1. **A LITTLE ABOUT ME**

To start, we would like to ask you some general questions to get to know you a little better.

1. How many people live in your household in total? Include yourself in the count. Checkbox response type • 1 • 2 • 3 • 4 • 5 • 6 • 7 or more
2. Do you have children? Checkbox response type. Answers listed horizontally. Logical response rule indicated in green text next to the corresponding answer. • Yes • No (skip to question 4)
3. If you have children under 18, please indicate their date(s) of birth: Date response type Add an option for "My children are over 18 years old" and then leave the date field blank.

• Child 1: DD/MM/YYYY • Child 2: DD/MM/YYYY • Child 3: DD/MM/YYYY • Child 4: DD/MM/YYYY • Child 5: DD/MM/YYYY • Add more children • My child/children are over 18 years old.

1. Select your country of origin: Multiple-choice response in a dropdown format. Answers listed in a dropdown format. Include a list of nationalities, using inclusive language. Only a few examples have been provided; please expand the list. Include an "Other" option with space for specification. • Germany • Argentina • Australia • Austria • Belgium • Bolivia • Brazil • Bulgaria • Canada • Chile • China • Cyprus • Colombia • Costa Rica • Cuba • Denmark • Ecuador • El Salvador • Slovenia • Spain • United States of America • Estonia • Philippines • Finland • France • Grenada • Greece • Guatemala • Guinea • Haiti • Honduras • Hungary • India • Iran • Iraq • Ireland • Israel • Italy • Japan • Jordan • Latvia • Lithuania • Luxembourg • Malta • Morocco • Mexico • Nicaragua • Norway • New Zealand • Netherlands • Pakistan • Panama • Paraguay • Peru • Poland • Portugal • Puerto Rico • United Kingdom • Czech Republic • Slovak Republic • Romania • Russia • Western Sahara • Senegal • Serbia • Sweden • Switzerland • Tunisia • Turkey • Ukraine • Uruguay • Venezuela • Other country\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Indicate the geographical area of origin of your family: Single-choice options, checkbox format for each row.

• Africa • North America • South America • Asia • Europe • Oceania Maternal family Paternal family

1. Considering the total income of different individuals living in your household, what is the average annual gross income of your household? Checkbox response type • Less than €12,000 • €12,000 - €20,000 • €20,000 - €45,000 • €45,000 - €70,000 • More than €70,000 • Prefer not to say
2. Indicate the level of completed education: Checkbox response type. Answers arranged in two columns. Include "other" response with space to specify. With logical response rule indicated in green text next to the corresponding answer. • No primary education completed (skip to question 9) • Compulsory primary education (or EGB) (skip to question 9) • Compulsory secondary education (or EGB + 2nd high school / or vocational training - level 1) • Completed high school/vocational training - level 2/access course to higher vocational training • Higher vocational training (or COU) • University degree (or Diploma/Degree) • Master's degree and degrees/degrees in pharmacy/medicine/veterinary medicine • Doctorate • Other, please specify: ................................
3. Indicate your degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open-ended text response, maximum of 50 characters.
4. What is your current employment/occupational status?: Checkbox response type. Answers arranged in two columns. Include "other" response with space to specify. With response rule indicated in green text next to the corresponding answer. Place the response in two columns. • Retired • Pensioner • Unemployed • Employed by others (company and civil service) • Self-employed • Student (end of block) • Actively seeking employment • Homemaker • Other (specify): ................................
5. Do you work or have you worked shifts? Checkbox response type. Answers arranged horizontally. • Yes • No
6. Indicate your profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open-ended text response, maximum of 50 characters.
   1. **AVAILABILITY TO PARTICIPATE IN TRIALS**

Next, some simple questions to better understand your availability and some aspects related to specific participation requirements in trials and studies, in order to invite you to trials that best suit your preferences in the future.

1. "What is your availability to participate in studies or trials? Select all the availability options you consider appropriate. Multiple choice response. • In-person trials in the morning (if selected, enable questions 15 and 16) • In-person trials in the afternoon (if selected, enable questions 15 and 16) • Online studies or surveys (if selected, enable question 14)
2. Do you have a laptop/desktop computer with a camera to participate in certain online studies? Answer "yes" only if you have a laptop and/or desktop computer, not thinking about a smartphone or tablet. Checkbox response type. • Yes • No
3. Considering the images and/or videos that may be generated when you participate in a study, select the formats for which you would be willing to provide your images: Multiple choice response. • Educational material. • Scientific communications and publications. • Promotional material. • None of the above.
4. Considering the training activities carried out by the IBV, would you be willing to participate in demonstrative trials for training sessions? That is, participate as a "model" in the training activity. • Yes • No Questions 17, 18, and 19 only if "yes" is selected for in-person trials - morning and/or afternoon - in question 13.
5. Would you agree to be photographed with a thermal camera or a body scanner? Checkbox response type. • Yes, with underwear • Yes, with swimwear • No
6. If you have a beard, would you be willing to shave it for a trial? Checkbox response type. Show only if male. • Yes, I would come shaved • No
7. If you have chest hair, would you mind having a small portion shaved under your chest to place the adhesive? Checkbox response type. Show only if male. • YES, it matters to me, I don't want to be shaved • NO, it doesn't matter/I don't need to because I don't have chest hair
8. Do you easily get motion sickness due to movement in vehicles (car, bus, train...)? Checkbox response type. • Yes, I frequently get motion sickness • Occasionally • Rarely or never • When I was a child
9. Do you experience dizziness or nausea while playing a video game? Checkbox response type. • Frequently • Occasionally • Rarely or never • I have never played
10. Do you experience dizziness or nausea while watching a 3D movie or a movie with a wraparound screen? Checkbox response type. • Frequently • Occasionally • Rarely or never • I have never done it
11. Do you experience dizziness or nausea while using virtual reality glasses? Checkbox response type. • Frequently • Occasionally • Rarely or never • I have never done it
12. Do you engage in creative activities (painting, drawing, photography, theater, dance...)? Checkbox response type. • Yes • No
13. Now, a slightly crazy question, but very useful for us. Think of that object, thing (whatever!) that you have at home and it's just a useless item that you don't even know where to put, but you never get rid of it. Tell us a bit about that object!
14. **LIFESTYLE AND CONSUMPTION**

Some studies conducted at IBV focus on mobility and transportation, others on elements and technology present in the home, etc. With the variety of studies we can invite you to participate in, we would now like to know more about your lifestyle and consumption habits.

1. What means of transportation do you use? Check as many as you use. Multiple choice response. • Walking • Scooter • Bicycle • Metro • Tram • Commuter train (enable question 27) • Medium-long distance train (enable question 28) • High-speed train (enable question 29) • Metropolitan bus (enable question 30) • Medium-long distance bus (enable question 31) • Motorcycle • Car as a driver • Car as a passenger
2. How often do you take COMMUTER TRAIN? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
3. How often do you take MEDIUM-LONG DISTANCE TRAIN? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
4. How often do you take HIGH-SPEED TRAIN? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
5. How often do you take METROPOLITAN BUS? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
6. How often do you take MEDIUM-LONG DISTANCE BUS? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
7. Thinking about driving cars, select the option that best describes you. Checkbox response type. • I have a driver's license and I drive (enable question 33 and 34) • I have a driver's license, but I never drive • I don't have a driver's license
8. How often do you drive cars? Checkbox response type. • Less than once a month, but at least 3 to 4 times a year • Once a month • 2 or 3 times a month • At least once a week • 2 to 4 times a week • 5 to 7 times a week
9. What car do you usually drive? o BRAND Free text space o MODEL Free text space o YEAR (optional) Free text space

Now, some questions related to sports activities and leisure to get to know your preferences and hobbies a bit better.

1. Do you practice any sports activity? Checkbox response type. Responses ordered horizontally. • Yes • No (skip to question 39)
2. Indicate the sports activity or activities you practice: Multiple-choice response. Ordered in two columns. Include "other," with space to specify. • Soccer • Tennis • Paddle • Golf • Cycling • Hiking • Running • Others, please specify: ------------------
3. Do you belong to any sports club or association? Checkbox response type. Responses ordered horizontally. With response rules indicated in green text next to the corresponding answer. • Yes • No (skip to question 39)
4. Indicate the sports club or association you belong to: \_\_\_\_\_\_\_\_\_\_\_ Open text response type, with a maximum of 50 characters.

Next, some questions related to technology and the use of technological devices in your daily life.

1. Select the electronic devices you use regularly. Multiple-choice response. Ordered in two columns. Include "other," with space to specify. • Smartphone • Tablet / iPad • Computer • Home automation • Video game console • Smart TV • Smartwatch • Activity tracker • Others, please specify: ------------------
2. Are you a regular user of social media? Checkbox response type. Responses ordered horizontally. • Yes • No
3. Indicate your level of agreement/disagreement with the following statements. Use a scale of 1 to 7, where 1 is totally disagree and 7 is totally agree. Single-choice response options (1-7) for each statement.

1 2 3 4 5 6 7 I try new products before my family and friends do. I know more than others about new technological product releases. I usually buy new technological products even if they are expensive. I am interested/excited about the possibilities that new technological advancements can offer. My interest in technology is rather low or nonexistent.

Now we have some questions related to your home and purchasing and consumption habits in general.

1. Thinking about household shopping decisions in supermarkets-hypermarkets (food, cleaning products, personal hygiene products, etc.), indicate which option best describes you: Checkbox response type. • I am the only person who does the household supermarket shopping. • I am responsible, along with other people, for doing the household supermarket shopping. • Generally, I am not the person who does the household supermarket shopping (skip to question 44). • I never do the household supermarket shopping (skip to question 44).
2. From the list of hypermarkets and supermarkets I show you below, where do you usually shop? You can select more than one option. Multiple-choice response. Ordered in two columns. • Mercadona • Consum • Carrefour • Lidl • Aldi • Alcampo • DIA • Masymas • Economy Cash • Charter • Eroski • Spar • Vidal • Hipercor • El Corte Inglés • Family Cash • Eco Stores • Bulk Stores • Neighborhood stores, small local shops • Other establishments, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Thinking about the purchase decision for home technology and electronics, indicate which option best describes you: Checkbox response type. • I am the only person who makes the purchase of home technology and electronics. • I am responsible, along with other people, for making the purchase of home technology and electronics. • Generally, I am not the person who makes the purchase of home technology and electronics. • I never make the purchase of home technology and electronics.
4. Thinking about the purchase decision for tourist products (hotels, vacation packages, etc.), indicate which option best describes you: Checkbox response type • I am the only person who makes the purchase of tourist products. • I am responsible, along with other people in the household, for making the purchase of tourist products. • Generally, I am not the person who makes the purchase of tourist products. • I never make purchases related to tourist products.
5. Thinking about the purchase decision for household utensils, furniture, and other decorative items, indicate which option best describes you: Checkbox response type • I am the only person who makes purchases of this type of products for the home. • I am responsible, along with other people in the household, for making purchases of this type of products. • Generally, I am not the person who makes purchases of this type of products for the home. • I never make purchases related to this type of products for the home.
6. Thinking about organic products, indicate from the following list if you ever buy organic products in that category. You can indicate as many options as types of organic products you buy. Multiple-choice response type.
   1. Food (skip to question 48)
   2. Personal care
   3. Household cleaning
   4. Clothing and/or textiles
   5. Other products
   6. I don't usually buy organic products
7. Thinking about your regular food shopping basket, how many of the food products you buy would you say are organic? Checkbox response type • Less than 10% of the products are organic • Between 10% and 25% of the products are organic • Between 26% and 50% of the products are organic • More than 50% of the products are organic
8. Are you currently renovating your home or have you renovated it in the past year? Checkbox response type • I am currently in the process of renovation • I finished the renovation less than a year ago • I am not currently in the process of renovation, but I plan to do it in the near future (within 1 year) • I have not renovated my home in recent years and I do not plan to do so (skip to p.51. Block IV - BODY AND HEALTH)
9. Thinking about spaces that you have renovated and/or plan to renovate in your home, which options best describe the renovations you have done and/or plan to do? You can select multiple options if applicable. Multiple-choice response type. • Complete home renovation, including walls and/or floors. • Renovation of floors and/or tiling in 1 or 2 rooms of the home. • Furniture renovation. • Renovation of outdoor spaces/elements (terrace, balcony, etc.). • Other renovations: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **BODY AND HEALTH**

Health and aspects related to the human body (measurements, movement, etc.) are of great importance for IBV studies. Finally, we request information regarding body and health data, which are crucial for inviting you to future studies. Please read the following questions carefully and provide the most accurate answers possible. Your responses will be greatly helpful to us.

1. Indicate your weight in kg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open text response, maximum of 10 characters. Numeric type.
2. Indicate your height in cm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open text response, maximum of 50 characters. Numeric type. Minimum 20 to ensure it is in cm.
3. Indicate your minimum shoe size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open text response, maximum of 50 characters. Numeric type.
4. Indicate your maximum shoe size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Open text response, maximum of 50 characters. Numeric type.
5. What is your usual size for SPORTS SHIRTS? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

XS S M L XL XXL XXXL

1. What is your usual size for SPORTS PANTS? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

XS S M L XL XXL XXXL

1. What is your usual size for T-SHIRTS, TOPS, etc. (Casual or Street Clothing)? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

XS S M L XL XXL XXXL

1. What is your usual size for SHIRTS or JACKETS (Casual or Street Clothing)? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

34 36 38 40 42 44 46 48 50 52 54 56

1. What is your usual size for CASUAL PANTS in letter scale? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

XS S M L XL XXL XXXL

1. What is your usual size for CASUAL PANTS in number scale? It is preferable to indicate only one size, but if necessary, you can select a maximum of two consecutive sizes. Checkbox response.

34 36 38 40 42 44 46 48 50 52 54 56

1. When it comes to body temperature, how would you describe yourself? Checkbox response • Warm-blooded • Cold-sensitive

Top of Form

1. What type of foot do you have? Checkbox response. Responses ordered horizontally. • Normal • High arch (Cavus foot) • Flat
2. Specify if you have any foot problems/singularities: Multiple-choice response. Ordered in two columns. Include "Other" option with space to specify. • None • Bunions • Claw toes • Valgus foot • Other: -------------------
3. Do you regularly wear high heels? Checkbox response. Responses ordered horizontally. • Yes • No
4. Do you regularly wear safety shoes? Checkbox response. Responses ordered horizontally. • Yes • No

Next, some questions related to vision. 65. Do you wear glasses or contact lenses for better vision? Checkbox response. Responses ordered horizontally. • I only wear glasses (enable Q.67) • I wear glasses and contact lenses • I don't need them

1. Specify the type of glasses you use. If applicable, you can select multiple options. Multiple-choice response. Ordered in two columns. Include "Other" option with space to specify. • Distance • Near (only for reading) • Bifocals • Progressive lenses
2. Do you have any visual conditions? Checkbox response. Responses ordered horizontally. With response rule indicated in green text next to the corresponding answer. • Yes • No (skip to Q.70)
3. Specify the type of visual condition. You can select multiple options if applicable. Multiple-choice response. Ordered in two columns. Include "Other" option with space to specify. • Myopia • Hyperopia • Astigmatism • Squint (Strabismus) • Nystagmus • Amblyopia (Lazy Eye) • Cataracts • Color blindness (Daltonism) • Presbyopia • More than 50% blindness • Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_
4. Do you currently or have you ever had any health problems related to JOINTS AND/OR MUSCULATURE; for example, neck pain? Select the part(s) of the body.

• Neck • Back: upper back region • Back: lower back region • Shoulder • Elbow • Wrist • Hand • Hip • Knee • Ankle • Foot • Other: open field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • I have not had any health problems related to joints/musculature

1. Do you currently or have you ever had any health problems related to the NERVOUS SYSTEM; for example, hemiplegia?

• Multiple sclerosis • Epilepsy • Hemiplegia • Paraplegia • Tetraplegia • Neuralgia and/or peripheral nerve entrapments • Radiculopathy • Other: open field\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • I have not had any problems related to the nervous system

1. Have you had or do you currently have any of the following diseases? Select the corresponding options. Multiple-choice response.

• Heart disease (e.g., angina, heart attack, or heart failure) • High blood pressure • Pain in the legs while walking due to poor circulation • Lung disease (e.g., asthma, chronic bronchitis, or emphysema) • Diabetes • Kidney disease • Liver disease • Problems caused by a stroke • Nervous system disease (e.g., multiple sclerosis) • Cancer • Depression • Arthritis • COVID-19 • Other: open field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • I have not had or do not have any diseases

1. Do you have any mobility limitations that require the use of assistive devices such as crutches or a wheelchair? Checkbox response. Responses ordered horizontally. With response rule indicated in green text next to the corresponding answer. • Yes (go to question 74) • No
2. Specify the type of assistive device you use. You can select multiple options if applicable. Multiple-choice response. Ordered in two columns. Include "Other" option with space to specify.

• Cane/Crutch • Walker • Power wheelchair • Manual wheelchair • Other: open field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any general mobility problems? If so, tell us in which activities or movements you have limitations. Open text response, maximum of 100 characters.
2. Do you have any heart problems that affect your heart rhythm, such as arrhythmia or similar conditions? Checkbox response. • Yes • No
3. Do you have any implants or prosthetics in your body? Checkbox response. • Yes (go to question 78) • No
4. What type of implant or prosthesis do you have in your body? You can select multiple options if applicable. Multiple-choice response. • Electronic (pacemaker, insulin pump, cochlear implant...) • Neurostimulator • Dental • Knee • Hip • Other: open field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_