Questionnaire

Date..... ID: .....

☐ 1) Pork/ Beef/Chicken ☐ 2) Seafood ☐ 3) Fruit/Vegetable

☐ 4) Cooked food ☐ 5) Consumer goods ☐ 6) Other.....

General information

1. Age: .....
2. Gender

☐ 1) male ☐ 2) female

Work information

3. Job description

☐ 1) selling ☐ 2) arranging ☐ 3) lifting

☐ 4) food serving ☐ 5) cooking

4. How long have you been working in sales? .....
5. How many working day per week? .....
6. How many working hour per day? .....

Which position do you primarily hold?

☐ 1) sitting ☐ 2) standing ☐ 3) walking ☐ 4) Other.....

Sitting time per day .....

Standing time per day .....

Walking time per day .....

Other.....

Health information

7. Height ..... cm.
8. Weight .....kg.
9. How many days per week do you exercise for at least 20-30 minutes?

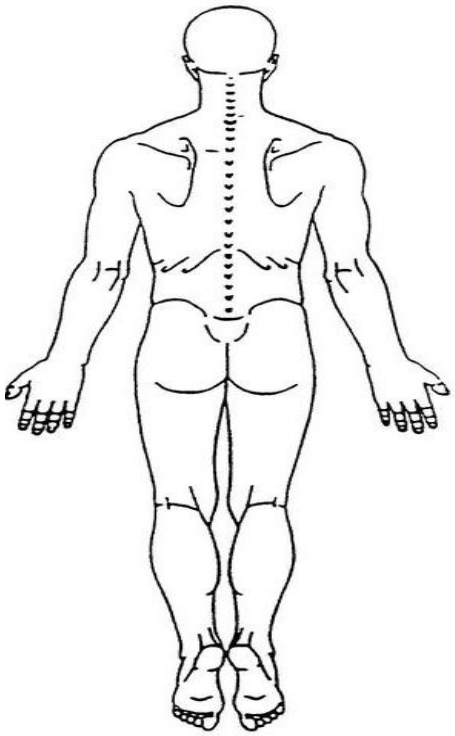
☐ 0) no ☐ 1) yes .....

Muscle pain

10. In the past 7 days, have you experienced any pain, soreness, stiffness, or muscle tightness in any specific areas?

☐ 0) no ☐ 1) yes, Please specify the location and level of pain, soreness, or stiffness in the image below.

Left



Right

The source of the image: https://www.templateroller.com/template/2661880/pain-diagram.html

Note: Pain, soreness, and muscle tightness levels are assessed using a VAS. Please select the number that indicates your level of pain, soreness, or tightness

11. Muscle flexibility

Side	Trial 1	Trial 2	Trial 3	Average
Right arm				
Left arm				
Right leg				
Left leg				

47 12 Have you ever used the following substances?

No.	Type	Have you ever used… at least once in your life?		Reason for using	Have you used it in the past year or not		Reason for using	When was the last time of using?	How much did you take it?
		Never (0)	Yes (1)		No (0)	Yes (1)			
1	Alcohol Specify.....								
2	Sleeping pills / Anti-anxiety medication								
3	Other medications that are not for treating chronic conditions specify.....								

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