

Supplementary material

Musculoskeletal Pain Questionnaire (Low and Ho)

Section A: Pain Presence and Location

For each of the following body regions, please indicate whether you have experienced pain in the past 4 weeks:

Body Region	Yes	No
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Upper Back	<input type="checkbox"/>	<input type="checkbox"/>
Lower Back	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>
Chest/Abdomen	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Pain Intensity (for each "Yes" above)

On a scale of 0 to 10, where 0 is "no pain at all" and 10 is "the worst pain imaginable," please rate the *average* intensity of your pain in this body region over the past 4 weeks.

Neck	0	1	2	3	4	5	6	7	8	9	10
Shoulder	0	1	2	3	4	5	6	7	8	9	10
Upper Back	0	1	2	3	4	5	6	7	8	9	10
Lower Back	0	1	2	3	4	5	6	7	8	9	10
Wrist	0	1	2	3	4	5	6	7	8	9	10

Knee	0	1	2	3	4	5	6	7	8	9	10
Hip	0	1	2	3	4	5	6	7	8	9	10
Head	0	1	2	3	4	5	6	7	8	9	10
Chest/Abd.	0	1	2	3	4	5	6	7	8	9	10

Section C: Pain Duration

How long have you been experiencing this pain?

- Less than 1 month
- 1–3 months
- 3–6 months
- 6–12 months
- More than 12 months

Section D: Functional Impact

In the past 4 weeks, how often has this pain interfered with your daily activities (work, sleep, leisure)?

Frequency	Score
Never	0
Rarely	1
Sometimes	2
Often	3
Very often	4
Always	5

Sedentary Behavior Inventory

Please answer the following questions about your typical workday:

1. **On an average workday, how many hours do you spend seated?** _____ hours
2. **On an average workday, how many hours do you spend looking at a computer or device screen?** _____ hours
3. **How often do you take a break from sitting to stand or move during work?**
 - Every 30 minutes or less
 - Every 30–60 minutes
 - Every 1–2 hours
 - Every 2–4 hours
 - Less than every 4 hours
4. **Do you use a height-adjustable (sit-stand) workstation?** Yes No
5. **Do you use an ergonomic chair?** Yes No
6. **Have you had your monitor height professionally adjusted?** Yes No
7. **On average, how many hours per week do you engage in moderate-to-vigorous physical exercise outside of work?** _____ hours
8. **How would you rate your overall physical activity level outside of work?**
 - Very low (sedentary)
 - Low
 - Moderate
 - High
 - Very high