropriate heading.

SYMPTOM	YES	FREQUENCY	DURATION	MILD	MODERATE	SEVERE
Runny nose						
Blocked/stuffy nose						
Sore/scratchy throat						
Sneezing						
Cough						

i) If you experienced any of the above symptoms during the past six months, did you stop running at any stage because of this? (Please *tick* one):
 Yes _____ No _____

ii) If “yes”, then for how many days altogether during the past six months did you not run as a result of experiencing one or more of these symptoms?.....

SECTION D: THE SOCIAL READJUSTMENT RATING SCALE

Below is a list of life events that generally require varying degrees of readjustment and that may be considered stressful. We are interested in knowing whether you experienced any of these events during the past 12 months. Being as honest as possible, please place a *tick* in the *left* column next to each event you experienced during the *first* six months of the past 12 months. Then, place a *tick* in the *right* column next to each event you experienced during the *second*, most recent six-month period of the past 12 months.

<u>1st 6 months</u>	<u>2nd 6 months</u>	
_____	_____	The death of a spouse / life partner
_____	_____	Divorce
_____	_____	Separation from your spouse / life partner
_____	_____	Detention in jail or other institution
_____	_____	The death of a close family member
_____	_____	Major personal injury or illness
_____	_____	Marriage
_____	_____	The loss of your job (e.g. through dismissal or retrenchment)
_____	_____	Reconciliation with your spouse / life partner
_____	_____	Retirement from work
_____	_____	A major change in the health or behaviour of a family member
_____	_____	Pregnancy
_____	_____	Sexual difficulties
_____	_____	The gain of a new family member (e.g. through birth, adoption, a relative moving in, etc)
_____	_____	A major business readjustment (e.g. a merger, reorganization, bankruptcy, etc)
_____	_____	A major change in your financial state (e.g. a lot worse off <i>or</i> a lot better off than usual)
_____	_____	The death of a close friend
_____	_____	A change to a different line of work
_____	_____	A major change in the number of arguments with your spouse / life partner (e.g. either a lot more <i>or</i> a lot less than usual regarding personal habits, finances, childrearing, etc)
_____	_____	Foreclosure on a mortgage or loan
_____	_____	A major change in your responsibilities at work (e.g. a promotion, demotion, lateral transfer)
_____	_____	Your son or daughter leaving home (e.g. due to marriage, attending college, etc)
_____	_____	Trouble with your in-laws
_____	_____	An outstanding personal achievement
_____	_____	Your spouse / life partner starting <i>or</i> stopping work
_____	_____	Starting <i>or</i> finishing school / college/ university
_____	_____	A major change in your living conditions (e.g. building a new home, remodelling, deterioration of your home or neighbourhood)
_____	_____	A revision of your personal habits (e.g. of your dress, manners, associations, etc)
_____	_____	Trouble with your boss
_____	_____	A major change in your working hours or conditions
_____	_____	A change in residence
_____	_____	A change to a new school / college / university
_____	_____	A major change in your usual type and/or amount of recreation
_____	_____	A major change in your church activities (e.g. a lot more <i>or</i> a lot less than usual)
_____	_____	A major change in your social activities (e.g. clubs, dancing, movies, visiting, etc)
_____	_____	A major change in your sleeping habits (e.g. a lot more <i>or</i> a lot less sleep than usual, or a change in the part of the day when you're asleep)
_____	_____	A major change in your number of family get-togethers (e.g. a lot more <i>or</i> a lot less than usual)
_____	_____	A major change in your eating habits (e.g. a lot more <i>or</i> a lot less food intake, or very different meal hours or surroundings)
_____	_____	A holiday
_____	_____	A minor violation of the law (e.g. fined / apprehended for a traffic violation, jay walking, disturbing the peace, etc)

SECTION E: A COPING INVENTORY

There are many ways to try to deal with stress. Please indicate what you generally do and feel when you experience a stressful event in your life by *circling one number* next to each statement, using the response choices listed below. Obviously, different events bring out somewhat different responses but think what you usually do when you are under a lot of stress. Choose your answers thoughtfully.

- 1 = I usually don't do this at all
- 2 = I usually do this a little bit
- 3 = I usually do this a medium amount
- 4 = I usually do this a lot

- | | | | | |
|--|---|---|---|---|
| 1. I try to grow as a person as a result of the experience. | 1 | 2 | 3 | 4 |
| 2. I turn to work or other substitute activities to take my mind off things. | 1 | 2 | 3 | 4 |
| 3. I get upset and let my emotions out. | 1 | 2 | 3 | 4 |
| 4. I concentrate my efforts on doing something about it. | 1 | 2 | 3 | 4 |
| 5. I say to myself "this isn't real". | 1 | 2 | 3 | 4 |
| 6. I admit to myself that I can't deal with it, and quit trying..... | 1 | 2 | 3 | 4 |
| 7. I restrain myself from doing anything too quickly. | 1 | 2 | 3 | 4 |
| 8. I use alcohol or drugs to make myself feel better. | 1 | 2 | 3 | 4 |
| 9. I keep myself from getting distracted by other thoughts or activities. | 1 | 2 | 3 | 4 |
| 10. I daydream about things other than this. | 1 | 2 | 3 | 4 |
| 11. I get upset, and am really aware of it. | 1 | 2 | 3 | 4 |
| 12. I make a plan of action. | 1 | 2 | 3 | 4 |
| 13. I hold off doing anything about it until the situation permits. | 1 | 2 | 3 | 4 |
| 14. I just give up trying to reach my goal. | 1 | 2 | 3 | 4 |
| 15. I take additional action to try to get rid of the problem. | 1 | 2 | 3 | 4 |
| 16. I try to lose myself for a while by drinking alcohol or taking drugs. | 1 | 2 | 3 | 4 |
| 17. I refuse to believe that it has happened. | 1 | 2 | 3 | 4 |
| 18. I let my feelings out. | 1 | 2 | 3 | 4 |
| 19. I try to see it in a different light, to make it seem more positive. | 1 | 2 | 3 | 4 |
| 20. I sleep more than usual. | 1 | 2 | 3 | 4 |
| 21. I try to come up with a strategy about what to do. | 1 | 2 | 3 | 4 |
| 22. I focus on dealing with this problem, and if necessary let other things slide a little. | 1 | 2 | 3 | 4 |
| 23. I drink alcohol or take drugs, in order to think about it less. | 1 | 2 | 3 | 4 |
| 24. I give up the attempt to get what I want. | 1 | 2 | 3 | 4 |
| 25. I look for something good in what is happening. | 1 | 2 | 3 | 4 |
| 26. I think about how I might best handle the problem. | 1 | 2 | 3 | 4 |
| 27. I pretend that it hasn't really happened. | 1 | 2 | 3 | 4 |
| 28. I make sure not to make matters worse by acting too soon. | 1 | 2 | 3 | 4 |
| 29. I try hard to prevent other things from interfering with my efforts at dealing with this. | 1 | 2 | 3 | 4 |
| 30. I go to movies or watch TV, to think about it less. | 1 | 2 | 3 | 4 |
| 31. I feel a lot of emotional distress and I find myself expressing those feelings a lot.... | 1 | 2 | 3 | 4 |
| 32. I take direct action to get around the problem. | 1 | 2 | 3 | 4 |
| 33. I force myself to wait for the right time to do something. | 1 | 2 | 3 | 4 |
| 34. I reduce the amount of effort I'm putting into solving the problem. | 1 | 2 | 3 | 4 |
| 35. I use alcohol or drugs to help me get through it. | 1 | 2 | 3 | 4 |
| 36. I put aside other activities in order to concentrate on this. | 1 | 2 | 3 | 4 |
| 37. I think hard about what steps to take. | 1 | 2 | 3 | 4 |
| 38. I act as though it hasn't even happened. | 1 | 2 | 3 | 4 |
| 39. I do what has to be done, one step at a time. | 1 | 2 | 3 | 4 |
| 40. I learn something from the experience. | 1 | 2 | 3 | 4 |

SECTION F: THE DISPOSITIONAL RESILIENCE SCALE

Below are statements about life that people often feel differently about. *Circle a number* to show how you feel about each one. Read the items carefully and indicate how much you think each one is true in general. There are no right or wrong answers; just give your own honest opinions.

- 0 = Not at all true
- 1 = A little true
- 2 = Quite true
- 3 = Completely true

- | | | | | |
|---|---|---|---|---|
| 1. Most of my life gets spent doing things that are worthwhile..... | 0 | 1 | 2 | 3 |
| 2. Planning ahead can help avoid most future problems..... | 0 | 1 | 2 | 3 |
| 3. No matter how hard I try, my efforts usually accomplish nothing..... | 0 | 1 | 2 | 3 |
| 4. I don't like to make changes in my everyday schedule..... | 0 | 1 | 2 | 3 |
| 5. The "tried and true" ways are always best..... | 0 | 1 | 2 | 3 |
| 6. Working hard doesn't matter, since only the bosses profit by it..... | 0 | 1 | 2 | 3 |
| 7. By working hard you can always achieve your goals..... | 0 | 1 | 2 | 3 |
| 8. Most of what happens in life is just meant to be | 0 | 1 | 2 | 3 |
| 9. When I make plans, I'm certain I can make them work | 0 | 1 | 2 | 3 |
| 10. It's exciting to learn something about myself | 0 | 1 | 2 | 3 |
| 11. I really look forward to my work | 0 | 1 | 2 | 3 |
| 12. If I'm working on a difficult task, I know when to seek help | 0 | 1 | 2 | 3 |
| 13. I won't answer a question until I'm really sure I understand it | 0 | 1 | 2 | 3 |
| 14. I like a lot of variety in my work | 0 | 1 | 2 | 3 |
| 15. Most of the time, people listen carefully to what I say | 0 | 1 | 2 | 3 |
| 16. Thinking of yourself as a free person just leads to frustration | 0 | 1 | 2 | 3 |
| 17. Trying your best at work really pays off in the end | 0 | 1 | 2 | 3 |
| 18. My mistakes are usually very difficult to correct | 0 | 1 | 2 | 3 |
| 19. It bothers me when my daily routine gets interrupted | 0 | 1 | 2 | 3 |
| 20. Most good athletes and leaders are born, not made | 0 | 1 | 2 | 3 |
| 21. I often wake up eager to take up my life wherever it left off | 0 | 1 | 2 | 3 |
| 22. Lots of times, I don't really know my own mind | 0 | 1 | 2 | 3 |
| 23. I respect rules because they guide me | 0 | 1 | 2 | 3 |
| 24. I like it when things are uncertain or unpredictable | 0 | 1 | 2 | 3 |
| 25. I can't do much to prevent it if someone wants to harm me | 0 | 1 | 2 | 3 |
| 26. Changes in routine are interesting to me | 0 | 1 | 2 | 3 |
| 27. Most days, life is really interesting and exciting for me | 0 | 1 | 2 | 3 |
| 28. It's hard to imagine anyone getting excited about working | 0 | 1 | 2 | 3 |
| 29. What happens to me tomorrow depends on what I do today | 0 | 1 | 2 | 3 |
| 30. Ordinary work is just too boring to be worth doing | 0 | 1 | 2 | 3 |

**END OF QUESTIONNAIRE
THANK YOU FOR YOUR COOPERATION**