



Appendix: Survey Instrument

Demographic Information:

1. Personal Details:

- Name: _____.
- Age: _____.
- Gender: _____.
- Education Level:
 - High School or Equivalent
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree

2. Health Information:

- Height (in inches or centimeters): _____.
- Weight (in pounds or kilograms): _____.
- BMI (Body Mass Index): _____.
- Physical Activity Level:
 - Sedentary (Little or no physical activity)
 - Lightly Active (Light exercise or sports 1-3 days a week)
 - Moderately Active (Moderate exercise or sports 3-5 days a week)
 - Very Active (Hard exercise or sports 6-7 days a week)

3. Lifestyle Habits:

- Do you smoke?
 - Yes
 - No

1. Muscular Discomfort Questionnaire:

Please rate the level of discomfort (1 to 5) in each of the following body regions for both sitting desk and standing desk scenarios. Use the following scale:

- 1 = No Discomfort
- 2 = Mild Discomfort
- 3 = Moderate Discomfort
- 4 = Severe Discomfort
- 5 = Very Severe Discomfort

2. Sitting Desk:

1. Neck/Shoulders:

- 1
- 2
- 3
- 4
- 5

2. Upper Back:

- 1
- 2
- 3
- 4
- 5

3. Lower Back:

- 1

- 2
- 3
- 4
- 5

4. Hips/Buttocks:

- 1
- 2
- 3
- 4
- 5

5. Thighs:

- 1
- 2
- 3
- 4
- 5

6. Knees:

- 1
- 2
- 3
- 4
- 5

7. Calves:

- 1
- 2
- 3
- 4
- 5

8. Ankles/Feet:

- 1
- 2
- 3
- 4
- 5

3. Standing Desk:

1. Neck/Shoulders:

- 1
- 2
- 3
- 4
- 5

2. Upper Back:

- 1
- 2
- 3
- 4
- 5

3. Lower Back:

- 1
- 2
- 3
- 4
- 5

4. Hips/Buttocks:

- 1
- 2
- 3
- 4
- 5

5. Thighs:

- 1
- 2
- 3
- 4
- 5

6. Knees:

- 1
- 2
- 3
- 4
- 5

7. Calves:

- 1
- 2
- 3
- 4
- 5

8. Ankles/Feet:

- 1
- 2
- 3
- 4
- 5

4. Health Assessment:**Blood Pressure (mm Hg):**

- Systolic:_____.
- Diastolic:_____.

Resting Heart Rate (bpm):

_____.