

Supplementary Material

Physical Activity Questionnaire

Instructions: Please indicate the average amount of time you spend performing each of the following activities per day by selecting either the duration (15, 30, or 45 minutes) or the total number of hours (1-10 hours), as appropriate.

No.	Activity	Minutes	Hours
1	Sleeping or resting	15 / 30 / 45	1-10
2	Sedentary activities (e.g., watching television, reading, sitting for leisure)	15 / 30 / 45	1-10
3	Desk work, computer use, eating meals, or other sitting activities	15 / 30 / 45	1-10
4	Standing activities (e.g., washing dishes or other tasks performed while standing)	15 / 30 / 45	1-10
5	Household chores, shopping, walking, light movements, or climbing stairs	15 / 30 / 45	1-10
6	Recreational cycling, brisk walking, or fast walking	15 / 30 / 45	1-10
7	Moving or carrying light objects (e.g., carrying a backpack)	15 / 30 / 45	1-10
8	Gardening, stretching exercises, or aerobic exercise	15 / 30 / 45	1-10
9	Sports activities (e.g., football/soccer, volleyball, etc.)	15 / 30 / 45	1-10