

Supplementary Document

Workplace Well-being- Questionnaire of Healthy Life Styles

Part I : Health Management

Section A: Health Monitoring

1. How often did you weigh yourself on the average in the last month?
 (1) none (2) 1-3 times in the past month
 (3) 1-3 times every month (4) 4-6 times every week
 (5) at least once daily
2. How often did you take your blood pressure on the average in the last month?
 (1) none (2) 1-3 times in the past month
 (3) 1-3 times every month (4) 4-6 times every week
 (5) at least once daily

Section B : Absence

1. How many days did you take sick leaves(such as fever ,cold and so on but incident injuries and chronicle disease are excluded)
2. How many times did you see the physicians in last month?
 (1) once (2) twice (3) three times (4) four times
 (5) five times(included and above)
3. What's your absence after being physically unwell in the last month ?
(multiple choices)
 (1) On sick leaves for _____days until going back to work while fully recovered **【please go to part II】**
 (2) On sick leaves for _____days until going back to work while unfully recovered.
 (3) On duty without taking sick leaves while feeling physically unwell.

Part II : Eating Habits

Section A: Vegetables And Fruits Taken

- 1-1. How many days do you take in vegetables weekly?
 (1) 1-2 days (2) 3-4 days (3) 5-6 days (4) 7 days
- 1-2. Given the quantity of a rice bowl for general use as measurement, how many rice bowls of vegetables do you consume on the average in the days while taking in vegetables?(calculated by cooked vegetables, and every

100 grams of lettuces equal half rice bowl of cooked vegetables.)

(1) less than 1 (2) 1 (3) 2 (4) 3 (5) 4 at least

1-3. How many days do you consume fruits weekly on the average?

(1) 1-2 days (2) 3-4 days (3) 5-6 days (4) 7 days

1-4. How many portions of fruits do you consume on the average during the days while you have them? (one portion is about the size of a fist, or equals 80% of a rice bowl if the fruits are granular or cut.)

(1) less than 1 (2) 1 (3) 2 (4) 3 (5) 4 at least

Section B: Water Drinking Habits

1. How often do you drink water on the average daily ?

(1) every 20-30 minutes (2) every 31-60 minutes (3) over 60 minutes
 (4) only when feeling thirsty

2. Given a glass of water equals 500 C.C., how many glasses of water do you drink on the average daily?

(1) less than 1 (2) 1 (3) 2 (4) 3 (5) 4 at least

3. Do you have a habit of drinking sugar-sweetened beverages, including juice, coffee, milk and so forth, in usual times?

(1) yes (2) no (3) sometimes

4. What's the quantity when you consume sugar-sweetened beverages, including juice, coffee, milk and so forth, in a day ?

(1) none (2) 1-500 C.C. (3) 501-700 C.C.

Section C: Eating Habits

1-1. How do you get access to your meals in the working days?

(1) household cooking (2) dining-out (3) staff cafeteria
 (4) others: _____ (Please specify)

1-2. If you have to go out for food, how far(_____meters or so) is it between the food seller and your workplace? 【skip if you do household cooking or dine in staff cafeteria】

1-3. What are the considerations when you order meals?(Multiple Choices)

price nutrition calories flavors convenience serving speed variety
 reviews interior design styles environmental hygiene service
 others: _____ (Please specify)

Part III: Physical Activity

Section A: Exercise

1. Do you have regular exercise routines? (Regular exercises define as accumulation of 150 minutes of moderate physical activities per week, which last for 10 minutes above and accelerate heartbeats and cause gasp, and work labor are excluded, including package loading, house chores and so forth.

(1) yes 【Please go to 2.】 (2) no 【Please go to 3.】

2-1. When do you exercise? (Multiple Choices)

(1) before work (2) bits-and-pieces time at work or lunch break

(3) after work (4) on holidays or leaves

2-2. How many times do you do exercises on the average in a week? _____

2-3. How long does it take? _____ minutes

3. Which one describes your physical activities a condition the best?

(1) Don't feel like engaging in any physical activities at all.

(2) plan to engage in physical activities but haven't started yet.

(3) Will do some physical activities when being available, but less than 3 times in a week.

(4) Maintain physical activities for 3 times above on weekly basis, and achieve accumulation of 150 minutes of moderate physical activities per week, such as jogging, hiking and double tennis, but the exercise routine hasn't been lasting for over 6 months yet.

(5) Maintain physical activities for 3 times above on weekly basis, and achieve accumulation of 150 minutes of moderate physical activities per week, such as jogging, hiking, and the exercise routine has been lasting for over 6 months.

Section B: Sedentary Time at Work

1. How long is your daily average sedentary period at work in the last month?

(1) within 2 hours (2) 2-4 hours (3) 4-6 hours

(4) 6-8 hours (5) over 8 hours

2. Following the previous, how often do you get up, staying away from the seat for at 1 minute?

(1) 30 minutes (2) 30-60 minutes (3) 1-2 hours (4) at least 2 hours

3. Following the previous, what activities do you do after getting up? (multiple choices)

(1) stretching (2) getting water or using toilet (3) walking around

(4) others _____ (please specify)

Part IV: Self-awareness

Section A: Health Self-awareness

1. Weight Self-awareness

1-1. You think your body type fits in which category of the following:

- (1) under weight (2) fit (3) mild overweight (4) moderate overweight
 (5) overweight

1-2. You are currently weighed about _____ kilograms, and your ideal weight is _____ kilograms. (calculated to the first digit after the decimal point)

1-3. Is it difficult for you to maintain ideal weight?

- (1) not at all (2) a little (3) extremely

2. Blood Pressure Self-awareness

2-1. Do you have high blood pressure?

- (1) no idea (2) certainly not (3) probably not
 (4) probably but not diagnosed by physician yet.
 (5) yes and under medication (6) yes but not under medication

2-2. Your current blood pressure is _____ mmHg (SBP) / _____ mm (DBP)

- no idea

Section B: Pressure Indicator Measurement

1. In the past month have you been feeling nervous, thinking work is never finished?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

2. Have you been experiencing insomnia or sleep of poor quality lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

3. Have you been low-spirited, anxious or upset lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

4. Have you been forgetting things easily and becoming very forgetful lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

5. Have you had bad appetite or insatiably good appetite lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

6. Have you been sick at least once in the recent six months?

- (1) yes (2) no

7. Have you been feeling extremely exhausted and sleeping through the whole weekend?

- (1) yes (2) no

8. Have you had headache and sore muscles on back and waist lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

9. Have you had a massive sense of uncertainty or fears about the future lately?

- (1) always (2) usually (3) sometimes (4) seldom (5) never

10. Have you been told you don't look well lately?
 (1) always (2) usually (3) sometimes (4) seldom (5) never
11. Do you feel distracted or fail to concentrate at work because of pressure?
 (1) always (2) usually (3) sometimes (4) seldom (5) never
12. Have you had emotional turmoil that affected the interaction with coworkers because of work pressure?
 (1) always (2) usually (3) sometimes (4) seldom (5) never
13. How much do you value the physical and mental well-being of yourself?
 Please rate : _____ scores.

【please fill in the scores from 0 to 10, and 10 represents the utmost value】

14. How much do you satisfy the physical and mental well-being of yourself?
 Please rate : _____ scores.

【please fill in the scores from 0 to 10, and 10 represents the utmost value】

Part : Background

1. Sex: (1) male (2) female
2. Age: _____
3. Name: _____
4. Education:
 (1) elementary school and below (2) junior high school
 (3) senior high/vocational high school (4) junior college
 (5) university and college (6) graduate school and above
5. Marital status
 (1) unmarried (2) married (3) others
6. Your main work location falls in which of the following category :
 (1) in-office
 (2) out-of-office spots, such as counter or other work requires prolonged standing
 (3) moving among locations, such as regularly go visiting clients or to other branch offices
 (4) Others _____
7. What's your main work shifts?
 (1) day shift (2) night shift (3) graveyard shift (4) rotate
8. What's your work type?
 (1) frontline staff (2) office worker (3) field staff
 (4) others _____ (please specify)