

Busschaert Questionnaire for 65-years or older

A) General information

Some general questions

Anonymous processing!!

- Initials first name and last name: _____

- Date of birth (day/month/year): / /

- Today's date (day/month/year): / /

- E-mail address (if possible) _____

- Phone number or mobile phone number (only used if information is unclear) /

A1) Gender?

Man Woman

A2) How would you describe your family situation?

- Single
- Having a partner, but living independently
- Living with a partner
- Married
- Widow/widower

A3) Do you have (grand) children?

- Yes
- No

A4) In what environment do you live?

- Countryside
- Village or town
- City suburb

City

A5) Have you moved to another address the last year?

Yes No

A6) Are you hindered by standing upright? (e.g. a recent operation, back pain, ...)?

Yes, I cannot stand upright

No, I can stand upright

Sitting and light intense activities

B) Watching television (TV) in leisure time

B1) During the last 7 days, how much time did you spend on average a day sitting/lying while watching TV in leisure time? Answer these questions separately for a weekday and weekend day.

WATCHING TELEVISION	
Weekday	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> To 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 30 to 60 minutes/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day
<input type="checkbox"/> 2 to 3 hours/day	<input type="checkbox"/> 2 to 3 hours/day
<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day

Please indicate with the use of the reply-card (1) the extent to which you agree with each of the following statements.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
B2) I think watching TV is pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3) Watching TV takes time away from doing other important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4) I enjoy watching TV for many hours a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5) Watching TV is my way to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6) My partner thinks I spend too much time watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7) I think that I spend too much time watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8) I consider it possible to reduce my TV time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9) I consider it possible to turn off the TV during weekend days until 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10) I consider it possible to turn off the TV during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11) My partner encourages me to watch less TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12) My friends encourage me to watch less TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B13) I think elderly people better do not watch more than...

- 30 minutes TV per day
- 1 hour TV per day
- 2 hours TV per day
- 3 hours TV per day
- 4 hours TV per day
- 5 hours TV per day

B14) In which room is the TV that you watch the most?

- In the kitchen
 - In the living room
 - In a separate room
 - In the bedroom
 - In another room (note):
-

B15) How long do your partner watch TV in leisure time?

<input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 to 3 hours/day
<input type="checkbox"/> Does not watch TV	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> More than 7 hours/day

B16) How often do you watch TV TOGETHER with your family members in leisure time?

- Not applicable
- Never
- Seldom
- Sometimes
- Often
- Very often

There are several situations where you can reduce or (more) interrupt sedentary behaviour while watching TV by standing up for a moment. Indicate for each statement to which extent you would consider it possible to execute the following tasks.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
B17) To implement standing tasks while watching TV? (e.g. ironing, doing chores, easy playing with the (grand)children,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18) To replace watching TV for 1 hour by standing tasks with light effort (e.g. cleaning, doing chores)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19) To stand up (short bouts) during advertisements while watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) THE USE OF COMPUTER IN LEISURE TIME

C1) During the last 7 days, how much time did you spend on average a day sitting/lying while using the computer in leisure time? Answer this question separately for a weekday and weekend day.

COMPUTERUSE IN LEISURE TIME	
Weekday	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> To 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 30 to 60 minutes/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day
<input type="checkbox"/> 2 to 3 hours/day	<input type="checkbox"/> 2 to 3 hours/day
<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day

C2) How long on average does your partner use the computer (think about tablets, internet on smartphone, laptop, computer,...) in leisure time?

<input type="checkbox"/> Not applicable	<input type="checkbox"/> 2 to 3 hours/day
<input type="checkbox"/> Doesn't use computer	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> More than 7 hours/day

C3) How often do you use the computer (seated) at the same moment with your family members using a different computer in the same room in leisure time?

- Never
- Seldom
- Sometimes
- Often
- Very often

There are several situations where you can reduce or (more) interrupt sedentary behaviour during the use of a computer by standing up for a moment. Indicate for each statement with the use of the reply-card (2) to which extent you would consider it possible to execute the following tasks.


	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
C4) to stand up while using a computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5) to replace using a computer for 1 hour by standing tasks with light effort (e.g. cleaning, doing chores)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6) to stand up for a couple of minutes after using a computer while sitting for 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate with the use of the reply-card (1) for each statement about the use of the computer in leisure time to which extent you agree with it

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
C7) I think using a computer is pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8) Using a computer takes time away from doing other important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9) I enjoy using a computer for many hours at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10) Using a computer is my way to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11) My partner thinks I spend too much time using a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12) I think that I spend too much time using a computer in leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13) I consider it possible that I do not use a computer for some days in the week (leisure time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14) I consider it possible to reduce my computer time in leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15) My partner encourages me to spend less time using a computer in leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16) My friends encourage me to spend less time using a computer in leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) MOTORIZED TRANSPORT AS PART OF COMMUTER TRAFFIC AND IN LEISURE TIME

- With motorized transport we mean: car, moped, motorbike, train, tram, bus.
 - With each question there is one of the following circles (show accompanied picture with the circles):



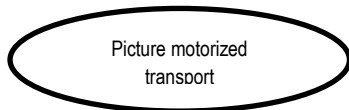
Picture motorized transport

Picture active transport

At the start of this part of the questionnaire, make clear that the picture demonstrates the type of transport the questionnaire is talking about.

- If you never use any of the transport above (as a passenger or driver), then you can continue to page 15: "E) Household tasks and making phone calls".

D1) During the last 7 days, how much time did you spend on average a day sitting while using motorized transport. Here, take into account transport in leisure time (e.g. to the shop, visiting friends,...). Take into account car, bus, train, tram, motorbike or moped; do not take into account cycling.



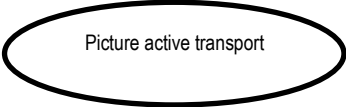
Weekday	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 1 to 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 45 minutes/day	<input type="checkbox"/> 30 to 45 minutes/day
<input type="checkbox"/> 45 to 60 minutes/day	<input type="checkbox"/> 45 to 60 minutes/day
<input type="checkbox"/> 60 to 90 minutes/day	<input type="checkbox"/> 60 to 90 minutes/day
<input type="checkbox"/> 90 to 120 minutes/day	<input type="checkbox"/> 90 to 120 minutes/day
<input type="checkbox"/> 2 to 2.5 hours/day	<input type="checkbox"/> 2 to 2.5 hours/day
<input type="checkbox"/> 2.5 to 3 hours/day	<input type="checkbox"/> 2.5 to 3 hours/day
<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day

D2) How much time of your answer above were you the driver of a motorized vehicle (moped, motorbike or car)?

Picture motorized transport

Weekday	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 1 to 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 45 minutes/day	<input type="checkbox"/> 30 to 45 minutes/day
<input type="checkbox"/> 45 to 60 minutes/day	<input type="checkbox"/> 45 to 60 minutes/day
<input type="checkbox"/> 60 to 90 minutes/day	<input type="checkbox"/> 60 to 90 minutes/day
<input type="checkbox"/> 90 to 120 minutes/day	<input type="checkbox"/> 90 to 120 minutes/day
<input type="checkbox"/> 2 to 2.5 hours/day	<input type="checkbox"/> 2 to 2.5 hours/day
<input type="checkbox"/> 2.5 to 3 hours/day	<input type="checkbox"/> 2.5 to 3 hours/day
<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day

D3) Please indicate how much time you spent on average a day walking outdoors at a calm pace (e.g.: wandering = easy walking, not hurried) as part of your transport (for example walking to work, visiting someone, walking to the bus, walking to the shop,...) during the last 7 days.



Weekday	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 1 to 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 45 minutes/day	<input type="checkbox"/> 30 to 45 minutes/day
<input type="checkbox"/> 45 to 60 minutes/day	<input type="checkbox"/> 45 to 60 minutes/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day
<input type="checkbox"/> More than 2 hours/day	<input type="checkbox"/> More than 2 hours/day

Indicate with the use of your reply-card (1) for each statement about the use of motorized transport to which extent you agree with them

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
D4) I think using motorized transport is pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5) I think it is pleasant to work or to rest as a passenger during motorized transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6) I feel lazy arriving at my destination after motorized transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7) I think that I spend too much time using motorized transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8) I consider it possible to get off the bus/metro spontaneously 1 stop before my destination and to walk the remaining distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9) I consider it possible to park the car somewhat further spontaneously and to walk the remaining distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10) I consider it possible to take the bicycle or to go by foot spontaneously even if it is possible to use a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11) My partner encourages me to use (more often) active transport (to bicycle or to walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12) My friends encourage me to use (more often) active transport (to bicycle or to walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13) My partner thinks I spend too much time using motorized transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

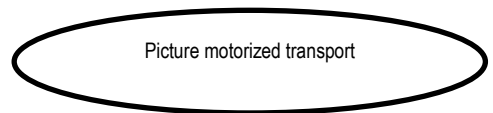
D14) What are your primary reasons not to participate in active transport (walking or cycling)?

- The environment is not safe for walking or bicycling
- Active transport (walking or cycling) is not attractive to me (no green environment, boring,...)
- Active transport is exhausting (sweating, carrying luggage,...)
- Well-developed services for public transport (nearby bus stops,...)
- Time pressure
- Too great distance
- Weather conditions
- Combining several tasks (going to the bakery, dropping the children,...)
- Financial reasons (repayment public transport, mark-down over 65s)
- Other (note):

- I always use active transport (walking and/or cycling)

D15) The most chosen transportation possibility of your partner...

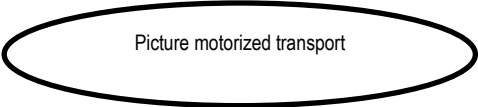
- Motorized transport
- Active transport (walking/cycling)
- Not applicable



There are several situations where you can reduce or (more) interrupt sedentary behaviour during motorized transport by standing up for a moment. Indicate for each statement with the use of your reply-card (2) to which extent you would consider it possible to execute the following tasks.

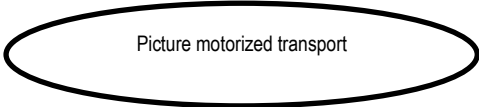
	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
D16) to stand up spontaneously in a bus, train or metro (instead of sitting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17) to stand up (for a short duration) after sitting for 30 minutes in bus, train or metro?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give your opinion on the following statements related to the environment where you travel during motorized transport. Assess the area within approximately one kilometer of your home or that you could walk to in 10-15 minutes.



	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
D18) It is easy to park the car at public places (shops, station,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D19) I receive a lot of information about 'sitting activities' like cinema or sport games via billboards along the road and/or the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D20) How often do you use motorized transport together with your partner?



Weekday	Weekend day
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Seldom	<input type="checkbox"/> Seldom
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Often	<input type="checkbox"/> Often
<input type="checkbox"/> Very often	<input type="checkbox"/> Very often

E) Household tasks and making phone calls

E1) What is the average time per day you spent the last 7 days on household tasks and making phone calls while sitting? Possible household tasks are: cooking, ironing, making small repairs,...)

Household tasks (cooking, repairing,...) performed while being seated		Phone calls performed while being seated	
Weekday	Weekday	Weekend day	Weekend day
<input type="checkbox"/> Not	<input type="checkbox"/> Not	<input type="checkbox"/> Not	<input type="checkbox"/> Not
<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> 1 to 15 minutes/day	<input type="checkbox"/> To 15 minutes/day	<input type="checkbox"/> To 15 minutes/day
<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day	<input type="checkbox"/> 15 to 30 minutes/day
<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 30 to 60 minutes/day	<input type="checkbox"/> 30 to 60 minutes/day
<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day	<input type="checkbox"/> 1 to 2 hours/day
<input type="checkbox"/> 2 to 3 hours/day	<input type="checkbox"/> 2 to 3 hours/day	<input type="checkbox"/> 2 to 3 hours/day	<input type="checkbox"/> 2 to 3 hours/day
<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day	<input type="checkbox"/> 3 to 4 hours/day
<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day	<input type="checkbox"/> 4 to 5 hours/day
<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day	<input type="checkbox"/> 5 to 6 hours/day
<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day	<input type="checkbox"/> 6 to 7 hours/day
<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day	<input type="checkbox"/> More than 7 hours/day

The following statements are different opinions about sitting during household tasks and making phone calls at home. Please indicate with the use of your reply-card (1) to which extent you agree with the following statements.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
E2) I think it is pleasant to sit while doing household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3) I work faster when I sit during household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4) I would like to stand more often while doing household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5) I think that I can stand up more often while doing household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E6) I consider it possible to stand up while calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7) I consider it possible to stand up while doing tasks in the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8) My partner encourages me to sit less while doing household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9) Households tasks (and making phone calls) are usually done while sitting by my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you like to perform the following household tasks?

	Standing	Sitting
E10) Making phone calls	<input type="checkbox"/>	<input type="checkbox"/>
E11) Peeling potatoes/cutting vegetables	<input type="checkbox"/>	<input type="checkbox"/>
E12) Ironing	<input type="checkbox"/>	<input type="checkbox"/>
E13) Folding laundry	<input type="checkbox"/>	<input type="checkbox"/>
E14) Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>
E15) to repair something small	<input type="checkbox"/>	<input type="checkbox"/>

There are several situations where you can reduce or (more often) interrupt sedentary behaviour during household tasks by standing up for a moment. Indicate for each statement with the use of your reply-card (2) to which extent you would consider it possible to execute the following tasks.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
E16) to do more household tasks while being upright?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E17) to place appliances at a distance so that you would have to stand up to operate them (e.g. printer, remote controller TV,...)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate to which extent you agree with the following statements with the use of your reply-card (1).

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
I am sure that I can interrupt my sitting activities (more often) at home, even if:						
E18) my partner is not doing this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E19) my partner does not support/understand me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to find out more information about the way that you think about your neighbourhood, home environment and workplace or study environment. Please put one check mark ("X") per answer that best applies to your view of your neighbourhood, home environment and workplace or study environment. By your neighbourhood we mean ALL the area within approximately one kilometer or half a mile of your home or that you could walk to in 10-15 minutes.

	Yes	No
E20) Most of the houses in my neighbourhood are detached houses	<input type="checkbox"/>	<input type="checkbox"/>
E21) There are many shops within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>
E22) There is a bus/tram station within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>
E23) There is a park within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>
E24) Walking is dangerous because of the traffic in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
E25) Walking is dangerous because of the level of crime in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
E26) There are trees along the streets in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
E27) My neighbourhood is a good place to live in	<input type="checkbox"/>	<input type="checkbox"/>
E28) The environment does not invite to exercise (a lot of hills, no sidewalk,...)	<input type="checkbox"/>	<input type="checkbox"/>
E29) At my home, I have small sports equipment such as a ball, racquets,... for my personal use	<input type="checkbox"/>	<input type="checkbox"/>

How many of the following non-portable electronic devices do you use and are present at your home?

	None	1	2	3	4	5	More than 5
E30) TV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E31) DVD players/video players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E32) music players (radio, CD player, stereo,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E33) computers (desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E34) telephones (dedicated line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many of these non-portable electronic devices are present in your bedroom?

	None	1	2	3	4	5	More than 5
E35) TV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E36) DVD players/video players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E37) music players (radio, CD player, stereo,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E38) computers (desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E39) telephones (dedicated line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many of the following portable electronic devices do you use and are present at your home?

	None	1	2	3	4	5	More than 5
E40) Laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F41) Mobile phones (no smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F42) Smartphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F43) Music players (iPod, MP3,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F44) Tablet (iPad, Samsung Galaxy Tab,...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you judge the following statements about facilities at your home?

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
E45) The remote controller (TV) can always be found closely to me when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E46) The couches at our place are comfortable to sit for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F) Other sedentary activities

		Not	1 to 15 minutes per day	15 to 30 minutes per day	30 to 60 minutes per day	1 to 2 hours per day	2 to 3 hours per day	3 to 4 hours per day	4 to 5 hours per day	5 to 6 hours per day	6 to 7 hours per day	More than 7 hours per day
F1) Sitting while reading- (book, magazine, newspaper,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2) Sitting while caring for (grand) children, others	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3) Sitting for hobbies (voluntary work, playing cards, sewing, Sudoku, crossword,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4) Sitting for socializing (visiting friends, in a pub,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5) Sitting while listening to music (radio, CD,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6) Sitting during meals (breakfast,...)- do NOT include meals while sitting and watching TV	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7) Afternoon nap	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you do the following situations at the SAME time (simultaneously)?

	Never	Seldom	Sometimes	Often	Very often	Not applicable
F8) Watching TV AND using mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F9) Watching TV AND using computer/tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F10) Using computer AND using mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F11) Using computer AND listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F12) Using mobile phone (texting) AND having conversation with friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F13) Using mobile phone AND listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F14) Sewing (or similar tasks) AND watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R) Upright activities

In the last 7 days on average, how much time did you spend during the following upright activities per day? (give reply-card 3)

Examples of light intense household activities (executed upright)			
Dusting (A)	Doing the dishes, cleaning the table	get (un)dressed	Feeding animals
Cooking	Watering plants	Playing with the (grand)children (easy)	Personal care (shaving, make-up,...)
Ironing (A)	Making standing phone calls	Serving dinner	Doing laundry, hang up clothes to dry,... (A)

		Not	1 to 15 minutes/day	15 to 30 minutes/day	30 to 45 minutes/day	45 to 60 minutes/day	1 to 2 hours/day	More than 2 hours/day
HOUSEHOLD TASKS (executed upright)								
R1) Cleaning (dusting, ironing,...) (A)	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R2) Kitchen (cooking, preparations,...)	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R3) (Grand)children (playing quietly together,...)	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden (executed upright)								
R4) Watering plants, feeding animals	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CARE (executed upright)								
R5) Personal care (washing, shaving, make-up, brushing teeth,...)	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE TIME/HOBBIES (executed upright)								
R6) Shopping, watching TV upright, listening to music upright, light stretching, easy yoga, play pills, standing in the church,...	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASY WALKING (e.g. wandering)								
R7) Walking at a calm pace (e.g. wandering) at home	weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G) Health

G1) During the past month, have you often been feeling down, depressed or hopeless?

Yes

No

G2) During the past month, have you had little interest or pleasure in doing things?

Yes

No

H) Physical activity

H1) During the last 7 days, on how many days did you walk for at least 10 minutes at a time? Think about walking at work and home, to get from place to place and in your spare time for recreation, exercise or sport.

No walking → if no walking: go to H2

_day(s) per week

How much time did you usually spend on one of those days where you walked for at least 10 minutes?

_hour(s) minutes per day

H2) How many days did you perform moderate physical activities, like gardening, cleaning (washing windows), easy cycling, easy swimming or other fitness activities during the last 7 days. Please do not include walking. Moderate physical activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Again, think about only those physical activities that you did for at least 10 minutes at a time.

I did not perform moderate physical activity → go to H3

_day(s) per week

How much time did you usually spend on those days where you were moderate physical active?

hour(s) minutes per day

H3) During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, chopping wood, aerobics, jogging/running or fast cycling? Think about only those physical activities that you did for at least 10 minutes at a time. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

I did not perform vigorous physical activity → go to I)

_day(s) per week

How much time did you usually spend on those days where you were vigorous physical active?

_hour(s) minutes per day

I) Information section

I1) What is your native language? (Please indicate one answer)

Dutch

French

Turkish

Arabic

English

Other

(note):

I2) What is your highest achieved diploma or certificate?

YOURSELF	PARTNER
<input type="checkbox"/> Primary school	<input type="checkbox"/> I don't know
<input type="checkbox"/> Vocational Secondary Education	<input type="checkbox"/> Primary school
<input type="checkbox"/> Technical Secondary Education	<input type="checkbox"/> Vocational Secondary Education
<input type="checkbox"/> General Secondary Education	<input type="checkbox"/> Technical Secondary Education
<input type="checkbox"/> Higher education, non-university	<input type="checkbox"/> General Secondary Education
<input type="checkbox"/> Higher education, university	<input type="checkbox"/> Higher education, non-university
	<input type="checkbox"/> Higher education, university

I3) At the moment I have/work/am/do...

Full-time job

Part-time job

Unemployed/job-applicant

Career interruption

Retired

Disabled (whereby the person cannot work)

14) What is/was your principal profession?

Household

Education

Employee

Executive

Self-employed (no free profession)

Free profession

Workman

Other

(note):

15) How many operational motorized vehicles are there present in the household, even the ones you do not use yourself?

_____ (write down the answer here)

16) In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

17) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports,...

Yes, limited a lot

Yes, limited a little

No, not limited at all

I8) Climbing several flights of stairs

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

I9) Accomplished less than you would like

- Yes
- No

I10) were limited in the kind of work or other activities you wanted to accomplish?

- Yes
- No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

I11) Accomplished less than you would like

- Yes
- No

I12) Didn't do work or other activities as carefully as usual

- Yes
- No

I13) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

I14) Have you felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

I15) Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

I16) Have you been feeling down, sad?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

I17) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends or family)?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

I18) How much time are you afraid to fall?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little bit of the time
- None of the time

I) Body measurements

Length	<input type="text"/> <input type="text"/> <input type="text"/> cm / <input type="text"/> <input type="text"/> <input type="text"/> inch	
Age	<input type="text"/> <input type="text"/> <input type="text"/> year	
Bodyweight	<input type="text"/> <input type="text"/> <input type="text"/> kg / <input type="text"/> <input type="text"/> <input type="text"/> pounds	
Waist circumference	Measurement 1: <input type="text"/> <input type="text"/> cm / <input type="text"/> <input type="text"/> inch Measurement 2: <input type="text"/> <input type="text"/> cm / <input type="text"/> <input type="text"/> inch Measurement 3: <input type="text"/> <input type="text"/> cm / <input type="text"/> <input type="text"/> inch	
Hand grip strength	Measurement 1: <input type="text"/> <input type="text"/> kg / <input type="text"/> <input type="text"/> <input type="text"/> pounds Measurement 2: <input type="text"/> <input type="text"/> kg / <input type="text"/> <input type="text"/> <input type="text"/> pounds	
Repeated chair stands	<input type="text"/> <input type="text"/> <input type="text"/> sec <input type="checkbox"/> participant was not able to perform this measurement	
Balance	Most difficult performed position	Duration (sec)
	<input type="checkbox"/> side by side	<input type="text"/> <input type="text"/> <input type="text"/> sec
	<input type="checkbox"/> semi-tandem	<input type="text"/> <input type="text"/> <input type="text"/> sec
	<input type="checkbox"/> full tandem	<input type="text"/> <input type="text"/> <input type="text"/> sec
Walking 3m	Time 1: <input type="text"/> <input type="text"/> <input type="text"/> sec Time 2: <input type="text"/> <input type="text"/> <input type="text"/> sec <input type="checkbox"/> participant was not able to perform this measurement	