Additional file 1: English version of the study-specific questionnaire

Questionnaire

Full name: ..... Age: ..... Height: ..... Weight: ……. Occupation: .....

1. How many years have you been using a mobile phone or tablet?

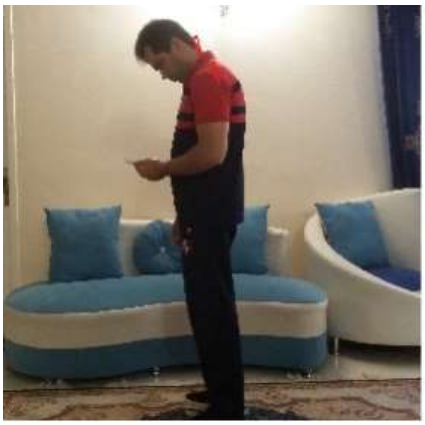
2. How many hours per day do you use your mobile phone?
○ Less than 1 hour
○ 1 to 2 hours
○ 2 to 3 hours
○ More than 3 hours

3. How long does each session of mobile phone use usually last?
○ Less than 15 minutes
○ 15 to 30 minutes
○ 30 minutes to 1 hour
○ More than 1 hour

4. What is your usual body posture when using a mobile phone?
Please rank the following positions from 1 to 3 in order of priority
(1 = most frequent position; 3 = least frequent position).

○ Standing
○ Sitting on a sofa
○ Sitting at a study desk
○ Lying down

Standing position: 1 ... 2 ... 3 ...
(1 = best posture; 3 = worst posture)




Sitting on a sofa: 1 ... 2 ... 3 ...
(1 = best posture; 3 = worst posture)


Sitting at a study desk: 1 ... 2 ... 3 ...
(1 = best posture; 3 = worst posture)


Lying down: 1 ... 2 ... 3 ...
(1 = best posture; 3 = worst posture)

5. What is your main purpose for using your mobile phone?
Please rank the following options from 1 to 4
(1 = most frequent use; 4 = least frequent use).

○ Academic purposes
○ Gaming
○ Social networks
○ Other: .....

6. During the current year, have you participated in regular exercise for health or athletic purposes?
○ Yes
○ No

7. Do you have a history of fracture, surgery, or joint diseases in the spine, shoulder girdle, or pelvis?
○ Yes
○ No

8. Do you experience pathological pain in the neck, shoulder girdle, back, or upper limbs?
○ Yes
○ No

9. Do you have any specific problems related to your respiratory or visual system?
○ Yes
○ No