

Additional File 1

MOVEMENT AT WORK QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

SECTION A: INFORMATION ABOUT YOU		
Participant ID Number _____ (to be completed by research team)		
Today's date: ____/____/____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____ Age: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Cohabiting <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Do not wish to answer		
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian / Asian British <input type="checkbox"/> Black / African / Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer		
Job title: _____		
Employment: <input type="checkbox"/> Part time (less than 16 hours per week) <input type="checkbox"/> Part time (16-35 hours per week) <input type="checkbox"/> Full time (more than 35 hours per week)		
Main role: <input type="checkbox"/> Managerial <input type="checkbox"/> Professional <input type="checkbox"/> Administrative <input type="checkbox"/> Telephone operative <input type="checkbox"/> Other _____		
Where do you usually work (if none put 0)	Own desk _____ days	Home _____ days
	'Hot' desk _____ days	Other _____ days
Average household income before tax	£ ____:____ a year <input type="checkbox"/> Do not wish to answer	
SECTION B: YOUR ACTIVITY AT WORK		
B1. Activity levels of your job		
<ul style="list-style-type: none"> - We would like to know what full or part time jobs you have done in the past 12 months (including your current job) - You may have had a single job or held two at once - If you have changed jobs with the same employer you should only enter it as a second job if it entailed a change in physical effort 		
	Job 1	Job 2 (if applicable)
Job title	<input type="checkbox"/> As above	
Hours per week usually worked	_____ hours	_____ hours
How many months from the past 12 did you do this work (not including annual leave)	_____ months	_____ months
<ul style="list-style-type: none"> - We would now like you to take the number of hours worked per week in each job and divide them up according to your activity level. If none please leave blank. 		
	Job 1	Job 2 (if applicable)
Sitting – light work (e.g. at desk, computer work)	_____ hours per week	_____ hours per week
Sitting – moderate work (e.g. fast scanning, levers)	_____ hours per week	_____ hours per week
Standing – light work (e.g. filing)	_____ hours per week	_____ hours per week
Standing – light / moderate work	_____ hours per week	_____ hours per week
Standing – moderate work	_____ hours per week	_____ hours per week
Standing – moderate / heavy work (e.g. painting)	_____ hours per week	_____ hours per week
Walking (e.g. moving about a shop)	_____ hours per week	_____ hours per week
Walking carrying something heavy	_____ hours per week	_____ hours per week
Moving pushing heavy objects (over 75lbs)	_____ hours per week	_____ hours per week
B2. Other work activities		
In the past 12 months about how many times per day did you:	Job 1	Job 2 (if applicable)
Climb up a flight of stairs (a flight is about 10 steps)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+
Climb up a ladder	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+

Kneel for more than an hour (e.g. if filing)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+
Squat for more than an hour (e.g. if lifting)	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+
Get up from kneeling or squatting more than 30 times	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+

B3. Travel to and from work

How many miles was / is it from home to work?	_____ miles	_____ miles
How many times a week did / do you travel to work?	_____ times per week	_____ times per week
Did / do you travel to work by car/ motorbike/ van? <i>(Please choose only one option)</i>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely
Did / do you travel to work by work or public transport? <i>(Please choose only one option)</i>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely
Did / do you travel to work by bicycle? <i>(Please choose only one option)</i>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely
Did / do you travel to work by walking? <i>(Please choose only one option)</i>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Never or rarely

B4. Your work layout

The following questions refer **only to destinations within the building you were in when you were given this survey.**

Most often used:	How many floors do you travel to reach this destination? <i>(Choose one option for the most often used)</i>	Do you usually take the stairs or lift / escalator? <i>(if on your floor leave blank)</i>	About how many times a day do you visit this destination?	Which of these do you visit on the same trip before you return to your desk <i>(tick all that apply)</i>		
				Trip 1	Trip 2	Trip 3
Food access points (e.g. work kitchen)	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Coffee/tea/water points	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Staff room	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
The restroom / WC	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Photocopier	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Printer	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Scanner	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel _____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			

Space for additional comments:

	How many floors do you travel to reach this destination? <i>(Choose one option for the most often used)</i>	Do you usually take the stairs or lift / escalator? <i>(if on your floor leave blank)</i>	About how many times a day do you visit this destination?	Trip 1	Trip 2	Trip 3
Quiet room	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Meeting rooms	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
To see my boss / line manager	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Other members of my team	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Other people I meet most often	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			
Entrance / exit	<input type="checkbox"/> It's on my floor <input type="checkbox"/> I travel ____ floors <input type="checkbox"/> We don't have one <input type="checkbox"/> I don't know <input type="checkbox"/> I have to leave the building	<input type="checkbox"/> Stairs <input type="checkbox"/> Lift / escalator	____times a day <input type="checkbox"/> N/A			

B5. Your movement during refreshment breaks

These questions refer to yesterday (if yesterday was not a working day then your last working day)

Where did you take your smoking break?	<input type="checkbox"/> I don't smoke <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises
Where did you <u>obtain</u> your morning refreshment?	<input type="checkbox"/> I didn't have one <input type="checkbox"/> I brought in food / drink <input type="checkbox"/> A coffee/tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises
Where did you <u>consume</u> your morning refreshment? <i>(If you didn't have one leave blank)</i>	<input type="checkbox"/> At my desk <input type="checkbox"/> A coffee / tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises
Where did you <u>obtain</u> your lunch?	<input type="checkbox"/> I didn't have one <input type="checkbox"/> I brought in food / drink <input type="checkbox"/> A coffee/tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises
Where did you <u>consume</u> your lunch? <i>(If you didn't have one leave blank)</i>	<input type="checkbox"/> At my desk <input type="checkbox"/> A coffee / tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises

Space for additional comments:					
Where did you <u>obtain</u> your afternoon refreshment?	<input type="checkbox"/> I didn't have one <input type="checkbox"/> I brought in food / drink <input type="checkbox"/> A coffee/tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises				
Where did you <u>consume</u> your afternoon refreshment? <i>(If you didn't have one leave blank)</i>	<input type="checkbox"/> At my desk <input type="checkbox"/> A coffee / tea point / staff room on my floor <input type="checkbox"/> A coffee/tea point / staff room on another floor <input type="checkbox"/> Immediately outside the building <input type="checkbox"/> Beyond the building premises				
SECTION C. Your thoughts about the workplace					
C1. Thinking about movement at work (please tick one option per line)					
	Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
Being active in the workplace (e.g. walking to printers, for refreshment breaks, to coffee points) is:					
Something I do automatically					
Something I do without consciously having to remember					
Something I do without thinking					
Something I start doing before I realize I'm doing it					
Climbing stairs at work is:					
Something I do automatically					
Something I do without consciously having to remember					
Something I do without thinking					
Something I start doing before I realise I'm doing it					
C2. Your thoughts about your work. Remember no one at work will see your answers.					
This section is optional. Tick here if you'd rather not complete it so we know you haven't just missed it out by mistake. <input type="checkbox"/>					
	Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
I have constant time pressure due to a heavy work load					
I have many interruptions and disturbances while performing my job					
Over the past few years, my job has become more and more demanding					
I receive the respect I deserve from my superior or a respective relevant person					
My job promotion prospects are poor					
I have experienced or I expect to experience an undesirable change in my work situation					
My job security is poor					
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work					
Considering all my efforts and achievements , my job promotion prospects are adequate					
Considering all my efforts and achievements, my salary/income is adequate					
I get easily overwhelmed by time					

pressure at work					
	Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
As soon as I get up in the morning I start thinking about work problems					
When I get home I can easily relax and "switch off work"					
People close to me say I sacrifice too much for my job					
Work rarely lets me go, it is still on my mind when I go to bed					
If I postpone something that I was supposed to do today I'll have trouble sleeping at night					

C3. Where you work. We are interested in what you think about the place you work in. Remember, no one at work will see your answers.

	Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
My workplace is comfortable					
My workplace is safe from crime					
I have sufficient person privacy in my work area					
My workplace helps me feel creative					
My office design is aesthetically pleasing					
It would be nice to have more office plants					
My work desk is close to food access points					
My work desk is close to coffee/tea points					
My work desk is close to the restroom					
My work desk is close to the photocopier I most often use					
My work desk is close to the printer I most often use					
My work desk is close to the scanner I most often use					
My work desk is close to the fax machine I most often use					
My work desk is close to meeting rooms I most often use					
My work desk is close to people I most often meet					
I am discouraged from leaving my desk for unscheduled breaks by the management					
I often socialise with work colleagues outside of the working day					
If we had a workplace gym or sports club I would use them frequently. If you have one please answer 'I use my workplace gym / sports club frequently',					

C4. Thinking about your general health and wellbeing at work. Think about how you've been feeling over the past few weeks when answering.

This section is optional. Tick here if you'd rather not complete it so we know you haven't just missed it out by mistake. <input type="checkbox"/>					
	Not at all	Less than usual	Same as usual	More than usual	Much more than usual
Have you been able to concentrate on what you are doing?					
Have you felt you play a useful part in					

things?					
Have you felt capable of making decisions?					
	Not at all	Less than usual	Same as usual	More than usual	Much more than usual
Have you been able to enjoy your normal day-to-day activities?					
Have you been able to face up to your problems?					
All things considered have you been feeling happy?					
Have you lost much sleep because of worry?					
Have you felt constantly under strain?					
Have you felt you could not overcome your difficulties?					
Have you been feeling unhappy or depressed?					
Have you been losing confidence in yourself?					
Have you been thinking of yourself as a worthless person?					
C5.Thinking about your work productivity					
	Strongly agree	Agree	Neither agree / disagree	Disagree	Strongly disagree
If I was to get up from my desk every hour it would:					
Improve my productivity					
Reduce my productivity					
Interrupt my workflow					
Allow me to have useful exchanges with colleagues					
Make me feel better					
Be seen as skiving					
Doing the following would aid my productivity:					
Going outside at lunch time for a breath of fresh air					
Using a gym in the morning or at lunch time					
Using the stairs instead of the lift wherever I can					
I tend to have a routine that I usually do:					
When I arrive at work					
During my morning break					
During my lunch break					
Before I leave work					
I often engage in unplanned interaction with colleagues because we see one another by chance which results in a discussion or activity that was not prearranged when I am at:					
	All of the time	Most of the time	Sometimes	Never	Not applicable
My desk					
Coffee / tea points					
The restrooms					
The photocopier I most often use					
The printer I most often use					

The scanner I most often use					
The fax machine I most often use					
	All of the time	Most of the time	Sometimes	Never	Not applicable
The reception area I most often use					

Section D. Your movement at home

Finally a few questions that relate to your movement outside of work

Please record your morning wake time on <u>weekdays</u> (thinking about the past 12 months)	I usually wake up around
Please record your evening bed time on <u>weekdays</u> (thinking about the past 12 months)	I usually go to bed around
Please record your morning wake time at <u>weekends</u> (thinking about the past 12 months)	I usually wake up around
Please record your evening bed time at <u>weekends</u> (thinking about the past 12 months)	I usually go to bed around
Hours of TV / DVDs watching per <u>weekday</u> before 6pm	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4+
Hours of TV / DVDs watching per <u>weekday</u> after 6pm	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4+
Hours of TV / DVDs watching per <u>weekend</u> day before 6pm	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4+
Hours of TV / DVDs watching per <u>weekend</u> day after 6pm	<input type="checkbox"/> 0 <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4+
Number of times per day that you climbed a flight of stairs on a <u>week day</u>	times
Number of times that you climbed a flight of stairs on a <u>weekend</u> day	times

Think of your usual mode of transport (not including work journeys):

If I have to travel less than one mile my usual mode of transport is (tick one)	<input type="checkbox"/> Car / motorbike / van <input type="checkbox"/> Walk <input type="checkbox"/> Public transport <input type="checkbox"/> Bicycle
If I have to travel 1-5 miles my usual mode of transport is (tick one)	<input type="checkbox"/> Car / motorbike / van <input type="checkbox"/> Walk <input type="checkbox"/> Public transport <input type="checkbox"/> Bicycle
If I have to travel more than 5 miles my usual mode of transport is (tick one)	<input type="checkbox"/> Car / motorbike / van <input type="checkbox"/> Walk <input type="checkbox"/> Public transport <input type="checkbox"/> Bicycle

Your recreation activities outside of work

Please tick how often you performed each leisure time activity over the last 12 months. If you performed the activity, please give an estimate of how many minutes one episode / session lasted.

Activity	Number of times you did the activity								Time per episode	
	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Every day	Hours	Mins
Preparing meals / doing dishes										
Shopping for food / groceries										
Cleaning the house										
Laundry and ironing										
Caring for children										
Caring for others (e.g. elderly)										
Shopping for other items										
Swimming competitive										
Swimming - leisurely										
Climbing										
Walking for pleasure										
Rough terrain cycling										
Mowing lawn in summer										
Watering garden in summer										
Digging, shoveling										
Weeding or pruning										
DIY										
High impact aerobics										
Other types of aerobics										
Exercises with weight										

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Every day	Hours	Mins
Exercise bike / rower										
Floor exercise e.g yoga										
Dancing										
Competitive running										
Jogging										
Bowling										
Tennis / badminton										
Squash										
Table tennis										
Golf										
Football / rugby in season										
Hockey in season										
Cricket in season										
Rowing										
Netball / volley / basketball										
Fishing										
Horse-riding										
Snooker / darts										
Musical instruments										
Ice-skating										
Martial arts / boxing										
Sailing / windsurfing										
Other _____										

Section E. Final questions

How tall are you?	cm OR feet inches	<input type="checkbox"/> Do not wish to answer
How much do you weigh?	kg OR stones lbs	<input type="checkbox"/> Do not wish to answer
Do you have any illness or disability that may impair your movement during your working day? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do not wish to answer		

Is there any other information you would like to add?:

Thank you for taking the time to complete this survey. Your contribution is very important to our study.