Additional file 1: A survey of footwear advice, beliefs and wear habits in people with knee osteoarthritis



KNEE OSTEOARTHRITIS AND FOOTWEAR SURVEY

Part 1 - About yourself

1.	What is your gender?	Male		Female	
2.	What is your date of birth?	Date Month	1	9 Year	
3.	In which knee is your osteoar	thritis:			
	Left 🗌	Right 🗌		Both – left	worse
	Both – right worse 🗌	Both – left and right equal 🗌			
4.	How long have you experienc	ed knee osteoarthritis symptoms?			
			Yea	ars N	/Ionths

5. Place a tick on the following scale to show the <u>average amount of pain felt over the PAST WEEK</u> in your osteoarthritic knee (if you have symptoms in both knees please only indicate the pain in your most painful knee):

0	1	2	3	4	5	6	7	8	9	10
no pain	in worst pain possible								possible	

6. Place a tick on the following scale to show the <u>average amount of pain felt over the PAST WEEK</u> in your osteoarthritic knee <u>when you are walking</u> (if you have symptoms in both knees please only indicate the pain in your most painful knee):

0	1	2	3	4	5	6	7	8	9	10
no pain	worst pain possible								possible	

Part 2 – Advice you have been given about footwear for your knee osteoarthritis

7. Have you ever received advice about what footwear or footwear features (e.g. high heels) you should or should not wear for your knee osteoarthritis from a <u>health professional?</u>

Yes	No 🗌
	If no, go to question 9

8. If you have received advice about footwear for your knee osteoarthritis, which <u>health</u> <u>professional(s)</u> provided this advice (select all that apply):

Podiatrist 🗌	Physiotherapist	General practitioner
Rheumatologist 🗌	Surgeon	Sports physician
Occupational therapist 🗌	Exercise physiologist / exercise instructor / personal trainer	Chiropractor 🗌
Osteopath 🗌		
Other (please describe):		

9. Have you ever received advice about what footwear or footwear features you should or should not wear for your knee osteoarthritis from a <u>NON-health professional</u> (e.g. a friend)?

Yes	No 🗌
	If no, go to question 11

10. If you have received advice about footwear for your knee osteoarthritis from <u>a NON-health</u> <u>professional</u>, who provided this advice (select all that apply):

Friend 🗌	Family member 🗌	Internet 🗌
Footwear retailer 🗌	Media 🗌	Colleague
Other (please describe):		

11. Have you ever been told that any of the following footwear choices will be <u>good or bad</u> for your knee osteoarthritis (you may select more than one option):

	Bad	Good	No advice given
Athletic shoes/sneakers			
Cushioned shoes			
Sturdy/supportive shoes			
Flexible thin soled shoes			
Hard-soled shoes			
Shoes with in-built arch supports			
Lace up oxford or similar-style men's shoes			
Work boots (lace up or slip on)			

High heeled shoes		
Flat shoes		
Slip on style shoes		
Slippers		
Sandals		
Clogs or 'crocs'		
Thongs/flip flops		
Buckled shoes		
Velcro-fastened shoes		
Above ankle boots		
Barefoot		
Surgical/custom shoe (please describe):		
Other (please describe):		

Part 3 – Your own beliefs about footwear for knee osteoarthritis

12. How much do you feel that your <u>knee osteoarthritis symptoms</u> are influenced by wearing different types of footwear:

Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know

Neither Strongly Strongly Don't know Agree agree or Disagree agree disagree disagree Athletic shoes/sneakers \square **Cushioned shoes** Sturdy/supportive shoes \Box Flexible thin soled shoes \square \square Hard-soled shoes \square \square \square Shoes with in-built arch supports Lace up oxford or similar-style men's shoes \square \square Work boots (lace up or slip on) \square \square High heeled shoes Flat shoes

13. How much do you feel that wearing each of the different types of footwear below could be good for your knee osteoarthritis symptoms (please indicate one response for each type):

Slip on style shoes						
Ship on style shoes	0	1	2	3	4	5
Slippers						
Suppers	0	1	2	3	4	5
Sandals						
Salitais	0	1	2	3	4	5
Clogs or 'crocs'						
clogs of crocs	0	1	2	3	4	5
T I /01 . 0						
Thongs/flip flops	0	1	2	3	4	5
Buckled shoes						
Buckled Shoes	0	1	2	3	4	5
Velcro-fastened shoes						
veicro-rasteried shoes	0	1	2	3	4	5
Above ankle boots						
Above ankle bools	0	1	2	3	4	5
Barefoot						
вагетоот	0	1	2	3	4	5

Special shoe (please describe):						
	0	1	2	3	4	5
Other (please describe):						
	0	1	2	3	4	5

- Part 4 Your shoe wear habits
- 14. Please rate how often you wear the following footwear choices (please chose one response for <u>each</u> type):

	Always	Frequently	Occasionally	Rarely	Never	Don't know
Athletic shoes/sneakers						
Cushioned shoes						
Sturdy/supportive shoes						
Flexible thin soled shoes						
Hard-soled shoes						
Shoes with in-built arch supports						

Lace up oxford or similar-style men's shoes				
Work boots (lace up or slip on)				
High heeled shoes				
Flat shoes				
Slip on style shoes				
Slippers				
Sandals				
Clogs or 'crocs'				
Thongs/flip flops				
Buckled shoes				
Velcro-fastened shoes				
Above ankle boots				
Barefoot				
Surgical/custom shoe (please describe):	·	-	-	
Other (please describe):				