

1 Multimedia Appendix 2. Questionnaires

2 1. Demographics

3

4 1. What is your age?

5 ____ years old

6

7 2. Gender:

8 Male / Female

9

10 3. What is the highest education you have enrolled in?

11 *answers provided in Dutch as our system differs from the English or US system, ranked

12 from low to high, starting with 'no formal education' up to 'university'*

13 Geen opleiding gevolgd / afgemaakt

14 Basisonderwijs

15 MAVO

16 Voorbereidend beroepsonderwijs

17 HAVO / VWO

18 Middelbaar beroepsonderwijs

19 Hoger beroepsonderwijs

20 Wetenschappelijk onderwijs

21

22 4. Height:

23 approximately ____ cm

24

25 5. Weight: (preferably today or otherwise a recent measurement)

26 approximately ____ kg

27

28 6. How would you describe your general health?

29 Not good

30 Moderate

31 OK

32 Very good

33 Excellent

34

35 7. Do you find yourself forgetful?

36 Yes

37 No

38

39 8. How much do you worry about your forgetfulness?

40 Not at all

41 Very little

42 A little

43 A lot

44 Very much

45

46 9. How many hours per week do you work under contract?

47 _____hours

48

49 10. How much overtime do you work on a weekly basis? (Please include both paid and unpaid
50 overtime but at home or at work. Exclude time commuting)

51 _____ hours

52

53 11. How many hours of your total working hours do you spend behind a computer?

54 _____ hours

55

56

57 **2. Lifestyle questionnaires**

58 **2.1 Physical activity:**

59

60 The next question is about physical activity like walking, or cycling, gardening, working out or other
61 physical activity at school/work, around the house or during leisure time. Please include all physical
62 activities that are at least as intense as walking briskly or cycling.

63

64 1. How many days a week do you at least perform 30 minutes of this type of physical activity?

65 Please consider the average number of days of an average week in the last month.

66

67 _____days per week

68

69 The next question is about intense physical activity that noticeably raises your heart rate,
70 respiration and lasts long enough to start perspiring, like exercise or other intense activities at
71 school/work, around the house or during leisure time.

72

73 2. How many times per week do you take part in intense exercise or heavy physical
74 activities that last long enough to start perspiring? Please consider physical activity that
75 lasts longer than 20 minutes per bout. Consider an average week in the last month.

76

77 _____ days per week

78

79 3. Do you know the Dutch Norm for Healthy Physical Activity?

80 • Yes

81 • No

82

83 4. According to you, how much physical activity is necessary to increase your health status?

84 This means something different from maintaining your health status.

85 • 1 time per week 10 minutes of moderate intense activity, like brisk walking or cycling (15

86 km/hr)

87 • 3 times per week 10 minutes of moderate intense activity, like brisk walking or cycling (15

88 km/hr)

89 • At least 5 times per week, but preferably daily, 30 minutes of moderate intense activity, like

90 brisk walking or cycling (15 km/hr)

91 • 3 times per week at least 20 to 30 minutes of intense physical activity like running

92

93 5. According to you, how fit are you on a scale from 1-10?

94 1 2 3 4 5 6 7 8 9 10

95

96 **2.2 Nutrition:**

97 1. On an average week, how many days per week do you have breakfast?

98 ____ days per week

99 2. How many days per week do you have 3 regular meals (breakfast, lunch, dinner) a day?

100 ____ days per week

101 3. How many days per week do you eat 2 portions of fruit?

102 ____ days per week

103 4. How many days per week do you eat 200 grams of vegetables?

104 ____ days per week

105 5. How many days per week do you eat fish?

106 • None

107 • 1x per week

108 • 2x per week or more

109 6. How many days per week do you eat after you had dinner?

110 ____ days per week

111 7. How many days per week do you have unhealthy snacks in between the three main meals?

112 ____ days per week

113

114 **2.3 Smoking:**

115 1. Are you a smoker?

- 116 • Yes, I currently am a smoker
- 117 • No, I have quit in the last six months
- 118 • No, I have quit longer than six months ago
- 119 • No, I have never smoked

120

121 *Applicable for smokers only:*

122 2. During last year, how many times did you quit smoking for a period longer than 24hours?

123 ___ times

124

125 3. Are you seriously considering quitting smoking?

- 126 • Yes, I consider quitting smoking within the next 30 days
- 127 • Yes, I consider quitting smoking within the next 6 months
- 128 • No, I don't considers quitting smoking at the moment

129

130 4. How much do you smoke on a day to day basis? (multiple options possible)

- 131 • Less than 10 cigarettes
- 132 • 10-20 cigarettes
- 133 • More than 20 cigarettes
- 134 • Less than 5 cigars/pipes
- 135 • 5-10 cigars/pipes
- 136 • More than 10 cigars/pipes

137

138 **2.4 Alcohol:**

139

140 1. How many days per week do you consume alcohol?

141 • 0 (go to 2.5)

142 • 1

143 • 2

144 • 3

145 • 4

146 • 5

147 • 6

148 • 7

149

150 2. How many standard drinks of alcohol do you have on a typical day that you consume
151 alcohol?

152 • 1 glass

153 • 2 glasses

154 • 3-5 glasses

155 • 6 glasses or more

156

157 3. On the day of the week that you drink most alcohol, how many standard drinks of alcohol do
158 you consume?

159 • 1 glass

160 • 2 glasses

161 • 3-5 glasses

162 • 6 glasses or more

163

164 4. How many standard drinks of alcohol do you consume weekly?

165 • 1-5

166 • 6-10

167 • 11-15

168 • >15

169

170 **2.5 Sleep:**

171

172 1. On average, how many hours do you sleep per night? Don't count the hours you spent in bed
173 but those that you're actually asleep.

174 hours

175 2. On average, how many hours of sleep do you think you need per night to function properly
176 the next morning?

177 hours

178 3. At what time do you normally go to bed?

179 _____

180 4. At what time would you preferably go to bed on a normal night?

181 _____

182 5. On average, how long does it take you to fall asleep?

183 _____

184 6. On average, at what time do you wake up in the morning?

185 _____

186 7. At what time would you preferably wake up on a normal morning?

187 _____

188 8. How many times do you wake up during the night?

189 ____ times

190

191 The following short questionnaire are on your sleep during the night and attentiveness during the
192 day time. Please indicate for every statement what is most appropriate for your situation when you
193 look back at the last four weeks.

194

195 0 = never

196 1 = sometimes, but less than 3 times per week

197 2 = often, more than 3 times per week

198 3 = daily

199

Situation during the last 4 weeks	Never	Sometime	Often	Daily
1 Do you have trouble getting to sleep?	0	1	2	3
2 Do you wake up multiple times during the night	0	1	2	3
and				
have trouble getting back to sleep?				
3 Do you experience tension and stress while trying	0	1	2	3
to fall				
asleep?				
4 Thoughts are racing through your head while you	0	1	2	3
are in				
bed?				

5	Are your muscles tense while trying to fall asleep?	0	1	2	3
6	Do you have the feeling that you sleep restlessness?	0	1	2	3
7	Do you snore?	0	1	2	3
8	Do you experience pain or cramps during the day and/or night time?	0	1	2	3
9	Do you wake up with a headache or painful muscles?	0	1	2	3
10	Do you get enough sleep to wake up refreshed?	0	1	2	3
11	During the day, do you feel drowsy or sleepy?	0	1	2	3
12	Do you take naps longer than 5 minutes during the day?	0	1	2	3

200

201 **2.6 Relaxing:**

202 1. Satisfaction with Life Scale[66]:

203 Diener E, Emmons RA, Larsen RJ, Griffin S: **The Satisfaction With Life Scale.** *J Pers Assess*

204 1985, **49**(1):71-75.

205

206 2. Can you estimate how many hours per week you spend on the following activities during a

207 regular week?

208 Watch TV _____ hours per week

209 Reading; books, magazines, newspapers, etc _____ hours per week

210 Being part of a group / clubs _____ hours per week

211 Sports: ball sports, endurance training etc _____ hours per week

212 Light sports: hiking, cycling, gardening, etc _____ hours per week

213	Think sports: checkers, chess, puzzles, etc	___ hours per week
214	Doing groceries, cooking, physical hygiene	___ hours per week
215	Hobbies, making music, driving	___ hours per week
216	Learning new skills: language, courses, etc	___ hours per week
217	Social gathering with friends, family, acquaintances	___ hours per week

218

219 **2.7 Personality Questionnaires**

220

221 2.7.1 Dutch General Self Efficacy Scale:

222 Schwarzer RJ, M.: **Generalized Self-Efficacy scale**. In: *Measures in health psychology: A user's*

223 *portfolio Causal and control beliefs*. edn. Edited by J. Weinman SW, & M. Johnston. Windsor,

224 England: NFER-NELSON; 1995: 35-37.

225

226 2.7.2 Self Efficacy per lifestyle area:

227 Kelly RB, Zyzanski SJ, Alemagno SA: **Prediction of motivation and behavior change**

228 **following health promotion: role of health beliefs, social support, and self-efficacy.**

229 *Social Science & Medicine* 1991, **32**(3):311-320.

230

231 2.7.3 The Positive and Negative Affect Schedule (PANAS):

232 Watson D, Clark LA, Tellegen A: **Development and validation of brief measures of positive**

233 **and negative affect: the PANAS scales**. *J Pers Soc Psychol* 1988, **54**(6):1063-1070.

234

235 2.7.4 Self-control scale by Tangney:

236 Tangney JP, Baumeister RF, Boone AL: **High self-control predicts good adjustment, less**
237 **pathology, better grades, and interpersonal success.** *J Pers* 2004, **72**(2):271-324.

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