

## Supplementary File

### Employee Survey

Gender:	Age:
Survey #	Date:

This is an anonymous survey. Please answer honestly and to the best of your ability.

**1. Do you think that stretching daily is important?**

- a. Yes
- b. No
- c. Indifferent

**2. Do you stretch regularly?**

- a. 1-2 times per week
- b. More than 3 times per week
- c. Never

**3. Do you think that daily exercise is important?**

- a. Yes
- b. No
- c. Indifferent

**4. Do you exercise for at least 30 minutes regularly?**

- a. 1-2 times per week
- b. More than 3 times per week
- c. Never

**5. Do you think that your posture is important?**

- a. Yes
- b. No
- c. Indifferent

**6. Do you think that you posture has an influence on your performance at work?**

- a. Yes
- b. No
- c. Indifferent

**7. Do you have pain? (circle all that apply)**

- a. Neck/Back
- b. Shoulder(s)
- c. Wrist/Hands
- d. Ankle/Feet

**8. When do you have pain? (circle all that apply)**

- a. During work
- b. After work
- c. On days off
- d. Never

**9. Have you ever missed work due to a work-related injury?**

- a. Yes
- b. No
- c. I was injured but continue working

**10. Have you ever had Physical Therapy for a work-related injury?**

- a. Yes
- b. No
- c. I had Physical Therapy for non-work-related injury