

Food Restriction in Running Questionnaire

The purpose of this project is to learn about foods that endurance runners eat before they train or race, and if there are specific foods that they avoid. Gathered data will provide the sport science community with a better understanding of the most desirable pre-exercise nutrition message for these athletes. Furthermore, this research will determine the athletes' current attitudes toward food intolerances and training. The information obtained from these questionnaires will be kept strictly CONFIDENTIAL. Only members of the research team will have access to the answers. All data from the survey and documents are considered the property of the researcher. Any material written and/or published will be used in such a way as to not identify you. Your honesty and accuracy with this survey is greatly appreciated.

Please ensure that you have signed a consent form prior to completing this questionnaire. Please keep your copy of the consent form with your number in the event you wish to withdraw your information. Thank you.

Date: _____ Age: _____ Date of Birth: _____ (yyyy/month/day) Gender: M / F

1. What is the “performance” level that you usually compete in? Please check:

- ☐ International/National ☐ Provincial
☐ Recreational (place top ½ of age group) ☐ Recreational (place lower ½ of age group) ☐ Do not compete

2. On average, how many hours do you run each week? Please check:

- ☐ 0 – 5 Hours ☐ 10 – 15 Hours ☐ 20 – 25 Hours
☐ 5 – 10 Hours ☐ 15 – 20 Hours ☐ More Than 25 Hours

3. How many years have you included running as part of your training or exercise routine? Please check:

- ☐ 0 – 3 years ☐ 3 – 5 years ☐ 5 – 7 years ☐ greater than 7 years

4. What run distance do you compete in most often? Please choose one:

- ☐ 5 km ☐ 6 - 10 km ☐ 11 - 20 km ☐ ½ marathon (21 km) ☐ 22 – 41 km ☐ marathon (42 km)
☐ Ultra-Distance (> 42 km) ☐ I don't compete in running races

5. a) Have you ever been diagnosed with any of the following? Please check all that apply:

- ☐ Celiac disease ☐ Inflammatory Bowel Disease (Crohn's disease or Ulcerative Colitis) ☐ Irritable Bowel Syndrome
☐ Heart burn/Reflux ☐ Hiatus Hernia ☐ Intestinal Parasites
☐ Other medical condition that restricts your diet? Describe: _____
☐ No Diagnosis for the above (proceed to Question #6)

b) Who made this “diagnosis” as identified in Question #5a? Please check:

- ☐ Physician ☐ Naturopath ☐ Dietitian ☐ Holistic Nutritionist ☐ Chiropractor ☐ Allergist
☐ Self-Diagnosed ☐ Osteopath ☐ Other, Please List _____

6. a) Are you allergic to any of the following foods? Please check all that apply:

- | | | | | | | |
|---|---|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Sesame | <input type="checkbox"/> Milk | <input type="checkbox"/> Soy | <input type="checkbox"/> Sulfites | <input type="checkbox"/> Whey | <input type="checkbox"/> Egg Whites |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish/Seafood | <input type="checkbox"/> Wheat | <input type="checkbox"/> Gluten | <input type="checkbox"/> Mustard | <input type="checkbox"/> Casein | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> MSG | <input type="checkbox"/> Other food allergies, please list: _____ | | | | | |
| <input type="checkbox"/> No food allergies (proceed to Question #7) | | | | | | |

b) Who diagnosed your food allergy as identified in Question #6a above? Please check:

- | | | | | | |
|---|-------------------------------------|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Dietitian | <input type="checkbox"/> Holistic Nutritionist | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Allergist |
| <input type="checkbox"/> Self-Diagnosed | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Other, Please List _____ | | | |

c) What test was used to diagnose your food allergy as identified in Question #6b above? Please check:

- | | | | | |
|------------------------------------|--|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Unaware | <input type="checkbox"/> Skin prick test | <input type="checkbox"/> Blood test | <input type="checkbox"/> Urine test | <input type="checkbox"/> Feces test |
| <input type="checkbox"/> Hair test | <input type="checkbox"/> Saliva test | <input type="checkbox"/> Biopsy | <input type="checkbox"/> Other, Please List _____ | |

d) If a blood test was used to diagnose your food allergy, what type of test was performed?

- | | | | |
|----------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> Unaware | <input type="checkbox"/> IgG | <input type="checkbox"/> IgE | <input type="checkbox"/> Other , please list _____ |
|----------------------------------|------------------------------|------------------------------|--|

**7. Do you have any food intolerances (foods that result in negative symptoms other than an allergy) not related specifically to running?
Please check all that apply:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Gluten free grain/cereal (e.g. rice, quinoa, pasta) | <input type="checkbox"/> Legumes (e.g.lentils, chick peas, beans) | <input type="checkbox"/> Soy milk |
| <input type="checkbox"/> Grain (e.g. granola bar, bread, pasta, bagel) | <input type="checkbox"/> Meat | <input type="checkbox"/> Almond milk |
| <input type="checkbox"/> Starchy vegetable (e.g. potato, sweet potato) | <input type="checkbox"/> Poultry | <input type="checkbox"/> Coconut milk |
| <input type="checkbox"/> Breakfast cereal, cold | <input type="checkbox"/> Fish/Seafood | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Hot cereal, (eg. oatmeal, Cream of Wheat) | <input type="checkbox"/> Nuts, nut butter | <input type="checkbox"/> Coffee or tea |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Eggs | <input type="checkbox"/> Energy drink |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Milk | <input type="checkbox"/> Sport drink |
| <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Lactose-free milk | <input type="checkbox"/> Sport Bar or Gel |
| <input type="checkbox"/> Vegetables _____ | <input type="checkbox"/> Other, please list: _____ | |
| <input type="checkbox"/> No food intolerances | | |

8. a) When TRAINING are there any foods/fluids that you purposely AVOID in your pre-run MEAL or SNACK (0-4 hours before running TRAINING)? Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Gluten free grain/cereal (e.g. rice, quinoa, pasta) | <input type="checkbox"/> Legumes (e.g. lentils, chick peas, beans) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Grain (e.g. granola bar, bread, pasta, bagels) | <input type="checkbox"/> Meat | <input type="checkbox"/> Sport Bar or Gel |
| <input type="checkbox"/> Starchy vegetable (e.g. potato, sweet potato) | <input type="checkbox"/> Poultry | <input type="checkbox"/> Sport drink |
| <input type="checkbox"/> Breakfast cereal, cold | <input type="checkbox"/> Fish/Seafood | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Hot cereal, eg. oatmeal, Cream of Wheat | <input type="checkbox"/> Nuts, nut butter | <input type="checkbox"/> Fruit/vegetable smoothie |
| <input type="checkbox"/> Milk products (milk, cheese, yogurt) | <input type="checkbox"/> Eggs | <input type="checkbox"/> Coffee or tea |
| <input type="checkbox"/> Lactose-free milk | <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Energy drink |
| <input type="checkbox"/> Almond milk | <input type="checkbox"/> Vegetables _____ | <input type="checkbox"/> Chocolate |
| <input type="checkbox"/> Coconut milk | <input type="checkbox"/> High fibre foods in general | |
| <input type="checkbox"/> Soy milk | | |
- Other, please list: _____
- ☐ I don't avoid any foods (proceed to Question #9)

b) When TRAINING what is/are your reason(s) for avoiding specific foods/fluids before running TRAINING? Check all that apply.

- ☐ Routine
 ☐ Previous bad experience
 ☐ Personal preference
 ☐ Received advice from someone
- ☐ Superstition
 ☐ Other, please explain _____

c) When TRAINING what symptoms might you experience during a TRAINING run if you had consumed a food/fluid that you typically avoid (as identified above) before training? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> stomach pain/cramps | <input type="checkbox"/> diarrhea | <input type="checkbox"/> burping/belching |
| <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> bleeding | <input type="checkbox"/> side ache/stitch |
| <input type="checkbox"/> intestinal issues (pain, discomfort) | <input type="checkbox"/> urge to defecate | <input type="checkbox"/> gas |
| <input type="checkbox"/> reflux / heartburn | <input type="checkbox"/> bloating | |
| <input type="checkbox"/> no symptoms | <input type="checkbox"/> feeling of fullness or heaviness | |
| <input type="checkbox"/> Other, please list: _____ | | |

9. When TRAINING please describe what you would typically choose to eat and/or drink (including any supplements or special products) within the 4 hours before a TRAINING run:

10. When RACING are there any types of food/fluid that you AVOID in your pre-race MEAL or SNACK (0-4 hours before running RACES/COMPETITIONS?)

a) Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Gluten free grain/cereal (e.g. rice, quinoa, pasta) | <input type="checkbox"/> Legumes (e.g. lentils, chick peas, beans) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Grain (e.g. granola bar, bread, pasta, bagel) | <input type="checkbox"/> Meat | <input type="checkbox"/> Sport Bar or Gel |
| <input type="checkbox"/> Starchy vegetable (e.g. potato, sweet potato) | <input type="checkbox"/> Poultry | <input type="checkbox"/> Sport drink |
| <input type="checkbox"/> Breakfast cereal, cold | <input type="checkbox"/> Fish/Seafood | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Hot cereal, (eg. oatmeal, Cream of Wheat) | <input type="checkbox"/> Nuts, nut butter | <input type="checkbox"/> Fruit/vegetable smoothie |
| <input type="checkbox"/> Milk products (milk, cheese, yogurt) | <input type="checkbox"/> Eggs | <input type="checkbox"/> Coffee or tea |
| <input type="checkbox"/> Lactose-free milk | <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Energy drink |
| <input type="checkbox"/> Almond milk | <input type="checkbox"/> Vegetables _____ | <input type="checkbox"/> Chocolate |
| <input type="checkbox"/> Coconut milk | <input type="checkbox"/> High fibre foods in general | |
| <input type="checkbox"/> Soy milk | | |
- Other, please list: _____
- ☐ I don't avoid any foods (proceed to Question #11)

b) What is/are your reason(s) for avoiding specific foods/fluids before a running RACE/COMPETITION? Check all that apply.

- ☐ Routine ☐ Previous bad experience ☐ Personal preference ☐ Received advice from someone
- ☐ Superstition ☐ Other, please explain _____

c) When RACING what symptoms might you experience during a running RACE/COMPETITION if you had consumed a food that you typically avoid (identified above) before competing? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> stomach pain/cramps | <input type="checkbox"/> diarrhea | <input type="checkbox"/> burping/belching |
| <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> bleeding | <input type="checkbox"/> side ache/stitch |
| <input type="checkbox"/> intestinal issues (pain, discomfort) | <input type="checkbox"/> urge to defecate | <input type="checkbox"/> gas |
| <input type="checkbox"/> reflux / heartburn | <input type="checkbox"/> bloating | |
| <input type="checkbox"/> no symptoms | <input type="checkbox"/> feeling of fullness or heaviness | |
| <input type="checkbox"/> Other, please list: _____ | | |

11. When RACING Please describe what you would typically choose to eat and/or drink (including any supplements or special products) within the 4 hours before running RACES/COMPETITIONS:

12. **Where do you receive information about nutrition for running? Rank up to your top 5 choices, “1” as most often and “5” as least often.**

<input type="checkbox"/> Internet (Blogs, Websites)	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Magazines
<input type="checkbox"/> Social Media (Instagram, Twitter, Facebook)	<input type="checkbox"/> Strength Trainer	<input type="checkbox"/> Teammates
<input type="checkbox"/> Naturopath/Chiropractor/Osteopath	<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Family / Friends
<input type="checkbox"/> Coach	<input type="checkbox"/> Physiotherapist/Athletic Therapist	<input type="checkbox"/> Medical Physician
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Holistic nutritionist	<input type="checkbox"/> Health Food Store
<input type="checkbox"/> I don't receive any information	<input type="checkbox"/> Other athletes	
<input type="checkbox"/> Other, please list _____		

13. **Have you ever attended a workshop(s) on nutrition for running?**

☐ Yes ☐ No

14. **How important is it to you to receive information about nutrition for running?**

Very Important		Somewhat Important		Not Important
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

15. **If you were to receive information about nutrition for running, how would you prefer to receive it? Please rank UP TO 3 responses with “1” as your “FIRST CHOICE”:**

<input type="checkbox"/> Group presentations/workshops	<input type="checkbox"/> Blogs or websites
<input type="checkbox"/> Written material (hard copy, paper, magazine, book)	<input type="checkbox"/> Social media (Instagram, Twitter, Facebook)
<input type="checkbox"/> Individual consultation	<input type="checkbox"/> Electronic newsletters
<input type="checkbox"/> Other. Please List: _____	
<input type="checkbox"/> I do not want to receive information about nutrition for running	

Thank you for taking the time to complete our questionnaire.