Supplementary File

Employee Survey

<table>
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<th>Gender:</th>
<th>Age:</th>
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<tr>
<td>Survey #</td>
<td>Date:</td>
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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