

SIT-Q-7d

Questionnaire

These questions are about the amount of time that you spent **sitting or lying down** in the **last 7 days**. This questionnaire is organised into five sections, each asking about sitting or lying down in different settings.

Please first answer the question below and read the instructions underneath, which will help you to complete this questionnaire.

*Please tick (✓) **one** box only*

Compare your amount of <u>sitting time</u> over the last 7 days with a typical week for you . In the last 7 days , my amount of sitting was ...				
Much less than normal <input type="checkbox"/>	A little less than normal <input type="checkbox"/>	About the same <input type="checkbox"/>	A little more than normal <input type="checkbox"/>	A lot more than normal <input type="checkbox"/>

Instructions:

1. Please complete the following sections by thinking about the **last 7 days**.
2. Each period of sitting down **should only be entered once** on this questionnaire. For example, if you spent one hour sitting on the sofa reading a book while you were listening to music, count this time as one hour reading if this was your main focus. Do not also count this as one hour listening to music.
3. If there is a big difference between different weekdays or between different weekend days for some answers, then tick the box which is nearest to the **average** for those weekdays or weekend days **in the last 7 days**.
4. The focus of this questionnaire is **sitting and lying** while doing the activities specified below. If some of these activities also involved standing or walking around, please try to only include the time spent sitting and lying during these activities.
5. If you tick the wrong box, please put a large cross through it and then tick the correct box.

Please try to answer every question as accurately and honestly as possible. Your answers will be treated as strictly confidential.

Thank you for your help!

SECTION 1 – SLEEPING AND NAPPING

Sleeping

Think about what time you went to sleep and got up in the last 7 days. If you had variable sleeping patterns (e.g. you did shift work), please record the average time you went to bed and got up on weekdays and on weekend days.

→ **DO NOT INCLUDE:**

- reading or watching TV before falling asleep or after waking. This is part of section 5.

	1. In the last 7 days,	
	at what time did you go to sleep?	at what time did you get up?
Weekday	____ (pm <input type="checkbox"/> / am <input type="checkbox"/>)	____ (am <input type="checkbox"/> / pm <input type="checkbox"/>)
Weekend day	____ (pm <input type="checkbox"/> / am <input type="checkbox"/>)	____ (am <input type="checkbox"/> / pm <input type="checkbox"/>)

Napping

A nap is a brief period of sleep, often during the day. A nap can be taken on a sofa as well as in a bed.

Please tick (✓) **one** box only per line.

	2. In the last 7 days, on average, how long did you nap <u>per day</u> ?					
	No daily napping	1-15 min	15-30 min	30-45 min	45 min-1 hour	More than 1 hour a day
Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 – MEALS

Please think about the amount of time you spent sitting for breakfast, lunch and dinner, on average in the last 7 days.

➔ **DO NOT INCLUDE:**

- time spent eating while watching TV. This is part of section 5.

➔ **DO INCLUDE:**

- time spent sitting for breakfast, lunch and dinner (at home, work,...), also when you were reading, chatting to other people or listening to the radio. For example if you spent 30 minutes sitting for breakfast while reading the newspaper, or for lunch while working, then include this in this section.

Please tick (✓) **one** box only per line.

	3. In the last 7 days, on average, how long did you <u>sit</u> for each of these meals <u>per day</u> ?						
	None	1-10 min	10-20 min	20-30 min	30-45 min	45 min- 1 hour	More than 1 hour a day
Weekday							
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend day							
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – TRANSPORTATION

This section refers to the time you spent sitting during transportation (travelling in a car, bus, train, on a motorbike, etc.) in the last 7 days. The questions are about travelling to and from your occupation, travelling as part of your occupation, and getting about apart from your occupation.

“Occupation” refers to three different types of activities: work, study and volunteering. “Work” refers to all tasks done to earn money. “Study” refers to educational activities. “Volunteering” refers to work that you do for no pay, such as helping in a sports club. Please think about all three of these categories for the following questions.

→ **DO NOT INCLUDE:**

- cycling on a pedal bicycle

4. Have you been working, studying or volunteering (referred to as “occupation”) **in the last 7 days?**

Yes
No

→ If you did not have an occupation in the last 7 days, please skip to the “**Getting about – apart from your occupation**” section below.

→ If you did have an occupation, please answer the questions below. There is space for two different occupations (“Occupation 1” and “Occupation 2”).

Travelling to and from your occupation

5. **In the last 7 days**, how many days a week did you sit while travelling to and from your occupation?
(in a car, bus, train, on a motorbike, etc.; do not include cycling on a pedal bicycle)

Occupation 1: _____ days

Occupation 2: _____ days

Please tick (✓) **one** box only per line.

	6. In the last 7 days, on average, how long did you <u>sit</u> while travelling <u>to and from</u> your occupation on such a <u>day</u> ? (in a car, bus, train, on a motorbike, etc.; <u>do not</u> include cycling on a pedal bicycle)													
	None	1-15 min	15-30 min	30-45 min	45 min-1 hour	1-1.5 hours	1.5-2 hours	2-2.5 hours	2.5-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	More than 7 hours
Occupation 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling as part of your occupation

Now think about the time you sit while travelling as part of your occupation, for example driving from one customer to another, driving a taxi, etc.

7. In the last 7 days, how many <u>days a week</u> did you <u>sit</u> while travelling <u>as part of</u> your occupation? (in a car, bus, train, on a motorbike, etc.; <u>do not</u> include cycling on a pedal bicycle)	Occupation 1: _____ days
	Occupation 2: _____ days

Please tick (✓) **one** box only per line.

	8. In the last 7 days, on average, how long did you <u>sit</u> while travelling <u>as part of</u> your occupation on such a <u>day</u> ? (in a car, bus, train, on a motorbike, etc.; <u>do not</u> include cycling on a pedal bicycle)													
	None	1-15 min	15-30 min	30-45 min	45 min-1 hour	1-1.5 hours	1.5-2 hours	2-2.5 hours	2.5-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	More than 7 hours
Occupation 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Getting about – apart from your occupation

Now think about the time you sit while getting about apart from your occupation, for example when going to the supermarket, going to visit friends, etc.
Please include time spent sitting to and from your destination.

Please tick (✓) **one** box only per line.

	9. In the last 7 days, on average, how long did you <u>sit</u> for getting about <u>apart from your occupation</u> per <u>day</u> ? (in a car, bus, train, on a motorbike, etc.; <u>do not</u> include cycling on a pedal bicycle)													
	None	1-15 min	15-30 min	30-45 min	45 min-1 hour	1-1.5 hours	1.5-2 hours	2-2.5 hours	2.5-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	More than 7 hours
Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – WORK, STUDY AND VOLUNTEERING

This section is about the time you spent sitting during your occupation, which refers to work, study and volunteering. Please think about all three of these categories for the following questions.

10. Did you have an “occupation” **in the last 7 days**?

Yes
No

➔ If you did not have an occupation in the last 7 days, please skip to **section 5**.

➔ If you did have an occupation, please complete this section. There is space for two different occupations (“Occupation 1” and “Occupation 2”).

Occupation 1

11a. Type of occupation 1

Work
Study
Volunteering

12a. Name of occupation 1 (e.g. receptionist) _____

13a. How many days did you do occupation 1 **in the last 7 days**? _____ days

14a. **In the last 7 days**, on average, how much time per day did you spend sitting while doing occupation 1?

➔ **DO NOT INCLUDE:**

- time spent sitting for transportation (in a car, bus, train, on a motorbike, etc.) either for travelling to and from this occupation, or as part of this occupation. This was part of section 3.
- breakfast, lunch or dinner. This was part of section 2.

Please tick (✓) **one** box only

None	1-15 min	15-30 min	30 min-1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	7-8 hours	More than 8 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15a. **In the last 7 days**, on average, how many times per day did you interrupt your sitting time while doing occupation 1, for example by standing up, walking somewhere, or getting a coffee? _____ times

16. Did you have a second occupation **in the last 7 days**?

Yes No

➔ If you did not have a second occupation in the last 7 days, please skip to **section 5**.

➔ If you did have a second occupation in the last 7 days, please answer the questions below.

Occupation 2

11b. Type of occupation 2

Work Study Volunteering

12b. Name of occupation 2 (e.g. receptionist) _____

13b. How many days did you do occupation 2 **in the last 7 days**?

_____ days

14b. **In the last 7 days**, on average, how much time per day did you spend sitting while doing occupation 2?

➔ **DO NOT INCLUDE:**

- time spent sitting for transportation (in a car, bus, train, on a motorbike, etc.) either for travelling to and from this occupation, or as part of this occupation. This was part of section 3.
- breakfast, lunch or dinner. This was part of section 2.

Please tick (✓) **one** box only

None	1-15 min	15-30 min	30 min-1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	7-8 hours	More than 8 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15b. **In the last 7 days**, on average, how many times per day did you interrupt your sitting time while doing occupation 2, for example by standing up, walking somewhere, or getting a coffee?

_____ times

SECTION 5 – SCREEN TIME AND OTHER ACTIVITIES

This last section refers to the time you spent sitting or lying down during other activities in the last 7 days. Remember, each period of sitting down should only **be entered once**. For example, if you spent one hour sitting on the sofa reading a book while you were listening to music, count this time as one hour reading if this was your main focus. Do not also count this as one hour listening to music.

Screen time

Please tick (✓) **one** box only per line.

		17. In the last 7 days, on average, how long did you spend <u>sitting or lying down</u> in the following activities <u>per day</u> ?										
		None	1-15 min	15-30 min	30 min-1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	More than 7 hours
Watching TV, dvds/videos → DO include meals while sitting and watching TV	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using computer apart from work <i>(internet, e-mail, chat, networking (Facebook,...))</i>	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer games <i>(Playstation, Xbox,...)</i> → DO NOT include non-sitting games	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now think about the total time you spent **watching TV** in the last 7 days.

→ If you did not watch TV in the last 7 days, please skip to the **“Other activities”** section below.

→ If you did watch TV in the last 7 days, please answer the questions below.

18. In the last 7 days, on average, how many times per day did you interrupt your sitting time while watching TV _____ times
for example, by standing up, walking somewhere, or getting a drink?

Snacking while watching TV

This is about how often you had snacks or drinks while watching TV in the last 7 days in addition to your usual meals. Only think of snacks which are not part of your breakfast, lunch or dinner.

Please tick (✓) **one** box only per line.

	19. In the last 7 days, on average, how often did you have the following snacks or drinks <u>while watching TV</u> in addition to your breakfast, lunch or dinner?									
	None	1-2 times a week	3-4 times a week	5-6 times a week	Once a day	2 times a day	3 times a day	4 times a day	5 times a day	More than 5 times a day
Savoury snacks (e.g. crisps, salted nuts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets, chocolate(s) (bars), cakes, biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream, chocolate mousse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoghurt, rice pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soda (e.g. coke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, milkshake, hot chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea or coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic drinks (e.g. beer, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other activities

Please remember that each period of sitting down should only **be entered once**.

Please tick (✓) **one** box only per line.

	20. In the last 7 days											
	on average, how long did you spend <u>sitting or lying down</u> in the following activities <u>per day</u> ?											
		None	1-15 min	15-30 min	30 min-1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5-6 hours	6-7 hours	More than 7 hours
Sitting while reading (book, magazine, newspaper,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting while doing household tasks (cooking, ironing,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting while caring for children, grandchildren, elderly or disabled relatives	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for hobbies (playing piano, cards, doing crosswords,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for socializing (visiting friends, pub, cinema, sporting event,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting while listening to music (radio, CD, MP3, iPOD,...)	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for other activities (write below): _____	Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help!