BMJ Open

A web-based questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance in high-performance marine craft populations

mjopen-2017-016006 esearch 5-Jan-2017 Martire, Riccardo; KTH Royal Institute of Technology, Department of eronautical and Vehicle Engineering, Centre for Naval Architecture; erolinska Institutet, Department of Neurobiology, Care Sciences and ociety, Division of Physiotherapy e Alwis, Manudul; Kungliga Tekniska Hogskolan Skolan for knikvetenskap, Department of Aeronautical and Vehicle Engineering
esearch 6-Jan-2017 Martire, Riccardo; KTH Royal Institute of Technology, Department of eronautical and Vehicle Engineering, Centre for Naval Architecture; erolinska Institutet, Department of Neurobiology, Care Sciences and ociety, Division of Physiotherapy e Alwis, Manudul; Kungliga Tekniska Hogskolan Skolan for
5-Jan-2017 Martire, Riccardo; KTH Royal Institute of Technology, Department of eronautical and Vehicle Engineering, Centre for Naval Architecture; arolinska Institutet, Department of Neurobiology, Care Sciences and ociety, Division of Physiotherapy e Alwis, Manudul; Kungliga Tekniska Hogskolan Skolan for
o Martire, Riccardo; KTH Royal Institute of Technology, Department of Peronautical and Vehicle Engineering, Centre for Naval Architecture; Parolinska Institutet, Department of Neurobiology, Care Sciences and Pociety, Division of Physiotherapy Palvis, Manudul; Kungliga Tekniska Hogskolan Skolan for
eronautical and Vehicle Engineering, Centre for Naval Architecture; arolinska Institutet, Department of Neurobiology, Care Sciences and ociety, Division of Physiotherapy e Alwis, Manudul; Kungliga Tekniska Hogskolan Skolan for
entre for Naval Architecture ng, Björn; Karolinska Institutet, Department of Neurobiology, Care ciences and Society arme, Karl; KTH Royal Institute of Technology, School of Engineering ciences, Department of Aeronautical and Vehicle Engineering, Centre for aval Architecture
oidemiology
esearch methods
ntent validity, EPIDEMIOLOGY, fatigue, high-speed craft, repeated shock, hole-body vibration
ar es on

SCHOLARONE™ Manuscripts

Words in text 3225 Words in abstract 289 References 30 Table/Figures 5

A WEB-BASED QUESTIONNAIRE FOR LONGITUDINAL INVESTIGATION OF WORK EXPOSURE, MUSCULOSKELETAL PAIN AND PERFORMANCE IN HIGH-PERFORMANCE MARINE CRAFT POPULATIONS

Riccardo Lo Martire, RPT, MSc^{1,2}, Manudul Pahansen de Alwis, MSc¹, Björn Olov Äng, RPT, PhD^{2,3,4}, Karl Garme, PhD¹

¹ Centre for Naval Architecture, Department of Aeronautical and Vehicle Engineering, School of Engineering Sciences, KTH Royal Institute of Technology, Stockholm, Sweden. ² Division of Physiotherapy, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Huddinge, Sweden. ³ Functional Area Occupational Therapy & Physiotherapy, Allied Health Professionals Function, Karolinska University Hospital, Stockholm, Sweden. ⁴ School of Education, Health and Social Studies, Dalarna University, Falun, Sweden.

Corresponding author:

Riccardo Lo Martire

KTH Royal Institute of Technology,

Department of Aeronautical and Vehicle Engineering,

Centre for Naval Architecture

Teknikringen 8,

100 44 Stockholm,

Sweden

Tel: +46 769 03 88 43

Fax: +46 8 524 888 13

E-mail: lomartire@kth.se

ABSTRACT

Objective: High-performance marine craft personnel (HPMCP) are regularly exposed to vibration and repeated shock (VRS) levels exceeding maximum limitations stated by international legislation. Whereas such exposure reportedly is detrimental to health and performance, the epidemiological data necessary to link these adverse effects causally to VRS is not available in the scientific literature, and no suitable tools for acquiring such data exist. This study therefore constructed a questionnaire for longitudinal investigations in HPMCP.

Methods: A consensus panel defined content domains, identified relevant items, and outlined a questionnaire. The relevance and simplicity of the questionnaire's content were then systematically assessed by expert raters in three consecutive stages, each followed by revisions. An item-level content validity index (I-CVI) was computed as the proportion of experts rating an item as relevant and simple, and a scale-level content validity index (S-CVI/Ave) as the average I-CVI across items. The thresholds for acceptable content validity were 0.78 and 0.90, respectively. Finally, a dynamic web-version of the questionnaire was constructed and pilot-tested over a one-month period during a marine exercise in a study population sample, while accelerometers simultaneously quantified VRS exposure.

Results: Content domains were defined as work exposure, musculoskeletal pain, and human performance, and items were selected to reflect these constructs. Ratings from nine experts yielded S-CVI/Ave of 0.97 and 1.00 for relevance and simplicity, respectively, and the pilot test suggested that responses were sensitive to change in acceleration and that the questionnaire, following some adjustments, was feasible for its intended purpose.

Conclusions: A dynamic web-based questionnaire for longitudinal survey of key variables in HPMCP was successfully constructed. Expert ratings supported that the questionnaire content

is relevant and simple, and the pilot test suggested that the questionnaire is feasible for longitudinal measurements in the study population.

Keywords: content validity, epidemiology, fatigue, high-speed craft, whole-body vibration.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- The questionnaire was rigorously constructed with its content assessed by field experts and its feasibility pilot-tested in a study population sample.
- Questionnaire item responses were linked to co-measured craft acceleration and the results showed sensitivity to acceleration exposure.
- When combined with objective exposure data, this questionnaire enables
 quantification of the risk of musculoskeletal pain and impaired performance related to
 exposure to vibration and repeated shock.
- The questionnaire's content validity is limited by the proficiency of the authors and the expert raters, and the pilot test results by the small sample size.

INTRODUCTION

High-performance marine craft personnel (HPMCP) reportedly suffer from impaired health and performance related to their work at sea. Studies suggest that most of them have had work-related injuries which required medical care during their careers, ¹ and that work-related fatigue commonly degrade their work ability. ²⁻⁴ Meanwhile, the risks related to the work environment at sea have been poorly investigated and could result from numerous interactive factors. One consistent element claimed to increase these risks is the exposure to vibration and repeated shocks (VRS). Although little is known regarding how far specific VRS components contribute to negative effects, prolonged exposure to whole-body vibration has been linked to musculoskeletal pain and impaired performance in other occupations. ⁵⁻⁸ This has resulted in the incorporation of recommendations for maximum daily occupational vibration exposure into international standards and legislation. ⁹⁻¹¹

Marine personnel are excluded from these statutory exposure limits, however, as compliance with them is infeasible given the available technology combined with the inherent demands of their occupation. Those most concerned are likely HPMCP, as they regularly exceed the limits during typical working conditions, even when accounting for shock-mitigation systems. It may therefore be that they risk musculoskeletal pain and impaired performance, especially considering their exposure to repeated shock in addition to whole-body vibration. However, the epidemiological data necessary to link causally the contribution of VRS exposure to adverse effects is absent in the scientific literature, and no suitable tools for acquiring such data exist.

Our group recently developed a comprehensive questionnaire that samples information on marine personnel and their working environment, and enables the prevalence of adverse health and performance effects and their association with work exposure to be quantified.¹³

However, to isolate the causal effects of VRS exposure on health and performance, a complementary, more succinct, instrument with higher resolution is required. Several environmental factors other than VRS likely contribute to adverse effects in marine personnel and needing to be partialled out. ¹⁴⁻¹⁶ In addition, it is important to select appropriate sampling periods, as sea conditions vary greatly and recall bias decreases measured variable precision. ¹⁷

Also, the longitudinal design necessary for such investigations is prone to data attrition, ¹⁹ necessitating feasible data collection tools. This study therefore constructed a web-based questionnaire tailored for longitudinal investigation of work exposure, health and performance in HPMCP.

METHODS

Design

In three steps, a web-based questionnaire in English was developed, validated and pilot-tested in collaboration between the Royal Institute of Technology, Karolinska Institutet, the Swedish Coast Guard and the Norwegian Special Operations Command. Content domains were defined, items were generated, and the questionnaire was outlined by a consensus panel. The questionnaire draft was then assessed by experts in an iterative validation procedure, and the validated questionnaire pilot-tested in a study population sample.

Consensus panel and expert raters

The present authors constituted the consensus panel: two engineers with theoretical and empirical experience in naval architecture, specialists in high-speed marine craft; and two physiotherapists with experience in epidemiologic investigations, biomechanical studies and questionnaire development.

In accordance with previous recommendations based on their knowledge of the content domains, research methodology and statistical analysis, ²⁰ ten independent experts from Sweden, Norway and England enrolled for participation: four women and six men (Table 1).

[TABLE 1: ABOUT HERE]

Development procedure

The questionnaire content was concentrated on key aspects in the previously identified domains of work exposure, health and performance¹³ to provide a more comprehensive coverage of these features. The literature was reviewed to isolate suitable parameters for domain quantification, and items were selected to reflect central features of the measured constructs while balancing content across domains. Items were evaluated based on their analytical value and the questionnaire was designed to be linked to accelerometer data for objective VRS quantification. Sampling periods were selected to capture accurately the measured variables and to reduce recall bias. To optimize the questionnaire for longitudinal measurements, the balance between data quality and respondent burden was carefully considered, with items selected and web-mechanisms implemented to minimize the total number of items. In addition, with the propensity of longitudinal designs for data attrition, optional items were added to facilitate missingness assumptions necessary for result inferences.¹⁹ Finally, a control item inquiring about music preference at sea was included in the first questionnaire draft to evaluate experts' attention to their task.

Validation procedure

In three consecutive stages, experts assessed individual items by rating their relevance and simplicity on two separate 4-point Likert scales: 'not relevant/not simple', 'somewhat relevant/somewhat simple', 'quite relevant/quite simple' and 'very relevant/very simple'.

Ratings were dichotomized so that the two lowest and the two highest options represented

non-relevant/non-simple and relevant/simple, respectively. ^{21 22} In addition, experts could comment on individual items and the questionnaire as a whole, and were invited to provide general feedback on the questionnaire and its length. Taking into consideration the experts' feedback, items were revised, added or discarded by the consensus panel between each validation stage. Prior to the third stage, the questionnaire was professionally proofread and implemented online, and the experts were given access to the online version for evaluation in its intended environment.

An item-level content validity index (I-CVI) was computed for relevance and simplicity as the proportion of experts rating an item as relevant or simple, respectively, ^{21 22} with 0.78 selected as the threshold for an acceptable I-CVI. ^{22 23} A scale-level content validity index was calculated as the average across items' I-CVI (S-CVI/Ave) and as the proportion of items which all experts rated as relevant or simple (S-CVI/UA), with selected thresholds of 0.90 and 0.80 for an acceptable S-CVI/Ave and S-CVI/UA, respectively. ^{21 22} A more detailed description of the validation procedure is provided elsewhere. ¹³

Pilot test

To assess the questionnaire's feasibility and to preliminarily evaluate item properties, it was pilot-tested in a convenience sample of eight Norwegian Special Operations Command officers during a marine exercise where high-speed planing craft were regularly operated. The participants were men aged 28–40 years, with 1–20 years of work experience at sea, who regularly manoeuvred and navigated marine craft.

The questionnaire was completed on the respondents' personal cell phones, and participants were instructed to complete one section on exposure and performance at the end of each work shift and one section on health once weekly over a one-month period. In addition, their craft were instrumented to collect the acceleration time-history data at sea to

enable data comparison. Following the pilot test period, the subjects provided verbal feedback on the questionnaire.

BMJ Open

RESULTS

An overview of the questionnaire construction process is given in Figure 1 and the final questionnaire in the supplementary materials.

Development

The work exposure domain focused on the crew's operational environment and contained items related to work: duration, environment and task. One item identified craft ID to permit linkage between questionnaire data and objective data, and a ride-quality item was included as a measure of ride roughness, ²⁴ useful both as an indicator of VRS exposure when objective data is unavailable and for identifying acceleration features affecting the perception of ride roughness. Items regarding body posture and crew gear, environmental conditions, mission and work task were included for their biomechanical relevance, ⁴ reported influence on impaired health and performance ¹⁴⁻¹⁶ and relevance to mental and physical demands, respectively.

The health domain focused on work-related musculoskeletal pain, it being previously associated with VRS exposure and one of the main areas of concern among HPMCP. Pain occurrence was considered the main variable and auxiliary items were included to describe its characteristics. In line with established recommendations for chronic pain measurement selected auxiliary items inquired about pain location, pain intensity, pain frequency and physical functioning impairment. Pain location was mapped with a previously developed 16-zone figure to maintain compatibility with the baseline questionnaire and additional subitems related to the specific locations. Pain intensity was assessed with a standard formulation

used to reflect the average pain magnitude over the past week and measured on an 11-point numeric rating scale.²⁵ Pain frequency was quantified by providing a daily schedule split between day and night, allowing for a rapid selection of pain occurrence, and simultaneously permitting quantification of pain patterns and association of pain and exposure. Physical function impairments were considered in relation to reduction in work ability, since this parameter involves both practical and financial ramifications. Finally, one item inquiring about perceived cause of pain was included for its descriptive value.

Performance was mainly measured indirectly via fatigue symptoms, as they have been associated with impaired performance.^{2 3 27 28} Fatigue is a subjective experience constituting of several dimensions.^{28 29} Mental fatigue was targeted since it closely reflects performance impairments in common work tasks among HPMCP. A composite summary score derived from 4–5 items encompassing different aspects of fatigue was considered the most suitable method to capture the latent fatigue construct.^{28 29} Selected fatigue items were inspired by previous questionnaires,^{28 30} and adapted to the study population. In addition to the fatigue summary score items, two items for self-rated human and craft performance were included.

Work exposure and performance items targeted the previous work shift to capture acute effects, which presumably are reversed with rest, and to reduce recall bias. In contrast, musculoskeletal pain items targeted the previous week, as prolonged VRS exposure conceivably causes overload injuries, engendering residual effects that increase the likelihood of pain events over time. Also, the recollection of discrete pain events likely is less prone to bias.

To maintain the respondent burden at an acceptable level, the option to deactivate redundant items (e.g., the duration-at-sea item when time at sea is registered elsewhere), a dynamic mechanism which automatically skips redundant items, and only closed-ended response options (i.e., predetermined responses selected from a list) were incorporated. With

all items active, the dynamic mechanism reduced daily items related to work exposure and performance from 19 to seven when respondents had not worked at sea, and limited the maximum number of weekly items related to pain to 14 by leading to auxiliary pain items inquiring about the worst and the least painful areas when more than three pain locations were selected.

To reduce bias related to missing data, one optional item was added with response options defined to support different missing data assumptions.¹⁹ Refusal to respond to an item was managed by incorporating a hidden response option (i.e., 'I do not want to answer this question'), which appeared only when respondents attempted to skip an item. Selection of this option strongly suggests that missingness is related to the item itself.

[FIGURE 1: ABOUT HERE]

Validation

The first questionnaire draft contained 28 items (excluding the control item which all experts rated as non-relevant), of which 13 were related to work exposure, six to pain, seven to performance and two to missing data. Ratings by 10 experts revealed acceptable I-CVI for simplicity and relevance of 26 items, thereby exceeding the threshold of 0.90 for an acceptable S-CVI/Ave in the first stage. However, 90 item-specific expert comments at this stage prompted further item refinement. Based on this feedback, 18 items were revised, two were added to enhance the fatigue summary score, and one on mission status was discarded as inapplicable to subgroups of the study population.

The second questionnaire draft of 29 items was rated by nine experts, as one expert discontinued the process. Whereas 28 items met the cut-off for an acceptable I-CVI, 45 expert comments again indicated opportunities for further improvements. Accordingly, 12 items

were modified and three were removed: one related to shock mitigation at sea since it was considered redundant, and two related to the fatigue summary score since they were found confusing or redundant.

The third and final 26-item questionnaire draft was also rated by nine experts, with 25 items having an acceptable I-CVI for both relevance and simplicity, amounting to an S-CVI/Ave of 0.97 and 1.00, and an S-CVI/UA of 0.85 and 0.96 for relevance and simplicity, respectively. Eight of nine experts commented on the overall questionnaire. All responded that the questionnaire was good to very good; four suggested that it was of good length while four felt it was slightly too long. The 'headache' item (item 12) failed to meet acceptable I-CVI for relevance, was rejected by three of nine experts, but was nonetheless retained for further assessment because of its potential value as a fatigue indicator. Table 2 details the results of the validation process.

[TABLE 2: ABOUT HERE]

Pilot test

The pilot test suggested that the completion time for both questionnaire parts combined was approximately 10 minutes. Of eight subjects, seven participated in the daily part about work exposure and performance and five in the weekly part about musculoskeletal pain. Over the one-month period, these respondents completed each part 2–15 and 1–5 times, respectively.

Data obtained indicated that the questionnaire's psychometric properties were acceptable.

Responses had either uniform or unimodal distributions across item categories. The 'Other' option available for some items was never selected, and no participants elected to avoid any item response. Exposure-related items registered similar ratings for subjects on the same craft,

and there were no contradictory ratings. Of 14 occasions, 7–10 ratings each for ride quality, sea conditions, wind conditions, noise level and temperature, and 3–5 ratings each of sea spray and visibility were identical between subjects, and ratings differed by at most two categories.

The 'ride-quality' item showed sensitivity to acceleration exposure (Figure 2), and the fatigue summary score items showed sensitivity to ride quality (Figure 3). However, because the response distribution in the fatigue items suggested that a potential floor effect might be present, which could be detrimental to fatigue discrimination, some changes were made to increase sensitivity. The 'memory' item, excluded in the validation process based on expert comments – and which nevertheless met the criterion for an acceptable I-CVI – was reintegrated for further evaluation. Moreover, the 'concentration', 'decision' and 'memory' items were revised to accommodate a bipolar response structure (i.e., 'Very high' to 'Very low'), and an additional response category was added to both the 'headache' and 'tiredness' items. Final modifications were also implemented with respect to the musculoskeletal pain items. Feedback from the subjects revealed that they lacked a response option for absence of pain while under pain relief medication; the response structure of the 'pain event' item was therefore revised to accommodate this. Finally, the 'perceived pain cause' item was removed to reduce the respondent burden.

[FIGURE 2: ABOUT HERE]

[FIGURE 3: ABOUT HERE]

DISCUSSION

This study developed, validated and pilot-tested a questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance in high-performance marine craft personnel (HPMCP). Ratings from nine experts computed to an S-CVI/Ave of

 0.97 and 1.00 for relevance and simplicity, respectively, supported excellent content validity, and the pilot test suggested that the questionnaire, following some adjustments, was feasible for its intended purpose.

The expert ratings supported that the questionnaire content was both relevant with respect to the intended content domains and simple to understand. In the first validation stage the S-CVI/Ave already exceeded the commonly used threshold of 0.90;^{21 22} however, expert itemlevel disagreement and the multiplicity of comments indicated that further improvements were possible. Items were noticeably refined in subsequent stages, as reflected by the increase in S-CVI/UA, which improved from 0.64 and 0.50 in the first stage to 0.85 and 0.96 in the final stage for relevance and simplicity, respectively, thereby meeting the acceptability criterion of 0.80 for both. 2^{122}

Although our content validity indices were exceptionally high in comparison both to our baseline questionnaire and to reported results of other questionnaires, ¹³ ²¹ certain adjustments were necessary to finalize the questionnaire. Item 12 ('headache') failed to meet an acceptable I-CVI for relevance but was nonetheless retained, as expert comments suggested that this was due to a lack of understanding of its intended purpose as a fatigue summary score item. This decision was supported by the pilot-test results which indicated that it was sensitive to ride roughness. In addition, a potential floor effect detected by inspecting the distribution in fatigue-related items, prompted the return of item 15 ('memory') and the changes in the response structure of all fatigue-related items.

While the results from both the validation process and the pilot test supported the adequacy of the questionnaire in quantifying the content domains, it could involve a considerable respondent burden as the final version contains up to 30 items. Upon initial review, the response rate suggested that there was a problem with the feasibility of the questionnaire for longitudinal measurements. The secrecy of the group investigated prevented determination of

Page 14 of 56

the exact response rate and attached causes (e.g., respondents' work schedules were classified); however, respondent feedback revealed that they were not allowed to use their cell phones during a one-week exercise and that two intended subjects did not participate in the marine exercise and therefore dropped out. In addition, Norwegian occupational regulations demand an average two-day rest per week. Accounting for these factors, we approximated a response rate of >85% for three subjects and 10–40% for the three remaining subjects in the daily questionnaire section, and 100% for one subject, 50% for three subjects and 0–25% for two subjects in the weekly questionnaire section. Thus, in this pilot study, half the respondents had an acceptable response rate for the daily section, but only one of six for the weekly section. Respondent feedback suggested that the low response rate for the weekly section was related to the division of the questionnaire into two parts, and both sections were therefore incorporated into a single web-questionnaire. Noteworthy is that in this pilot test, we maximized the respondent burden both in sampling frequency, once following each work shift, and in total questionnaire items. Decrease of either of these two aspects would likely increase questionnaire feasibility for longitudinal investigation.

This study has some limitations. Whereas a large number of experts were included in the questionnaire validation to provide a suitable breadth of knowledge across content domains and to lessen the risk of chance agreement, ²² its validity is limited by the proficiency of the expert raters and the consensus panel. Likewise, the results of this pilot test, conducted in a sample chosen to represent HPMCP subjected to the most intense VRS exposure, are limited by the small sample size. With respect to the questionnaire content, performance was indirectly measured via fatigue, as performance and fatigue have previously been associated^{2 3} and as performance is hard to capture with self-reported data. To know how far the questionnaire items actually measure performance it is, however, necessary to link them to objective performance indicators.

In addition to the construction of the present questionnaire, knowledge acquired from this study resulted in modifications to the previously developed baseline questionnaire: the item order was altered so that prioritized items were placed before other items, fatigue summary score items were altered to improve their sensitivity, and the wording of pain-related items was revised. The updated version is available in the supplementary materials. In conjunction with objective exposure data, the two questionnaires provide a means to quantify the extent of musculoskeletal pain and performance impairments in HPMCP, and to link the contribution of VRS exposure causally to these effects. However, for accurate inferences, the questionnaires' psychometric properties should be further evaluated.

CONCLUSIONS

A dynamic web-based questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance in high-performance marine craft populations was successfully constructed. Ratings from nine experts supported that the questionnaire content was relevant and simple. A pilot test suggested that items were sensitive to change in content domains, and that the questionnaire, following some adjustments, was suited for its purpose in the study population.

ACKNOWLEDGEMENTS

We thank the expert raters for their feedback, and the Norwegian Special Operations

Command officers for their participation in the pilot test. We also thank Lea Constan for excellent feedback on the manuscript, Jan Ivar Kåsin from the Norwegian Institute of Aviation Medicine for connecting us to experts and pilot test subjects from the study population, and Stefan Andersson from the Swedish Coast Guard for providing experts from the study population.

CONTRIBUTIONS

KG is leading the research program of which this study is a part. All authors conceived and designed the study, and constituted the consensus panel. RLM and MPdA outlined the questionnaire and refined it in accordance with the experts' feedback. RLM implemented the questionnaire online and drafted the manuscript, and MPdA, KG and BOA reviewed and contributed to the manuscript's development. All authors read and approved the final manuscript.

FUNDING

The Gösta Lundeqvist Foundation for Ship Research (Gösta Lundeqvists stiftelse för skeppsteknisk forskning) and the Swedish Maritime Administration (Sjöfartsverket).

COMPETING INTERESTS

None declared.

ETHICS APPROVAL

Ethics approval was obtained from the Regional Committee for Medical Research Ethics (Dnr. 2015/576-31), Stockholm, Sweden. All participants received study information and signed an informed consent.

DATA-SHARING STATEMENT

No additional data available.

REFERENCES

- 1. Ensign W, Hodgdon J, Prusaczyk K, et al. A survey of self-reported injuries among special boat operators. Technical Report 00-48. San Diego, California: Naval Health Research Center, 2000.
- 2. Stevens SC, Parsons MG. Effects of motion at sea on crew performance: a survey. *Mar Technol* 2002;39:29-47.
- 3. Wadsworth EJ, Allen PH, McNamara RL, et al. Fatigue and health in a seafaring population. *Occup Med (Lond)* 2008;58(3):198-204.
- 4. Townsend NC, Coe TE, Wilson PA, et al. High speed marine craft motion mitigation using flexible hull design. *Ocean Eng* 2012;42:126-34.
- 5. Bovenzi M, Hulshof CT. An updated review of epidemiologic studies on the relationship between exposure to whole-body vibration and low back pain (1986-1997). *Int Arch Occup Environ Health* 1999;72(6):351-65.
- 6. Lings S, Leboeuf-Yde C. Whole-body vibration and low back pain: a systematic, critical review of the epidemiological literature 1992-1999. *Int Arch Occup Environ Health* 2000;73(5):290-7.
- 7. Conway GE, Szalma JL, Hancock PA. A quantitative meta-analytic examination of whole-body vibration effects on human performance. *Ergonomics* 2007;50(2):228-45. doi: 10.1080/00140130600980888
- 8. Wikstrom B-O, Kjellberg A, Landstrom U. Health effects of long-term occupational exposure to whole-body vibration: A review. *Int J Ind Ergonom* 1994;14:273-92.
- 9. International Organization for Standardization. ISO 2631-5:2004. Mechanical vibration and shock evaluation of human exposure to whole-body vibration Part 5: method for evaluation of vibration containing multiple shocks. Geneva, Switzerland, 2004.

- 10. British Standards Institution. BS 6841:1987. Guide to measurement and evaluation of human exposure to whole-body mechanical vibration and repeated shock. London, England, 1987.
- 11. European Parliament and the Council of the European Union. Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risk arising from physical agents (vibration). *Off J Eur Comm* 2002;45(L177):13-19.
- 12. Garme K, Burstrom L, Kuttenkeuler J. Measures of vibration exposure for high speed craft crew. *J Eng Marit Environ* 2011;225:338-49.
- 13. de Alwis MP, Lo Martire R, Ang BO, et al. Development and validation of a web-based questionnaire for surveying the health and working conditions of high-performance marine craft populations. *BMJ Open* 2016;6(6):e011681.
- 14. Dobbins T, Hill J, Myers S. Fatigue in Military Operations; High Speed Craft Repeated Shock and Other Factors. 51st United Kingdom Conference on Human Responses to Vibration. Gosport, England, 2016.
- 15. Parsons k. Human Thermal Environments: The Effects of Hot, Moderate, and Cold Environments on Human Health, Comfort, and Performance. Boca Raton, FL: CRC Press 2002.
- 16. Cohen S, Evans GW, Stokols D, et al. Behavior, Health, and Environmental Stress Hoboken, NJ: Springer Science 1986.
- 17. Rockwood T. Assessing Health: Response Formation and Accuracy. In: Johnson TP, ed. Handbook of Health Survey Methods. Hoboken, New Jersey: John Wiley & Sons 2015:107-42.

- 18. Stone AA, Broderick JE, Shiffman SS, et al. Understanding recall of weekly pain from a momentary assessment perspective: absolute agreement, between- and within-person consistency, and judged change in weekly pain. *Pain* 2004;107(1-2):61-9.
- 19. Laird NM. Missing data in longitudinal studies. Stat Med 1988;7(1-2):305-15.

- 20. Grant JS, Davis LL. Selection and use of content experts for instrument development. *Res Nurs health* 1997;20(3):269-74.
- 21. Polit DF, Beck CT. The content validity index: are you sure you know what's being reported? Critique and recommendations. *Res Nurs Health* 2006;29(5):489-97.
- 22. Polit DF, Beck CT, Owen SV. Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health* 2007;30(4):459-67.
- 23. Lynn MR. Determination and quantification of content validity. *Nurs Res* 1986;35(6):382-5.
- 24. Payne PR. On quantizing ride comfort and allowable accelerations. AIAA/SNAME Advance Marine Vehicle Conference. Arlington, VA, 1976.
- 25. Dworkin RH, Turk DC, Farrar JT, et al. Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. *Pain* 2005;113(1-2):9-19.
- 26. Turk DC, Dworkin RH, Allen RR, et al. Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. *Pain* 2003;106(3):337-45.
- 27. Charlton SG, Baas PH. Fatigue, work-rest cycles, and psychomotor performance of New Zealand truck drivers. *NZJ Psychol* 2001;30:32-39.
- 28. Beurskens AJHM, Bültmann U, Kant I, et al. Fatigue among working people: validity of a questionnaire measure. *Occup Environ Med* 2000;57:353-7.
- 29. Ahsberg E. Dimensions of fatigue in different working populations. *Scand J Psychol* 2000;41(3):231-41.

30. Neuberger GB. Measures of fatigue: The Fatigue Questionnaire, Fatigue Severity Scale, Multidimensional Assessment of Fatigue Scale, and Short Form-36 Vitality (Energy/Fatigue) Subscale of the Short Form Health Survey. *Arthritis Care Res* 2003;49(S5):175-83.



FIGURE CAPTIONS

- Figure 1. Flow chart of the questionnaire construction process.
- **Figure 2**. Sampled acceleration relative to self-reported ride quality for the only two subjects with complete data.
- Figure 3. The four top graphs show fatigue-related ratings per ride quality category and the bottom graph shows the number of fatigue symptoms defined as ratings other than 'No' for "igures are each observation. Figures are based on 58 observations from repeated measurements in seven subjects.

TABLES

Table 1. Expert characteristics.

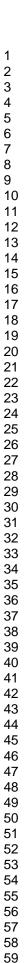
Expert	Profession	Area of expertise
1	Special operations command officer	HSC operations, target population.
2	Special operations command officer	HSC operations, target population.
3	Coastguard officer	HSC operations, target population.
4	Coastguard officer	HSC operations, target population.
5	Engineer, researcher	HSC human factors engineering.
6	Engineer, researcher	HSC human factors engineering.
7	Physician, researcher	Medicine, human biomechanics,
		content validity.
8	Physiotherapist, researcher	Epidemiology, questionnaire
		development, musculoskeletal pain.
9	Physiotherapist, researcher	Questionnaire development,
		musculoskeletal pain.
10	Physiotherapist	Occupation therapist in the study
		population.
HSC, high-speed craft		4

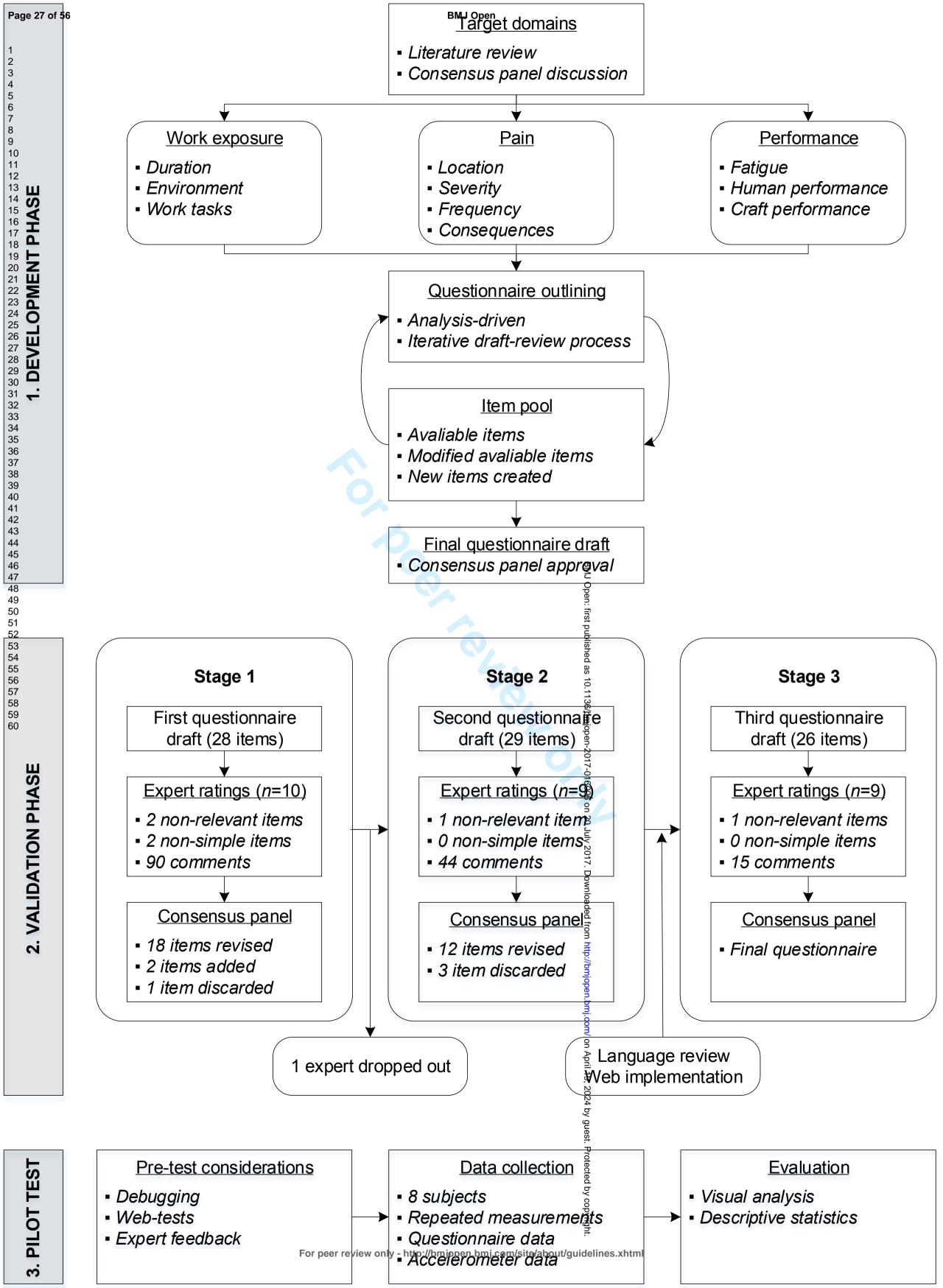
 Table 2. Expert ratings across the three validation stages.

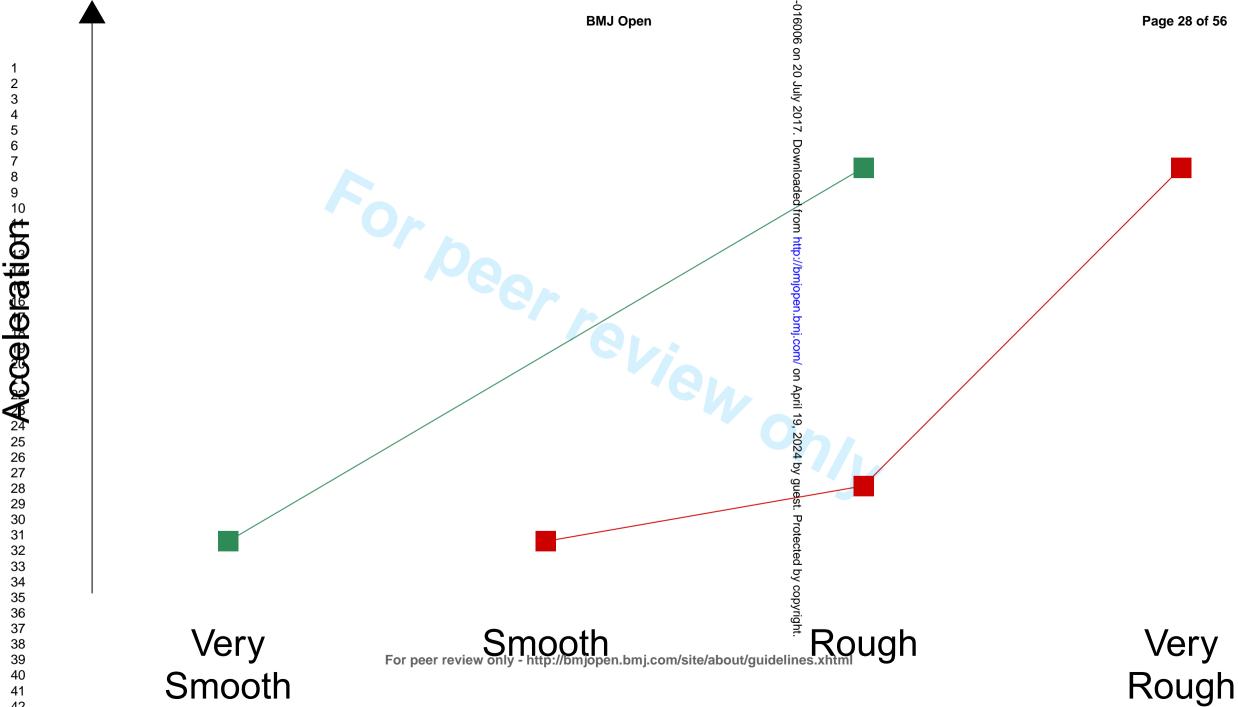
		Relevance						Simplicity						
	Item	Stage 1	(<i>n</i> =10)	Stage 2	2 (<i>n</i> =9)	Stage 3	3 (<i>n</i> =9)	Stage 1	(<i>n</i> =10)	Stage 2	2 (<i>n</i> =9)	Stage 3	e 3 (<i>n</i> =9)	
Domain		Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	
Work exposure	Hours at sea	4–4	1.00	3–4	1.00	4–4	1.00	1–4	0.90	3–4	1.00	4–4	1.00	
	Ride quality	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Craft ID	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	4–4	1.00	4–4	1.00	
	Craft experience	3–4	1.00	3–4	1.00	3–4	1.00	2–4	0.90	4–4	1.00	3–4	1.00	
	Mission	2–4	0.90	4–4	1.00	4–4	1.00	2–4	0.90	3–4	1.00	4–4	1.00	
	Task	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	4–4	1.00	4–4	1.00	
	Open deck	1–4	0.70	4–4	1.00	4-4	1.00	2–4	0.60	3–4	1.00	4–4	1.00	
	Equipment	2–4	0.90	4–4	1.00	3–4	1.00	2–4	0.90	3–4	1.00	4–4	1.00	
	Body posture	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	2–4	0.89	3–4	1.00	
	After dark	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	
	Environmental conditions	1–4	1.00	3–4	1.00	4–4	1.00	3–4	0.90	2–4	0.89	3–4	1.00	
	Shock mitigation*	3–4	1.00	2–4	0.89	_	-	2–4	0.90	4–4	1.00	_	_	
	Craft ergonomics	3–4	1.00	2–4	0.89	4–4	1.00	1–4	0.80	1–4	0.89	4–4	1.00	
	(Music preference)	1–2	0.00	_	_	_	-	1–4	0.60	-	_	_	_	
Pain	Pain event	2–4	0.90	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Pain location	3–4	1.00	4–4	1.00	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	
	Pain frequency	3–4	1.00	4–4	1.00	3–4	1.00	2–4	0.90	2–4	0.78	3–4	1.00	
	Pain intensity	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	

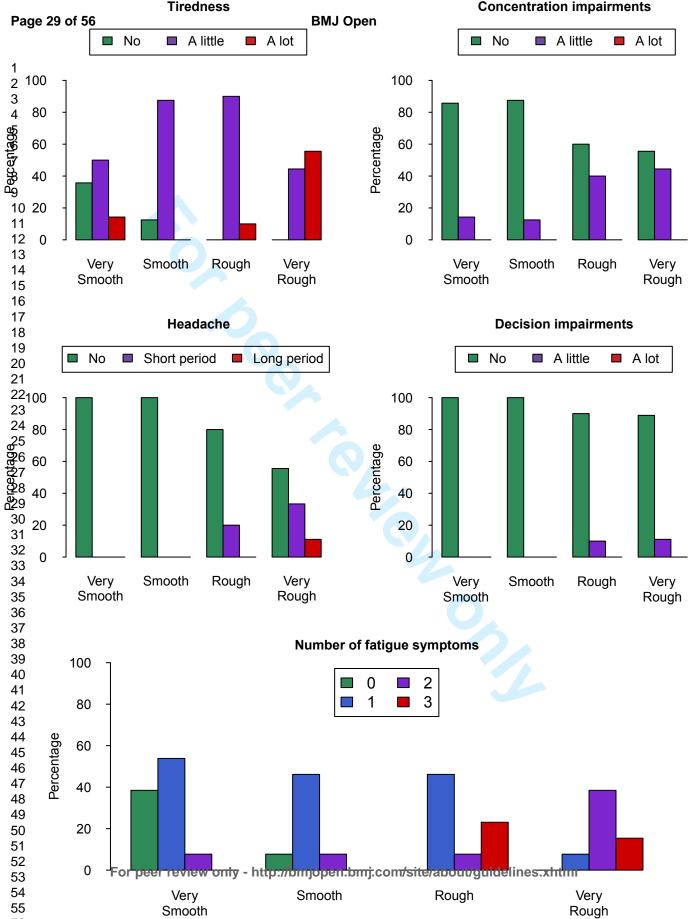
	Pain consequences	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Perceived pain cause	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
Performance	Headache	2–4	0.90	2–4	0.78	2–4	0.67	3–4	1.00	4–4	1.00	3–4	1.00	
	Concentration	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Decisions ⁺	-	_	3–4	1.00	2–4	0.89			3–4	1.00	3–4	1.00	
	Memory*,*) -	_	2–4	0.78	_	_	_	-	3–4	1.00	_	-	
	Effort of thinking*	1–4	0.80	1–4	0.67	-	-	2–4	0.70	3–4	1.00	-	-	
	Tiredness	2–4	0.70	2–4	0.89	3–4	1.00	2–4	0.80	4–4	1.00	4–4	1.00	
	Human performance	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Craft performance	2–4	0.90	3–4	1.00	2–4	0.78	2–4	0.80	3–4	1.00	2–4	0.89	
	Mission status*	2–4	0.80	_	-	-	_	2–4	0.90	-	-	-	-	
Missing data	Reason for non-response	2–4	0.90	4–4	1.00	2–4	0.89	3–4	1.00	4–4	1.00	4–4	1.00	
	Perceived pain cause	3–4	1.00	3–4	1.00	3–4	1.00	2–4	0.80	3–4	1.00	4–4	1.00	
S-CVI/Ave			0.91		0.96		0.97		0.91		0.98		1.00	
S-CVI/UA			0.64		0.79		0.85		0.50		0.86		0.96	

I-CVI, item-level content validity index: proportion of expert ratings higher than two. S-CVI/Ave, scale-level content validity index average: mean I-CVI across items. S-CVI/UA, scale-level content validity index universal agreement: proportion of items which all experts rated higher than two. Thresholds for acceptable I-CVI, S-CVI/Ave, and S-CVI/UA were 0.78, 0.90, and 0.80, respectively. *, discarded item. *, added item. (), control item.









Questionnaire on Work Exposure, Musculoskeletal Pain, and Performance among High-**Performance Marine Craft Personnel**

This survey investigates work exposure, musculoskeletal pain, and performance among highperformance marine craft personnel, and your participation is important as you have relevant skills. In total, it contains about 25 questions which take roughly 10 minutes to complete.

four resphis investigation.

Please read the questions care.

Thank you for your time. Your responses are *strictly confidential*, will be processed *anonymously*, and are used only for

EXPOSURE AND PERFORMANCE MODULE (ADMINISTERED DAILY)

abo	following questions concern your last work shift (i.e., the one you just completed or are ut to complete just now).
1.	How many hours of this work shift did you spend at sea (i.e., away from the pier)? Please include time inactive (e.g., breaks, sleep at work, or standby).
	[DROPDOWN LIST] hours
2.	How would you rate ride quality aboard the craft during this work shift?* Ride quality refers to the comfort of the boat ride.
	☐ Very smooth (good comfort with no or very few bumps) ☐ Smooth
	 □ Rough □ Very rough (considerable discomfort or strain as a result of sea state, vessel speed, or both)
Conditio	n: >0 hours selected in item 1.
3.	Please select the craft you worked onboard during this shift:* If you worked onboard more than one craft, select them in the order you were on them, starting with '1' for the first craft.
	□ Craft ID 1**
	□ □ Other
Condition	n: >0 hours selected in item 1. ** Craft ID 1 used as an example.
4.	How familiar are you with Craft ID 1**?*
	☐ I have a lot (months) of experience working aboard that particular craft
	☐ I have some (weeks) experience working aboard that particular craft
	☐ I have no or almost no (days) experience working aboard that particular craft
Conditio	n: Craft ID selected in item 3. ** Craft ID 1 used as an example.
5.	Please select the options that best describe your work at sea during this shift:* Multiple options possible.
	□ Patrol
	☐ Search and Rescue
	☐ Transport (person or cargo)

	☐ Craft driving
	☐ Craft navigation
	□ Work on deck
	☐ Work on engine or other machinery
	☐ Active duty onboard (e.g., lookout or equipment operator)
	□ Passenger
	□ Other
dition	: >0 hours selected in item 1.
7	Did you perform your <i>main</i> task on open deck during this work shift?*
٠.	
	□ No
	□Yes
dition	: >0 hours selected in item 1.
0	What equipment were you wearing at sea during this work shift?*
0.	Multiple options possible.
	□ Helmet
	□ Vest (e.g., body armour)
	□ Weapon or equipment belt
	☐ Survival suit (i.e., immersion suit or dry suit)
	□ Night vision goggles
	□ Other
	□ None
dition	n: >0 hours selected in item 1.
9.	Which body posture best describes your work at sea during this shift?*
	☐ Sitting regardless of sea condition
	☐ Standing regardless of sea condition
	☐ About half the time sitting and half the time standing
	☐ Mainly sitting, but standing in rough sea conditions
	☐ Mainly standing, but sitting in rough sea conditions
dition	n: >0 hours selected in item 1.
10.	How much time did you spend at sea after dark during this work shift?*
	□ 0%
	□ 25%
	□ 50%
	□ 75%
	□ 100%

sea conditions?	☐ Calm (Like a mirror.)☐ Smooth (Ripples or wavelets without o
	with few with caps.)
	☐ Moderate (Small waves with breaking
	crests. Fairly frequent white caps.)
	□ Rough (Long waves and very frequent white foam crests. Some sea spray.)
	☐ High (High waves whose crests
	sometimes roll over. Dense white foam. Large amounts of sea spray.)
wind conditions?**	, ,,
wiild conditions?	☐ Calm
	☐ Light breeze☐ Moderate breeze
	☐ Strong breeze
	☐ Gale
sea spray?**	☐ Very little
	☐ Some
	☐ Moderate
	☐ Much
	□ Very much
visibility?	☐ Excellent
Refer to the visibility that affected your	☐ Very good
work the most (e.g., inside boat: low light, instrument back light etc; outside	□ Good
boat: fog, sunshine reflection etc).	☐ Acceptable
· ·	□ Poor
noise level?	□ Quiet
	□ Faint
	☐ Moderate
	☐ Uncomfortable
	☐ Intolerable
temperature?	☐ Uncomfortably hot
Refer to the temperature that affected	☐ Hot
you the most.	☐ Comfortable
	□ Cold
	☐ Uncomfortably cold
dition: >0 hours selected in item 1. ** Condition	'Yes' selected in item 7

	☐ No, not at all
	☐ Yes, for a short period
	☐ Yes, for a long period
	☐ Yes, for nearly the entire work shift
ا .	How would you rate your ability to concentrate during this work shift?
	□ Very high
	□ High
	□ Low
	□ Very low
	
4.	How would you rate your ability to make decisions during this work shift?
	□ Very high
	□ High
	Low
	□ Very low
	□ Very high
	□ High
	□ Low
	□ Very low
۱6.	Do you feel tired right now?
	'Right now' refers to the end of the past work shift
	☐ No, I feel completely rested
	☐ Yes, a little tired
	☐ Yes, very tired
	☐ Yes, exhausted
17.	How would you rate your working performance during this shift?
	□ Very good
	□ Good
	☐ Moderate
	□ Poor
	□ Very poor

18. How would you rate the craft's performance with respect to this shift's activities?*	
□ Very good (craft performed well in the conditions)	
☐ Good	
☐ Moderate	
□ Poor	
☐ Very poor <i>(craft was unable to cope with the conditions)</i>	
* Condition: >0 hours selected in item 1.	
19. How suitable were the craft ergonomics (e.g., controls, equipment, and/or interior of the sea vessel) for this work shift's missions?*	
☐ Perfectly suitable	
☐ Good, but there is room for improvement	
☐ Not so good, they reduced my work performance	
☐ Poorly suitable	
* Condition: >0 hours in selected item 1.	
Condition: >0 Hours in sciented term 1.	

PAIN MODULE (ADMINISTERED WEEKLY)

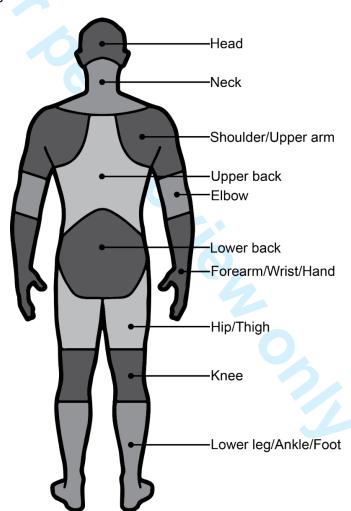
The following questions concern the past 7 days.

20. Have you experienced pain, ache, or discomfort during the past 7 days?

- ☐ No, and I was *not* taking pain relief medication
- ☐ No, but I was taking pain relief medication
- ☐ Yes

21. Please select the areas in which you experienced pain, ache, or discomfort during the past 7 days?*

Please mark relevant body areas by clicking the attached boxes. Red boxes indicate selected body areas.



^{*} Condition: 'Yes' selected in item 20.

Please select all periods during which you experienced *neck*** pain, ache, or discomfort during the past 7 days:*

Please mark relevant time periods by clicking the attached boxes. Red boxes indicate selected time periods.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day-time							
Night-time							

Please rate the intensity that	best describes your average	e <i>neck</i> ** pain, ache, or discomfort
during the past 7 days:*		

0	1	2	3	4	5	6	7	8	9	10
□ No pain				-						□ Worst possible pain

Did the neck** pain, ache, or discomfort during the past 7 days reduce your work ability?

П	No.	not	at	all

- ☐ Yes, somewhat
- ☐ Yes, a lot (e.g., it required me to temporarily change work task)
- ☐ Yes, it required sick leave

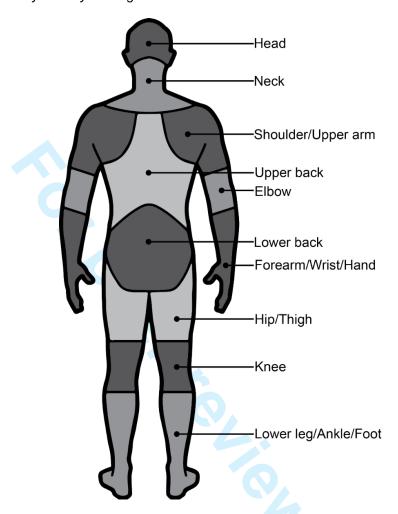
^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

Please select the area in which you experienced *the worst*** pain, ache, or discomfort during the past 7 days?*

Please mark the body area by clicking the attached box. A red box indicate a selected body area.



^{*} Condition: ≥4 body areas selected in item 20. ** An identical item also provided for the least painful area.

Please select all periods during which you experienced pain, ache, or discomfort in the area with the worst** pain during the past 7 days:*

Please mark relevant time periods by clicking the attached boxes. Red boxes indicate selected time periods.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day-time							
- u.,							
Night-time							

^{*} Condition: ≥4 body areas selected in item 20. ** An identical item also provided for the least painful area.

Please rate the intensity that best describes your average pain, ache, or discomfort <i>in the area with the worst** pain</i> during the past 7 days:*										
0 □ No pain	1	2	3	4 □	5 □	6	7 □	8	9	10 □ Worst possible pain
area. Did the	pain, ac your wo	he, or di rk ability	scomfort						for the lea	ast painful days
	☐ Yes, ☐ Yes, ☐ Yes,	it require	g., it reque ed sick le	ave	-					
area.	on. ≥4 bo	uy areas	Selected		U. *** An I			provided		ast painful

MISSING DATA MODULE (ADMINISTERED FOLLOWING RETURN AFTER FAILURE TO RESPOND)

1.	Please select the reason	for not comple	eting the que	stionnaire <i>last week</i> *
----	--------------------------	----------------	---------------	-------------------------------

	did	not	have	the	possibility	to	do	it
--	-----	-----	------	-----	-------------	----	----	----

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

[□] I forgot

[☐] I was not at work

[☐] I was too tired

[☐] I was on sick leave related to pain, ache, or discomfort

[□] Other

^{*} Last week used as an example

Questionnaire on Working Conditions, Performance, and Health among High-Performance Marine Craft Personnel

This survey investigates working conditions and health status among high-performance seaborne personnel, and your participation is important regardless of your work tasks. In total, the survey contains about 40 questions covering the areas of demography, lifestyle, work, and health, which take roughly 30 minutes to complete.

Your responses are *strictly confidential*, will be processed *anonymously*, and are used only for this investigation.

Please read the questions carefully and answer honestly.

Thank you for your time.

1.	What year were you born?
	[DROPDOWN LIST]
2.	What is your height?
	[DROPDOWN LIST] cm
3.	What is your weight?
	[DROPDOWN LIST] kg
4.	What is your sex?
	□ Female □ Male □ Other
5.	What is your highest completed level of education?
	☐ Primary school (the first stage of school, usually between the ages of 5 to 11 years; or equivalent education for adults)
	☐ Secondary school (the stage after primary school and before higher education, usually between the ages of 11 and 18 years; or equivalent education for adults)
	☐ Vocational school (education which qualifies for a profession, but not a university education)
	☐ University degree (academic degree completed in university, college, or equivalent)

6.	Do you consume tobacco daily?
	□ No
	☐ Yes, I smoke (e.g., cigarettes or pipe)
	☐ Yes, I use a non-smokeable tobacco product (e.g., snuff or chewing tobacco)
7.	Have you previously consumed tobacco daily for longer than 6 months?*
	□ No
	☐ Yes, cigarettes or another smokeable tobacco product
	☐ Yes, a non-smokeable tobacco product (e.g., snuff or chewing tobacco)
Con	dition: 'No' selected in item 6.
8.	How often do you have a drink containing at least 3% alcohol?
	□ Never
	☐ Once per month or less
	☐ 2–4 times per month
	□ 2–3 times per week
	☐ 4 times per week or more

9. How many alcoholic drinks (as defined below) do you have on a typical day when you drink any alcohol?*



50 cl medium strenght



strong







1 small glas of strong wine

Г	\neg
L	I

4 cl of strong alcohol (e.g., whiskey)

^{□ 1} or 2

^{□ 3} or 4

^{□ 5} or 6

^{□ 7, 8} or 9

^{☐ 10} or more

^{*} Condition: 'Never' NOT selected in item 8.

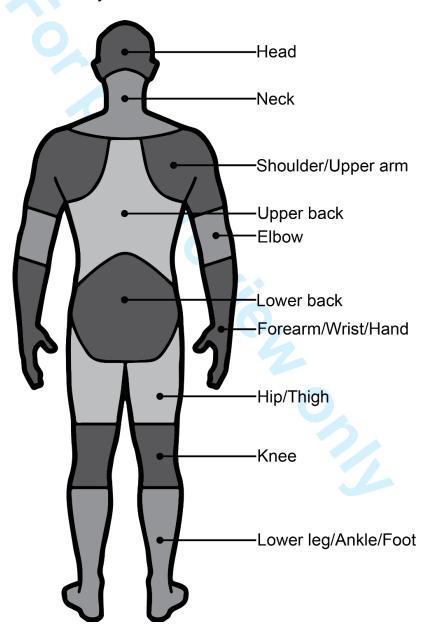
10.	(e.g., weight-lifting or other kinds of resistance training)? [DROPDOWN LIST] hours							
77.	How many hours <i>per week</i> are you physically active at least at moderate intensity due to exercise, transport, daily activities or work-related tasks? Physical activity of a moderate intensity results in a slightly faster heart rate and breathing frequency, e.g., running, bicycling, brisk walking, or scubadiving in high water current.							
	[DROPDOWN LIST] H	nours						
12.	How many hours pe	r day do you tyr	nically sne	nd sitting down				
12.	in free time (off work)?	at work: on I (including tran and from work	and sport to	at work: at sea?				
	[DROPDOWN LIST] hours	[DROPDOWN L hours	LIST]	[DROPDOWN LIST] hours				
13.	Do you feel excessiv	vely sleepy durii	ng daytime)				
	in free time (off wo	ork)?	at work?					
	•	r week ek	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 					
	· · · · · · · · · · · · · · · · · · ·							

15. Have you experienced pain, ache, or discomfort during the past 6 months?

□ No□ Yes

16. Please select the body areas in which you have experienced pain, ache, or discomfort during the past 6 months:*

Please mark relevant body areas by clicking the attached boxes. A red box indicate a selected body area.

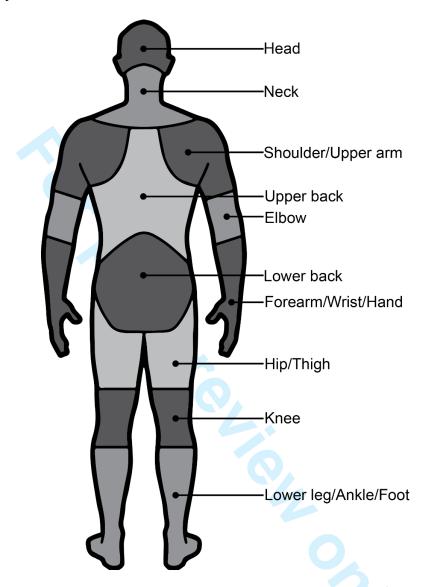


^{*} Condition: 'Yes' selected in item 15.

During the past 6 months, have you experienced <i>neck</i> ** pain, ache, or discomfort on several occasions, <i>separated</i> by time periods with no pain?*					
	casion only pain on a daily ba perienced pain on	• .		s	
* Condition: Body a example.	area selected in ite	m 16 AND ≤3 b	ody areas selec	ted in total. **	Neck used as an
Did the neck** pa	ain, ache, or disc	omfort during	the past 6 mon	ths*	
result in you seeking health care?	require treatment?		our ability to ny activities ork?	reduc	e your work ability?
□ No □ Yes	□ No □ Yes	☐ Yes, to a	ome extent I large extent aused me to quit permanently	☐ Yes, to ☐ Yes, it ☐ Yes, it	o some extent o a large extent required sick leave caused me to change ks permanently
* Condition: Body a example.	area selected in ite	m 16 AND ≤3 b	ody areas selec	ted in total. **	Neck used as an
Was the neck** pa		omfort during t	he past 6 mont	ths related to	an acute injury
□ No □ Yes □ I do not know					
* Condition: Body a example.	area selected in ite	m 16 AND ≤3 b	ody areas selec	ted in total. **	Neck used as an
Have you experi	enced <i>neck</i> ** pair	n, ache, or disc	comfort during	the past 7 da	ys?*
□ No □ Yes					
* Condition: Body a example.	area selected in ite	m 16 AND ≤3 b	ody areas selec	ted in total. **	Neck used as an
Please rate the induring the past 7	ntensity that best ' Days:*	describes you	ır <i>average <mark>neck</mark></i>	<mark>r**</mark> pain, ache	e, or discomfort
0 1 □ □ No pain	2 3	4 5 □	6 7	8	9 10 Worst possible pain
* Condition: Body a example.	area selected in ite	m 16 AND ≤3 b	ody areas selec	ted in total. **	Neck used as an

Please select the area in which you experienced *the worst*** pain, ache, or discomfort during the past 6 months?*

Please mark the body area by clicking the attached box. A red box indicate a selected body area.



^{*} Condition: ≥4 body areas selected in item 16. ** An identical item also provided for the least painful area.

During the past 6 months, have you experienced pain, ache, or discomfort *in the area with the worst** pain* on several occasions, *separated* by time periods with no pain?*

 Γ	\sim	α	occasion	$\sim \sim 1 \times 1$
 131()	()	()	CICASION	() () ()

- ☐ No, I have had pain on a daily basis during the previous 6 months
- ☐ Yes, I have experienced pain on several occasions

^{*} Condition: ≥4 body areas selected in item 16. ** An identical item also provided for the least painful area.

result in you seeking health care?	require treatment?	reduce your ability to practice any activities outside work?	reduce your work ability?
□ No □ Yes	□ No □ Yes	 □ No □ Yes, to some extent □ Yes, to a large extent □ Yes, it caused me to quit the activity permanently 	 □ No □ Yes, to some extent □ Yes, to a large extent □ Yes, it required sick leaven □ Yes, it caused me to change work tasks permanently
Condition: ≥4 boo ainful area.	dy areas selecte	d in item 16. ** An identical	item also provided for the lea
		ort in the area with the worky acquired at work?*	rst** pain during the past 6
□ No			
☐ Yes			
☐ I do not know			
Condition: ≥4 boo ainful area. Have you experie	enced pain, ac	d in item 16. ** An identical he, or discomfort <i>in the ar</i>	item also provided for the lea
Condition: ≥4 boo painful area. Have you experie during the past 7	enced pain, ac		
Condition: ≥4 boo painful area. Have you experieduring the past 7	enced pain, ac		
Condition: ≥4 boo painful area. Have you experie during the past 7	enced pain, ac		
Condition: ≥4 boo painful area. Have you experieduring the past 7 □ No □ Yes Condition: ≥4 boo	enced pain, ac 7 days?*	he, or discomfort <i>in the ar</i>	
Condition: ≥4 boo painful area. Have you experieduring the past 7 □ No □ Yes	enced pain, ac 7 days?*	he, or discomfort <i>in the ar</i>	ea with the worst** pain
Condition: ≥4 boo ainful area. Have you experieduring the past 7 □ No □ Yes Condition: ≥4 boo ainful area. Please rate the in	enced pain, acl 7 days?* dy areas selecte	he, or discomfort <i>in the ar</i>	ea with the worst** pain
Condition: ≥4 boots ainful area. Have you experie during the past 7 □ No □ Yes Condition: ≥4 boots ainful area.	enced pain, act days?* dy areas selecte ntensity that be the worst** pain	he, or discomfort in the and the discomfort in	ea with the worst** pain item also provided for the lea

17. Are you affected by any of the following conditions? Pl			tions? Please select the options
			Is it kept under control by an ongoing treatment? E.g., by medication, passive aids, or physiotherapy.*
	Remaining effects from previous injury to muscle, bone, or other body tissue? E.g., fractures, extensive burns, or muscle tears.	□ No □ Yes	□ No □ Yes
	Disorders in back, joints, muscles, or skeleton? E.g., osteoarthritis, rheumatoid arthritis, or chronic muscle pain.	□ No □ Yes	□ No □ Yes
	Cardiovascular disease? E.g., high blood pressure, angina pectoris, or heart attack.	□ No □ Yes	□ No □ Yes
	Respiratory disease? E.g., asthma, chronic bronchitis, or emphysema.	□ No □ Yes	□ No □ Yes
	Mental health problems? <i>E.g., depression or anxiety.</i>	□ No □ Yes	□ No □ Yes
	Neurological disease? <i>E.g., multiple sclerosis or residual effects from strokes.</i>	□ No □ Yes	□ No □ Yes
	Disorders in stomach or digestive system? E.g., heartburn, gastric ulcer, liver, kidney or intestinal disease.	□ No □ Yes	□ No □ Yes
	Cancer or other malignant tumor?	□ No □ Yes	□ No □ Yes
	Blood disease? E.g., anemia, leukopenia, or thrombocytopenia.	□ No □ Yes	□ No □ Yes
	Disabling birth defects? E.g., abnormal limbs or heart defects.	□ No □ Yes	□ No □ Yes
	Other disease, disability, or allergy? E.g., diabetes or nut allergy.	□ No □ Yes	□ No □ Yes
Cor	ndition: 'Yes' selected for the condition	nn .	

40	Harris In a construction of the construction o
18.	How do you perceive your general health?
	□ Excellent
	□ Very good □ Good
	□ Acceptable
	□ Poor
19.	How many hours do you typically work in month (i.e., a 4-week period), including time off active duty (e.g., breaks, sleep at work, or standby)?
	[DROPDOWN LIST] hours
20.	How are your work shifts distributed in a typical working month (i.e., a 4-week period)?
	□ Day shifts
	□ Night shifts□ Day and night shifts mixed (including continuous multiday shifts)
	Day and hight shints mixed (including continuous multiday shints)
21.	Do you work at sea?
	 □ No, and I have never worked at sea □ No, but I have previously worked at sea □ Yes
22.	How many hours do you typically work at sea in a month (i.e., 4-week period), including time off <i>active</i> duty (e.g., breaks, sleep at work, or standby)?*
	[DROPDOWN LIST] hours
* Con	ndition: 'Yes' OR 'No, but I have previously worked at sea' selected in item 21.
23.	How many years have you had a job were you partly worked at sea?*
	[DROPDOWN LIST] years
* Con	ndition: 'Yes' OR 'No, but I have previously worked at sea' selected in item 21.
24.	Please select your typical work tasks (several options are possible):
	□ Administration/office work□ Craft driving
	☐ Craft navigation
	☐ Work on deck
	□ Diving
	□ Work in engine room□ Other

25. How much of your time working at sea have you worked onboard each of the vessel types below...*

...during the past 6 months?

Displacement vessels (large in size □ 0% and relatively low speed vessels) $\Box 1 - 30 \%$ □ 31 – 60%

□ 61 – 100%

Semi-displacement vessels (medium in size and relatively high

speed vessels)

□ 31 – 60% □ 61 – 100%

□ 1 – 30 %

□ 0%

Planing craft (small high speed

□ 0% $\Box 1 - 30 \%$

vessels)

□ 31 – 60%

□ 61 – 100%

...during your total employment at sea?

Displacement vessels (large in size and relatively low speed vessels)

□ 0%

■ 1 – 30 %

□ 31 – 60%

□ 61 – 100%

Semi-displacement vessels (medium in size and relatively high speed vessels)

□ 0% □ 1 – 30 %

□ 31 – 60%

□ 61 – 100%

Planing craft (small high speed vessels)

□ 0%

□ 1 – 30 %

□ 31 – 60%

□ 61 – 100%

^{*} Condition: 'Yes' OR 'No, but I have previously worked at sea' selected in item 21.

26.	How often do you experience rough working conditions onboard the craft
	categorized below?* Rough working conditions: discomfort or strain as a result of sea state, vessel speed, or both.
	Displacement Vessels (large in size and relatively low speed vessels):
	□ Never
	□ Almost never
	□ Sometimes
	□ Practically always
	Semi-Displacement Vessels (medium in size and relatively high speed vessels)
	□ Never
	□ Almost never
	□ Sometimes
	□ Practically always
	Planing Craft (small high speed vessels)
	□ Never
	□ Almost never
	□ Sometimes
	□ Practically always
* Cor	ndition: >0% selected for vessel type during the past 6 months in item 25.
	What is the <i>most common</i> reason for you to reduce speed when operating vessels in rough sea conditions?*
	in rough sea conditions?*
	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard)
	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard) □ Vessel performance (to prevent equipment and machinery failure)
	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard)
27.	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard) □ Vessel performance (to prevent equipment and machinery failure)
27. * Cor	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard) □ Vessel performance (to prevent equipment and machinery failure) □ Other Indition: 'craft driving' selected in item 24.
27. * Cor	in rough sea conditions?* □ Crew safety (to prevent human injury) □ Vessel safety (to prevent structural failure, e.g., hull) □ Crew performance (to maintain decent work conditions onboard) □ Vessel performance (to prevent equipment and machinery failure) □ Other
27. * Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other Indition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits
27. * Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other Indition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits Never
27. * Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other Indition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits
27. * Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other ndition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits Never Almost never
27. * Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other Indition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits Never Almost never Sometimes
* Cor	in rough sea conditions?* Crew safety (to prevent human injury) Vessel safety (to prevent structural failure, e.g., hull) Crew performance (to maintain decent work conditions onboard) Vessel performance (to prevent equipment and machinery failure) Other Idition: 'craft driving' selected in item 24. Have you used any suspension systems during work at sea in the past 6 months? * Common suspension systems include suspension seats, suspended hulls, and suspended cockpits Never Almost never Sometimes Practically always

29.	How suitable were the ergonomics (e.g., controls, equipment, and/or interior of the sea vessel) of the craft you have mainly worked in during the past 6 months?*			
	 □ Perfectly suitable □ Good, but there is room for improvement □ Not so good, they reduced my work performance □ Poorly suitable 			
	Condition: 'Yes' OR 'No, but I have previously worked at sea' selected in item 21. 30. Please select the options most appropriate to you:			
	Do you suffer from headache at work?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		
	Do you find it hard to concentrate during work?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		
	Do you find it hard to make decisions during work?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		
	Do you find it hard to remember things during work?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		
	Do you feel tired at the end of your work shifts?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		
	Do you suffer from motion sickness during work?	 □ Never or less than once per month □ Less than once per week □ A few times per week □ Daily or almost daily 		

Does your job require you to work fast?	□ Never or almost never□ Seldom□ Sometimes□ Often
Does your job require you to work intensively?	□ Never or almost never□ Seldom□ Sometimes□ Often
Does your job demand too much effort?	□ Never or almost never□ Seldom□ Sometimes□ Often
Do you have enough time for all your work tasks?	□ Never or almost never□ Seldom□ Sometimes□ Often
Does your work often involve conflicting demands?	□ Never or almost never□ Seldom□ Sometimes□ Often

32. Please select the options most accurate to you:		
	Do you have opportunities to learn new things in your work?	□ Never or almost never□ Seldom□ Sometimes□ Often
	Does your job require a high level of skill or expertise?	□ Never or almost never□ Seldom□ Sometimes□ Often
	Does your job require creativity?	□ Never or almost never□ Seldom□ Sometimes□ Often
	Does your job require you to do the same tasks over and over again?	□ Never or almost never□ Seldom□ Sometimes□ Often
	Do you have the possibility to decide how to do your work?	□ Never or almost never□ Seldom□ Sometimes□ Often
	Are you able to decide <i>what</i> to do at work?	□ Never or almost never□ Seldom□ Sometimes□ Often

33.	. Please select the options most accurate to you:	
	My work environment is quiet and pleasant	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree
	We have strong unity at my work place	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree
	My co-workers support me	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree
	My co-workers understand if I have a "bad" day	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree
	I get along with my supervisors at work	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree
	I get along with my co-workers	☐ Strongly agree☐ Mildly agree☐ Mildly disagree☐ Strongly disagree

Thank you for your participation!

BMJ Open

Construction of a web-based questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance impairments in high-performance marine craft populations

Journal:	BMJ Open
Manuscript ID	bmjopen-2017-016006.R1
Article Type:	Research
Date Submitted by the Author:	24-May-2017
Complete List of Authors:	Lo Martire, Riccardo; KTH Royal Institute of Technology, Department of Aeronautical and Vehicle Engineering, Centre for Naval Architecture; Karolinska Institutet, Department of Neurobiology, Care Sciences and Society, Division of Physiotherapy de Alwis, Manudul; Kungliga Tekniska Hogskolan Skolan for teknikvetenskap, Department of Aeronautical and Vehicle Engineering Centre for Naval Architecture Äng, Björn; Hogskolan Dalarna, School of Education, Health and Social Studies; Centrum for Klinisk Forskning Dalarna Garme, Karl; KTH Royal Institute of Technology, School of Engineering Sciences, Department of Aeronautical and Vehicle Engineering, Centre for Naval Architecture
Primary Subject Heading :	Epidemiology
Secondary Subject Heading:	Research methods
Keywords:	content validity, EPIDEMIOLOGY, fatigue, high-speed craft, repeated shock, whole-body vibration

SCHOLARONE™ Manuscripts

Words in text 3396
Words in abstract 293
References 38
Table/Figures 5

CONSTRUCTION OF A WEB-BASED QUESTIONNAIRE FOR LONGITUDINAL INVESTIGATION OF WORK EXPOSURE, MUSCULOSKELETAL PAIN AND PERFORMANCE IMPAIRMENTS IN HIGH-PERFORMANCE MARINE CRAFT POPULATIONS

Riccardo Lo Martire, RPT, MSc^{1,2}, Manudul Pahansen de Alwis, MSc¹, Björn Olov Äng, RPT, PhD^{2,3,4}, Karl Garme, PhD¹

¹ Centre for Naval Architecture, Department of Aeronautical and Vehicle Engineering, School of Engineering Sciences, KTH Royal Institute of Technology, Stockholm, Sweden. ² Division of Physiotherapy, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Huddinge, Sweden. ³ School of Education, Health and Social Studies, Dalarna University, Falun, Sweden. ⁴ Center for Clinical Research Dalarna, Falun, Sweden.

Corresponding author:

Riccardo Lo Martire

KTH Royal Institute of Technology,

Department of Aeronautical and Vehicle Engineering,

Centre for Naval Architecture

Teknikringen 8,

100 44 Stockholm,

Sweden

Tel: +46 769 03 88 43

Fax: +46 8 524 888 13

E-mail: lomartire@kth.se

ABSTRACT

Objective: High-performance marine craft personnel (HPMCP) are regularly exposed to vibration and repeated shock (VRS) levels exceeding maximum limitations stated by international legislation. Whereas such exposure reportedly is detrimental to health and performance, the epidemiological data necessary to link these adverse effects causally to VRS is not available in the scientific literature, and no suitable tools for acquiring such data exist. This study therefore constructed a questionnaire for longitudinal investigations in HPMCP.

Methods: A consensus panel defined content domains, identified relevant items, and outlined a questionnaire. The relevance and simplicity of the questionnaire's content were then systematically assessed by expert raters in three consecutive stages, each followed by revisions. An item-level content validity index (I-CVI) was computed as the proportion of experts rating an item as relevant and simple, and a scale-level content validity index (S-CVI/Ave) as the average I-CVI across items. The thresholds for acceptable content validity were 0.78 and 0.90, respectively. Finally, a dynamic web-version of the questionnaire was constructed and pilot-tested over a one-month period during a marine exercise in a study population sample of eight subjects, while accelerometers simultaneously quantified VRS exposure.

Results: Content domains were defined as work exposure, musculoskeletal pain, and human performance, and items were selected to reflect these constructs. Ratings from nine experts yielded S-CVI/Ave of 0.97 and 1.00 for relevance and simplicity, respectively, and the pilot test suggested that responses were sensitive to change in acceleration and that the questionnaire, following some adjustments, was feasible for its intended purpose.

Conclusions: A dynamic web-based questionnaire for longitudinal survey of key variables in HPMCP was constructed. Expert ratings supported that the questionnaire content is relevant,

simple and sufficiently comprehensive, and the pilot test suggested that the questionnaire is feasible for longitudinal measurements in the study population.

Keywords: content validity, epidemiology, fatigue, high-speed craft, whole-body vibration.

STRENGTHS AND LIMITATIONS OF THIS STUDY

- The questionnaire was rigorously constructed with its content assessed by field experts and its feasibility pilot-tested in a study population sample.
- Questionnaire item responses were linked to co-measured craft acceleration and the results showed sensitivity to acceleration exposure.
- When combined with objective exposure data, this questionnaire enables
 quantification of the risk of musculoskeletal pain and impaired performance related to
 exposure to vibration and repeated shock.
- The questionnaire's content validity is limited by the proficiency of the authors and the expert raters, and the pilot test results by the small sample size.

INTRODUCTION

High-performance marine craft personnel (HPMCP) such as coast guards, navy or maritime pilots, reportedly suffer from impaired health and performance related to their work at sea. Studies suggest that most of them have had musculoskeletal pain the preceding year, work-related injuries which required medical care during their careers, and that work-related fatigue commonly degraded their work ability. Meanwhile, the risks related to the work environment at sea have been poorly investigated and could result from numerous interactive factors. One consistent element claimed to increase these risks is the exposure to vibration and repeated shocks (VRS). Although little is known regarding how far specific VRS components contribute to negative effects, prolonged exposure to whole-body vibration has been linked to musculoskeletal pain and impaired performance in other occupations. This has resulted in the incorporation of recommendations for maximum daily occupational vibration exposure into international standards and legislation. 12-14

Marine personnel are excluded from these statutory exposure limits, however, as compliance with them is infeasible given the available technology combined with the inherent demands of their occupation. ¹⁴ Those most concerned are likely HPMCP, as they regularly exceed the limits during typical working conditions, even when accounting for shock-mitigation systems. ¹⁵ They also experience some of the highest levels of vibration when compared to that of land borne personnel with an elevated vibration-related risk for pain. ⁶ THPMCP may therefore risk musculoskeletal pain and impaired performance, especially considering their exposure to repeated shock in addition to whole-body vibration. However, the epidemiological data necessary to link causally the contribution of VRS exposure to adverse effects is absent in the scientific literature, and no suitable tools for acquiring such data exist.

Our group recently developed a comprehensive questionnaire that samples information on marine personnel and their working environment, and enables the prevalence of adverse health and performance effects and their association with work exposure to be quantified. However, to isolate the causal effects of VRS exposure on health and performance, a complementary, more succinct, instrument with higher resolution is required. Several environmental factors other than VRS likely contribute to adverse effects in marine personnel and needing to be partialled out. 19-21 In addition, it is important to select appropriate sampling periods, as sea conditions vary greatly and recall bias decreases measured variable precision. 22-24 Also, the longitudinal design necessary for such investigations is prone to data attrition, 625 necessitating feasible data collection tools. This study therefore constructed a webbased questionnaire tailored for longitudinal investigation of work exposure, health and performance in HPMCP.

METHODS

Design

In three steps, a web-based questionnaire in English was developed, validated and pilot-tested in collaboration between the Royal Institute of Technology, Karolinska Institutet, the Swedish Coast Guard and the Norwegian Special Operations Command. Content domains were defined, items were generated, and the questionnaire was outlined by a consensus panel. The questionnaire draft was then assessed by experts in an iterative validation procedure, and the validated questionnaire pilot-tested in a study population sample.

Consensus panel and expert raters

The present authors constituted the consensus panel: two engineers with theoretical and empirical experience in naval architecture, specialists in high-speed marine craft; and two

physiotherapists with experience in epidemiologic investigations, biomechanical studies and questionnaire development.

In accordance with previous recommendations based on their knowledge of the content domains, research methodology and statistical analysis, ²⁶ ten independent experts from Sweden, Norway and England enrolled for participation: four women and six men (Table 1).

[TABLE 1: ABOUT HERE]

Development procedure

The questionnaire content was concentrated on key aspects in the previously identified domains of work exposure, health and performance¹⁸ to provide a more comprehensive coverage of these features. The literature was reviewed to isolate suitable parameters for domain quantification, and items were selected to reflect central features of the measured constructs while balancing content across domains. Items were evaluated based on their analytical value and the questionnaire was designed to be linked to accelerometer data for objective VRS quantification. Sampling periods were selected to capture accurately the measured variables and to reduce recall bias. To optimize the questionnaire for longitudinal measurements, the balance between data quality and respondent burden was carefully considered, with items selected and web-mechanisms implemented to minimize the total number of items. In addition, with the propensity of longitudinal designs for data attrition, optional items were added to facilitate missingness assumptions necessary for result inferences.²⁵ Finally, to evaluate the experts' concentration level, a control item inquiring about music preference at sea was included in the first questionnaire draft.

Validation procedure

In three consecutive stages, experts assessed individual items by rating their relevance and simplicity on two separate 4-point Likert-type scales: 'not relevant/not simple', 'somewhat relevant/somewhat simple', 'quite relevant/quite simple' and 'very relevant/very simple'. Ratings were dichotomized so that the two lowest and the two highest options represented non-relevant/non-simple and relevant/simple, respectively. In addition, experts could comment on individual items and the questionnaire as a whole, and were invited to provide general feedback on the questionnaire's comprehensiveness and length. Taking into consideration the experts' feedback, items were revised, added or discarded by the consensus panel between each validation stage. Prior to the third stage, the questionnaire was professionally proofread and implemented online, and the experts were given access to the online version for evaluation in its intended environment.

An item-level content validity index (I-CVI) was computed for relevance and simplicity as the proportion of experts rating an item as relevant or simple, respectively, ^{27 28} with 0.78 selected as the threshold for an acceptable I-CVI. ^{28 29} A scale-level content validity index was calculated as the average across items' I-CVI (S-CVI/Ave) and as the proportion of items which all experts rated as relevant or simple (S-CVI/UA), with selected thresholds of 0.90 and 0.80 for an acceptable S-CVI/Ave and S-CVI/UA, respectively. ^{27 28} A more detailed description of the validation procedure is provided elsewhere. ¹⁸

Pilot test

To assess the questionnaire's feasibility and to preliminarily evaluate item properties, it was pilot-tested in a convenience sample of eight Norwegian Special Operations Command officers during a marine exercise where high-speed planing craft were regularly operated. Everyone invited agreed to participate in the study. The participants were men aged 28–40

years, with 1–20 years of work experience at sea, who regularly manoeuvred and navigated marine craft.

The questionnaire was completed on the respondents' personal cell phones, and participants were instructed to complete one section on exposure and performance at the end of each work shift and one section on health once weekly over a one-month period. In addition, their craft were instrumented to collect the acceleration time-history data at sea to enable data comparison. Following the pilot test period, the subjects provided verbal feedback on the questionnaire.

RESULTS

An overview of the questionnaire construction process is given in Figure 1 and the final questionnaire in the supplementary materials.

Development

The work exposure domain focused on the crew's operational environment and contained items related to work: duration, environment and task. One item identified craft ID to permit linkage between questionnaire data and objective data, and a ride-quality item was included as a measure of ride roughness, ³⁰ useful both as an indicator of VRS exposure when objective data is unavailable and for identifying acceleration features affecting the perception of ride roughness. Items regarding body posture and crew gear, environmental conditions, mission and work task were included for their biomechanical relevance, ⁵ reported influence on impaired health and performance ¹⁹⁻²¹ and relevance to mental and physical demands, respectively.

The health domain focused on work-related musculoskeletal pain, it being previously associated with VRS exposure and one of the main areas of concern among HPMCP.² Pain

occurrence was considered the main variable and auxiliary items were included to describe its characteristics. In line with established recommendations for chronic pain measurement selected auxiliary items inquired about pain location, pain intensity, pain frequency and physical functioning impairment. ^{31 32} Pain location was mapped with a previously developed 16-zone figure to maintain compatibility with the former questionnaire ¹⁸ and additional subitems related to the specific locations. Pain intensity was assessed with a standard formulation used to reflect the average pain magnitude over the past week and measured on an 11-point numeric rating scale. ³¹ Pain frequency was quantified by providing a daily schedule split between day and night, allowing for a rapid selection of pain occurrence, and simultaneously permitting quantification of pain patterns and association of pain and exposure. Physical function impairments were considered in relation to reduction in work ability, since this parameter involves both practical and financial ramifications. Finally, one item inquiring about perceived cause of pain was included for its descriptive value.

Performance was mainly measured indirectly via fatigue symptoms, as they have been associated with impaired performance.^{3 4 33 34} Fatigue is a subjective experience constituting of several dimensions.^{34 35} Mental fatigue was targeted since it closely reflects performance impairments in common work tasks among HPMCP. A composite summary score derived from 4–5 items encompassing different aspects of fatigue was considered the most suitable method to capture the latent fatigue construct.^{34 35} Selected fatigue items were inspired by previous questionnaires,^{34 36} and adapted to the study population. In addition to the fatigue summary score items, two items for self-rated human and craft performance were included.

Sampling periods were selected considering the characteristics of the measured attributes. Items related to work exposure and fatigue targeted the previous work shift, as work exposure can vary greatly between days, acute fatigue presumably is reversed with rest and both are somewhat diffuse and mundane, which could impede accurate recollection.²³ In contrast,

musculoskeletal pain items targeted the previous week, as prolonged VRS exposure conceivably causes overload injuries which persist between days, and as a pain event likely is perceived as more distinct and salient, which facilitates accurate recollection.²³

To reduce bias related to missing data, one optional item was added with response options defined to support different missing data assumptions.²⁵ Refusal to respond to an item was managed by incorporating a hidden response option (i.e., 'I do not want to answer this question'), which appeared only when respondents attempted to skip an item. Selection of this option strongly suggests that missingness is related to the item itself.

To maintain the respondent burden at an acceptable level, the option to deactivate redundant items (e.g., the duration-at-sea item when time at sea is registered elsewhere), a dynamic mechanism which automatically skips redundant items, and only closed-ended response options (i.e., predetermined responses selected from a list) were incorporated. With all items active, the dynamic mechanism reduced daily items related to work exposure and performance from 19 to seven when respondents had not worked at sea, and limited the maximum number of weekly items related to pain to 14 by leading to auxiliary pain items inquiring about the worst and the least painful areas when more than three pain locations were selected.

[FIGURE 1: ABOUT HERE]

Validation

The first questionnaire draft contained 28 items (excluding the control item which all experts rated as non-relevant), of which 13 were related to work exposure, six to pain, seven to performance and two to missing data. Ratings by 10 experts revealed acceptable I-CVI for

simplicity and relevance of 26 items, thereby exceeding the threshold of 0.90 for an acceptable S-CVI/Ave in the first stage. However, 90 item-specific expert comments at this stage prompted further item refinement. Based on this feedback, 18 items were revised, two were added to enhance the fatigue summary score, and one on mission status was discarded as inapplicable to subgroups of the study population.

The second questionnaire draft of 29 items was rated by nine experts, as one expert discontinued the process. Whereas 28 items met the cut-off for an acceptable I-CVI, 45 expert comments again indicated opportunities for further improvements. Accordingly, 12 items were modified and three were removed: one related to shock mitigation at sea since it was considered redundant, and two related to the fatigue summary score since they were found confusing or redundant.

The third and final 26-item questionnaire draft was also rated by nine experts, with 25 items having an acceptable I-CVI for both relevance and simplicity, amounting to an S-CVI/Ave of 0.97 and 1.00, and an S-CVI/UA of 0.85 and 0.96 for relevance and simplicity, respectively. Eight of nine experts commented on the overall questionnaire. All responded that the questionnaire was good to very good; four replied that no additional items were needed while three suggested adding items related to sleep quality, suspension system and inland work; four suggested that it was of good length while four felt it was slightly too long. The 'headache' item (item 12) failed to meet acceptable I-CVI for relevance, was rejected by three of nine experts, but was nonetheless retained for further assessment because of its potential value as a fatigue indicator. Table 2 details the results of the validation process.

[TABLE 2: ABOUT HERE]

Pilot test

The pilot test suggested that the completion time for both questionnaire parts combined was approximately 10 minutes. Of eight subjects, seven participated in the daily part about work exposure and performance and five in the weekly part about musculoskeletal pain. Over the one-month period, these respondents completed each part 2–15 and 1–5 times, amounting to a total of 58 and 12 observations, respectively. During the same period, acceleration was registered on 11 occasions between three subjects.

Data obtained indicated that the questionnaire's psychometric properties were acceptable. Responses had either uniform or unimodal distributions across item categories. The 'Other' option available for some items was never selected, and no participants elected to avoid any item response. Exposure-related items registered similar ratings for subjects on the same craft, and there were no contradictory ratings. Of 14 occasions, 7–10 ratings each for ride quality, sea conditions, wind conditions, noise level and temperature, and 3–5 ratings each of sea spray and visibility were identical between subjects, and ratings differed by at most two categories.

The 'ride-quality' item showed sensitivity to acceleration exposure (Figure 2), and the fatigue summary score items showed sensitivity to ride quality (Figure 3). However, because the response distribution in the fatigue items suggested that a potential floor effect might be present, which could be detrimental to fatigue discrimination, some changes were made to increase sensitivity. The 'memory' item, excluded in the validation process based on expert comments – and which nevertheless met the criterion for an acceptable I-CVI – was reintegrated for further evaluation. Moreover, the 'concentration', 'decision' and 'memory' items were revised to accommodate a bipolar response structure (i.e., 'Very high' to 'Very low'), and an additional response category was added to both the 'headache' and 'tiredness' items. Final modifications were also implemented with respect to the musculoskeletal pain items. Feedback from the subjects revealed that they lacked a response option for absence of

pain while under pain relief medication; the response structure of the 'pain event' item was therefore revised to accommodate this. Finally, the 'perceived pain cause' item was removed to reduce the respondent burden.

[FIGURE 2: ABOUT HERE]

[FIGURE 3: ABOUT HERE]

DISCUSSION

This study developed, validated and pilot-tested a questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance in high-performance marine craft personnel (HPMCP). Ratings from nine experts computed to an S-CVI/Ave of 0.97 and 1.00 for relevance and simplicity, respectively, supported excellent content validity, and the pilot test suggested that the questionnaire, following some adjustments, was feasible for its intended purpose.

The expert ratings supported that the questionnaire content was both relevant with respect to the intended content domains and simple to understand. In the first validation stage the S-CVI/Ave already exceeded the commonly used threshold of 0.90;^{27 28} however, expert itemlevel disagreement and the multiplicity of comments indicated that further improvements were possible. Items were noticeably refined in subsequent stages, as reflected by the increase in S-CVI/UA, which improved from 0.64 and 0.50 in the first stage to 0.85 and 0.96 in the final stage for relevance and simplicity, respectively, thereby meeting the acceptability criterion of 0.80 for both. ^{27 28} Most expert comments supported that the questionnaire was sufficiently comprehensive. The additional items suggested by three experts were decided against, since they either were indirectly measured or were too peripheral to motivate the additional respondent burden.

Although our content validity indices were exceptionally high in comparison both to our previous questionnaire and to reported results of other questionnaires, ^{18 27} certain adjustments were necessary to finalize the questionnaire. Item 12 ('headache') failed to meet an acceptable I-CVI for relevance but was nonetheless retained, as expert comments suggested that this was due to a lack of understanding of its intended purpose as a fatigue summary score item. This decision was supported by the pilot-test results which indicated that it was sensitive to ride roughness. In addition, a potential floor effect detected by inspecting the distribution in fatigue-related items prompted the return of item 15 ('memory') and the changes in the response structure of all fatigue-related items.

The chosen item recall periods were in line with general principles of recollection accuracy.²³ Frequent everyday-events are typically estimated more imprecisely than rare and prominent events,²³ which supported a shorter recall period for work exposure and fatigue-related items than for pain-related items. Studies on fatigue recollection suggest that the daily recall bias is within an acceptable level,^{22 37} whereas studies on pain recollection indirectly suggest that the 7-day recall bias of the pain event itself is within an acceptable level; however, that the pain intensity is systematically slightly overestimated.^{22 24}

While the results from both the validation process and the pilot test supported the adequacy of the questionnaire in quantifying the content domains, it could involve a considerable respondent burden as the final version contains up to 30 items. Upon initial review, the response rate suggested that there was a problem with the feasibility of the questionnaire for longitudinal measurements. The secrecy of the group investigated prevented determination of the exact response rate and attached causes (e.g., respondents' work schedules were classified); however, respondent feedback revealed that they were not allowed to use their cell phones during a one-week exercise and that two intended subjects did not participate in the marine exercise and therefore dropped out. In addition, Norwegian occupational regulations

demand an average two-day rest per week. Accounting for these factors, we approximated a response rate of >85% for three subjects and 10–40% for the three remaining subjects in the daily questionnaire section, and 100% for one subject, 50% for three subjects and 0–25% for two subjects in the weekly questionnaire section. Thus, in this pilot study, half the respondents had an acceptable response rate for the daily section, but only one of six for the weekly section. Respondent feedback suggested that the low response rate for the weekly section was related to the division of the questionnaire into two parts, and both sections were therefore incorporated into a single web-questionnaire. Noteworthy is that in this pilot test, we maximized the respondent burden both in sampling frequency, once following each work shift, and in total questionnaire items. Decrease of either of these two aspects would likely increase questionnaire feasibility for longitudinal investigation.

This study has some limitations. Whereas a large number of experts were included in the questionnaire validation to provide a suitable breadth of knowledge across content domains and to lessen the risk of chance agreement, ²⁸ its validity is limited by the proficiency of the expert raters and the consensus panel. Likewise, the results of this pilot test, conducted in a sample chosen to represent HPMCP subjected to the most intense VRS exposure, are limited by the small sample size. With respect to the questionnaire content, performance was indirectly measured via fatigue, as performance and fatigue have previously been associated ³⁴ and as performance is hard to capture with self-reported data. To know how far the questionnaire items actually measure performance it is, however, necessary to link them to objective performance indicators.

The present questionnaire was developed as a complement to the previously constructed questionnaire. ¹⁸ In conjunction with objective exposure data, the two questionnaires provide a means to quantify the extent of musculoskeletal pain and performance impairments in

HPMCP, and to link the contribution of VRS exposure causally to these effects. However, for accurate inferences, their psychometric properties should be further evaluated.

CONCLUSIONS

A dynamic web-based questionnaire for longitudinal investigation of work exposure, musculoskeletal pain and performance impairments in high-performance marine craft populations was constructed. Expert ratings supported that the questionnaire content was relevant, simple and sufficiently comprehensive. A pilot test suggested that the questionnaire, following some adjustments, was feasible for longitudinal measurements in the study population.

ACKNOWLEDGEMENTS

We thank the expert raters for their feedback, and the Norwegian Special Operations

Command officers for their participation in the pilot test. We also thank Lea Constan for excellent feedback on the manuscript, Jan Ivar Kåsin from the Norwegian Institute of Aviation Medicine for connecting us to experts and pilot test subjects from the study population, and Stefan Andersson from the Swedish Coast Guard for providing experts from the study population.

CONTRIBUTIONS

KG is leading the research program of which this study is a part. All authors conceived and designed the study, and constituted the consensus panel. RLM and MPdA outlined the questionnaire and refined it in accordance with the experts' feedback. RLM implemented the questionnaire online and drafted the manuscript, and MPdA, KG and BOA reviewed and contributed to the manuscript's development. All authors read and approved the final manuscript.

FUNDING

The Gösta Lundeqvist Foundation for Ship Research (Gösta Lundeqvists stiftelse för skeppsteknisk forskning) and the Swedish Maritime Administration (Sjöfartsverket).

COMPETING INTERESTS

None declared.

ETHICS APPROVAL

Ethics approval was obtained from the Regional Committee for Medical Research Ethics (Dnr. 2015/576-31), Stockholm, Sweden. All participants received study information and signed an informed consent.

DATA-SHARING STATEMENT

No additional data available.

REFERENCES

- 1. Lewis Shattuck N, Matsangas P, Moore J, et al. Prevalence of Musculoskeletal Symptoms, Excessive Daytime Sleepiness, and Fatigue in the Crewmembers of a U.S. Navy Ship. *Mil Med* 2016;181(7):655-62. doi: 10.7205/MILMED-D-15-00279
- 2. Ensign W, Hodgdon J, Prusaczyk K, et al. A survey of self-reported injuries among special boat operators. Technical Report 00-48. San Diego, California: Naval Health Research Center, 2000.
- 3. Stevens SC, Parsons MG. Effects of motion at sea on crew performance: a survey. *Mar Technol* 2002;39:29-47.
- 4. Wadsworth EJ, Allen PH, McNamara RL, et al. Fatigue and health in a seafaring population. *Occup Med (Lond)* 2008;58(3):198-204.
- 5. Townsend NC, Coe TE, Wilson PA, et al. High speed marine craft motion mitigation using flexible hull design. *Ocean Eng* 2012;42:126-34.
- 6. Bovenzi M, Hulshof CT. An updated review of epidemiologic studies on the relationship between exposure to whole-body vibration and low back pain (1986-1997). *Int Arch Occup Environ Health* 1999;72(6):351-65.
- 7. Lings S, Leboeuf-Yde C. Whole-body vibration and low back pain: a systematic, critical review of the epidemiological literature 1992-1999. *Int Arch Occup Environ Health* 2000;73(5):290-7.
- 8. Conway GE, Szalma JL, Hancock PA. A quantitative meta-analytic examination of whole-body vibration effects on human performance. *Ergonomics* 2007;50(2):228-45. doi: 10.1080/00140130600980888
- 9. Wikstrom B-O, Kjellberg A, Landstrom U. Health effects of long-term occupational exposure to whole-body vibration: A review. *Int J Ind Ergonom* 1994;14:273-92.

- 10. Burstrom L, Nilsson T, Wahlstrom J. Whole-body vibration and the risk of low back pain and sciatica: a systematic review and meta-analysis. *Int Arch Occup Environ Health* 2015;88(4):403-18. doi: 10.1007/s00420-014-0971-4
- 11. Johanning E. Whole-body vibration-related health disorders in occupational medicine--an international comparison. *Ergonomics* 2015;58(7):1239-52. doi:
- 10.1080/00140139.2015.1005170

- 12. International Organization for Standardization. ISO 2631-5:2004. Mechanical vibration and shock evaluation of human exposure to whole-body vibration Part 5: method for evaluation of vibration containing multiple shocks. Geneva, Switzerland, 2004.
- 13. British Standards Institution. BS 6841:1987. Guide to measurement and evaluation of human exposure to whole-body mechanical vibration and repeated shock. London, England, 1987.
- 14. European Parliament and the Council of the European Union. Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risk arising from physical agents (vibration). *Off J Eur Comm* 2002;45(L177):13-19.
- 15. Allen DP, Taunton DJ, Allen R. A study of shock impacts and vibration dose values onboard highspeed marine craft. *Int J Marit Eng* 2008;150:1-10.
- 16. Garme K, Burstrom L, Kuttenkeuler J. Measures of vibration exposure for high speed craft crew. *J Eng Marit Environ* 2011;225:338–49.
- 17. Lewis CH, Griffin MJ. A comparison of evaluations and assessments obtained using alternative standards for predicting the hazards of whole-body vibration and repeated shocks. *J Sound Vib* 1998;215.(4):915-26.

- 18. de Alwis MP, Lo Martire R, Ang BO, et al. Development and validation of a web-based questionnaire for surveying the health and working conditions of high-performance marine craft populations. *BMJ Open* 2016;6(6):e011681.
- 19. Dobbins T, Hill J, Myers S. Fatigue in Military Operations; High Speed Craft Repeated Shock and Other Factors. 51st United Kingdom Conference on Human Responses to Vibration. Gosport, England, 2016.
- 20. Parsons K. Human Thermal Environments: The Effects of Hot, Moderate, and Cold Environments on Human Health, Comfort, and Performance. Boca Raton, FL: CRC Press 2002.
- 21. Cohen S, Evans GW, Stokols D, et al. Behavior, Health, and Environmental Stress Hoboken, NJ: Springer Science 1986.
- 22. Broderick JE, Schwartz JE, Vikingstad G, et al. The accuracy of pain and fatigue items across different reporting periods. *Pain* 2008;139(1):146-57. doi: 10.1016/j.pain.2008.03.024 23. Rockwood T. Assessing Health: Response Formation and Accuracy. In: Johnson TP, ed. Handbook of Health Survey Methods. Hoboken, New Jersey: John Wiley & Sons 2015:107-42.
- 24. Stone AA, Broderick JE, Shiffman SS, et al. Understanding recall of weekly pain from a momentary assessment perspective: absolute agreement, between- and within-person consistency, and judged change in weekly pain. *Pain* 2004;107(1-2):61-9.
- 25. Laird NM. Missing data in longitudinal studies. Stat Med 1988;7(1-2):305-15.
- 26. Grant JS, Davis LL. Selection and use of content experts for instrument development. *Res Nurs health* 1997;20(3):269-74.
- 27. Polit DF, Beck CT. The content validity index: are you sure you know what's being reported? Critique and recommendations. *Res Nurs Health* 2006;29(5):489-97.

28. Polit DF, Beck CT, Owen SV. Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Res Nurs Health* 2007;30(4):459-67.

- 29. Lynn MR. Determination and quantification of content validity. *Nurs Res* 1986;35(6):382-5.
- 30. Payne PR. On quantizing ride comfort and allowable accelerations. AIAA/SNAME Advance Marine Vehicle Conference. Arlington, VA, 1976.
- 31. Dworkin RH, Turk DC, Farrar JT, et al. Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. *Pain* 2005;113(1-2):9-19.
- 32. Turk DC, Dworkin RH, Allen RR, et al. Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. *Pain* 2003;106(3):337-45.
- 33. Charlton SG, Baas PH. Fatigue, work-rest cycles, and psychomotor performance of New Zealand truck drivers. *NZJ Psychol* 2001;30:32-39.
- 34. Beurskens AJHM, Bültmann U, Kant I, et al. Fatigue among working people: validity of a questionnaire measure. *Occup Environ Med* 2000;57:353-7.
- 35. Ahsberg E. Dimensions of fatigue in different working populations. *Scand J Psychol* 2000;41(3):231-41.
- 36. Neuberger GB. Measures of fatigue: The Fatigue Questionnaire, Fatigue Severity Scale, Multidimensional Assessment of Fatigue Scale, and Short Form-36 Vitality (Energy/Fatigue) Subscale of the Short Form Health Survey. *Arthritis Care Res* 2003;49(S5):175-83.
- 37. Schneider S, Stone AA, Schwartz JE, et al. Peak and end effects in patients' daily recall of pain and fatigue: a within-subjects analysis. *J Pain* 2011;12(2):228-35.
- 38. International Organization for Standardization. ISO 2631-1:1997. Mechanical vibration and shock evaluation of human exposure to whole-body vibration part 1: general requirements. Geneva, Switzerland, 1997.

FIGURE CAPTIONS

- **Figure 1**. Flow chart of the questionnaire construction process.
- **Figure 2**. Sampled acceleration relative to self-reported ride quality for the only three subjects with complete data. VDV, vibration dose value computed as in ISO 2631-1.³⁸
- Figure 3. The four top graphs show fatigue-related ratings per ride quality category and the bottom graph shows the number of fatigue symptoms defined as ratings other than 'No' for each observation. Figures are based on 58 observations from repeated measurements in seven iguites ». subjects.

TABLES

Table 1. Expert characteristics.

Expert	Profession	Area of expertise
1	Special operations command officer	HSC operations, target population.
2	Special operations command officer	HSC operations, target population.
3	Coastguard officer	HSC operations, target population.
4	Coastguard officer	HSC operations, target population.
5	Engineer, researcher	HSC human factors engineering.
6	Engineer, researcher	HSC human factors engineering.
7	Physician, researcher	Medicine, human biomechanics,
		content validity.
8	Physiotherapist, researcher	Epidemiology, questionnaire
		development, musculoskeletal pain.
9	Physiotherapist, researcher	Questionnaire development,
		musculoskeletal pain.
10	Physiotherapist	Occupation therapist in the study
		population.
HSC, high-speed craft		4

 Table 2. Expert ratings across the three validation stages.

			Relevance						Simplicity					
		Stage 1	(n=10)	Stage 2	2 (n=9)	Stage 3	s (n=9)	Stage 1	(<i>n</i> =10)	Stage 2	2 (<i>n</i> =9)	Stage 3	3 (<i>n</i> =9)	
Domain	Item	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	Rating	I–CVI	
Work exposure	Hours at sea	4–4	1.00	3–4	1.00	4–4	1.00	1–4	0.90	3–4	1.00	4–4	1.00	
	Ride quality	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Craft ID	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	4–4	1.00	4–4	1.00	
	Craft experience	3–4	1.00	3–4	1.00	3–4	1.00	2–4	0.90	4–4	1.00	3–4	1.00	
	Mission	2–4	0.90	4–4	1.00	4–4	1.00	2–4	0.90	3–4	1.00	4–4	1.00	
	Task	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	4–4	1.00	4–4	1.00	
	Open deck	1–4	0.70	4–4	1.00	4-4	1.00	2–4	0.60	3–4	1.00	4–4	1.00	
	Equipment	2–4	0.90	4–4	1.00	3–4	1.00	2–4	0.90	3–4	1.00	4–4	1.00	
	Body posture	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	2–4	0.89	3–4	1.00	
	After dark	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	
	Environmental conditions	1–4	1.00	3–4	1.00	4–4	1.00	3–4	0.90	2–4	0.89	3–4	1.00	
	Shock mitigation*	3–4	1.00	2–4	0.89	-	-	2–4	0.90	4–4	1.00	-	-	
	Craft ergonomics	3–4	1.00	2–4	0.89	4–4	1.00	1–4	0.80	1–4	0.89	4–4	1.00	
	(Music preference)	1–2	0.00	-	-	-	-	1–4	0.60	-	-	_	_	
Pain	Pain event	2–4	0.90	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	
	Pain location	3–4	1.00	4–4	1.00	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	
	Pain frequency	3–4	1.00	4–4	1.00	3–4	1.00	2–4	0.90	2–4	0.78	3–4	1.00	
	Pain intensity	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	

S-CVI/UA			0.64		0.79		0.85		0.50		0.86		0.96
S-CVI/Ave			0.91		0.96		0.97		0.91		0.98		1.00
	Perceived pain cause	3–4	1.00	3–4	1.00	3–4	1.00	2–4	0.80	3–4	1.00	4–4	1.00
Missing data	Reason for non-response	2–4	0.90	4–4	1.00	2–4	0.89	3–4	1.00	4–4	1.00	4–4	1.00
	Mission status*	2–4	0.80	_	_	_	_	2–4	0.90	_	_	_	_
	Craft performance	2–4	0.90	3–4	1.00	2–4	0.78	2–4	0.80	3–4	1.00	2–4	0.89
	Human performance	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00
	Tiredness	2–4	0.70	2–4	0.89	3–4	1.00	2–4	0.80	4–4	1.00	4–4	1.00
	Effort of thinking*	1–4	0.80	1–4	0.67	-	-	2–4	0.70	3–4	1.00	_	_
	Memory ^{+,*}) -	-	2–4	0.78	-	-	-	-	3–4	1.00	_	_
	Decisions ⁺	-	-	3–4	1.00	2–4	0.89			3–4	1.00	3–4	1.00
	Concentration	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00
Performance	Headache	2–4	0.90	2–4	0.78	2–4	0.67	3–4	1.00	4–4	1.00	3–4	1.00
	Perceived pain cause	3–4	1.00	3–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00
	Pain consequences	4–4	1.00	4–4	1.00	4–4	1.00	3–4	1.00	3–4	1.00	3–4	1.00

I-CVI, item-level content validity index: proportion of expert ratings higher than two. S-CVI/Ave, scale-level content validity index average: mean I-CVI across items. S-CVI/UA, scale-level content validity index universal agreement: proportion of items which all experts rated higher than two. Thresholds for acceptable I-CVI, S-CVI/Ave, and S-CVI/UA were 0.78, 0.90, and 0.80, respectively. *, discarded item. *, added item. (), control item.

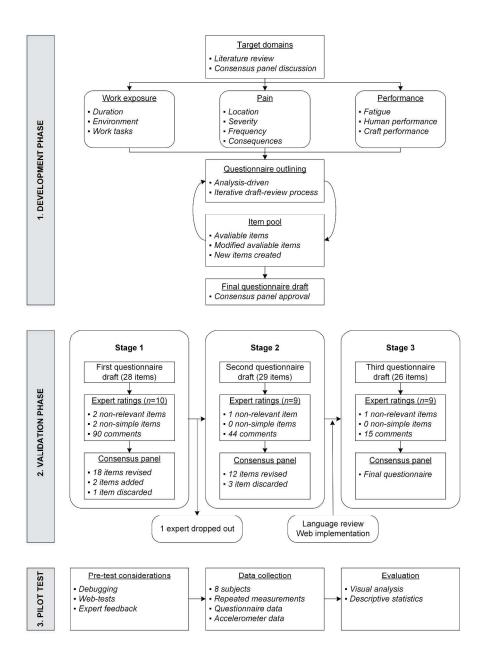
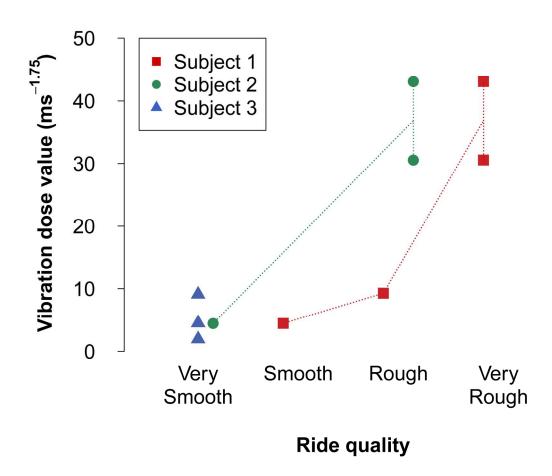


Figure 1. Flow chart of the questionnaire construction process.

380x524mm (300 x 300 DPI)



Sampled acceleration relative to self-reported ride quality for the only two three subjects with complete data. VDV, vibration dose value computed as in ISO 2631-1.³⁸

173x149mm (300 x 300 DPI)

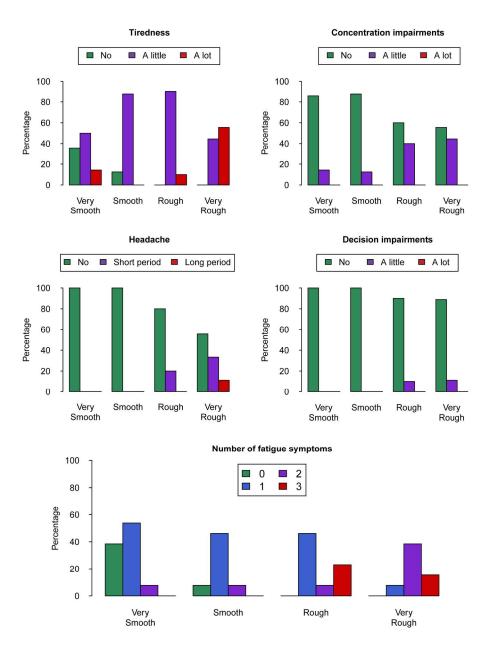


Figure 3. The four top graphs show fatigue-related ratings per ride quality category and the bottom graph shows the number of fatigue symptoms defined as ratings other than 'No' for each observation. Figures are based on 58 observations from repeated measurements in seven subjects.

181x243mm (300 x 300 DPI)

Questionnaire on Work Exposure, Musculoskeletal Pain, and Performance among High-**Performance Marine Craft Personnel**

This survey investigates work exposure, musculoskeletal pain, and performance among highperformance marine craft personnel, and your participation is important as you have relevant skills. In total, it contains about 25 questions which take roughly 10 minutes to complete.

nis investigation.

Please read the questions care.

Thank you for your time. Your responses are *strictly confidential*, will be processed *anonymously*, and are used only for

EXPOSURE AND PERFORMANCE MODULE (ADMINISTERED DAILY)

	e following questions concern your last work shift (i.e., the one you just completed or are out to complete just now).
1.	How many hours of this work shift did you spend at sea (i.e., away from the pier)? Please include time inactive (e.g., breaks, sleep at work, or standby).
	[DROPDOWN LIST] hours
2.	How would you rate ride quality aboard the craft during this work shift?* Ride quality refers to the comfort of the boat ride.
	☐ Very smooth (good comfort with no or very few bumps) ☐ Smooth
	 □ Rough □ Very rough (considerable discomfort or strain as a result of sea state, vessel speed, or both)
Conditio	n: >0 hours selected in item 1.
3.	Please select the craft you worked onboard during this shift:* If you worked onboard more than one craft, select them in the order you were on them, starting with '1' for the first craft.
	□ Craft ID 1** □
	□ Other
Conditio	n: >0 hours selected in item 1. ** Craft ID 1 used as an example.
4.	How familiar are you with Craft ID 1**?*
	☐ I have a lot (months) of experience working aboard that particular craft ☐ I have some (weeks) experience working aboard that particular craft ☐ I have no or almost no (days) experience working aboard that particular craft
Conditio	n: Craft ID selected in item 3. ** Craft ID 1 used as an example.
5.	Please select the options that best describe your work at sea during this shift:* Multiple options possible.
	□ Patrol
	☐ Search and Rescue ☐ Transport <i>(person or cargo)</i>
	☐ Firefighting ☐ Law enforcement or other offensive mission
	LILLOW COTOROGOT OF OTOOR OTTOOON MICOLON

	☐ Craft driving
	☐ Craft navigation
	□ Work on deck
	☐ Work on engine or other machinery
	☐ Active duty onboard (e.g., lookout or equipment operator)
	□ Passenger
	□ Other
ditior	n: >0 hours selected in item 1.
7.	Did you perform your <i>main</i> task on open deck during this work shift?*
	□ No
	□ Yes
ditior	n: >0 hours selected in item 1.
8.	What equipment were you wearing at sea during this work shift?* Multiple options possible.
	□ Helmet
	□ Vest (e.g., body armour)
	☐ Weapon or equipment belt
	☐ Survival suit (i.e., immersion suit or dry suit)
	☐ Night vision goggles
	□ Other
	□ None
ditior	n: >0 hours selected in item 1.
9.	Which body posture best describes your work at sea during this shift?*
	☐ Sitting regardless of sea condition
	☐ Standing regardless of sea condition
	☐ About half the time sitting and half the time standing
	☐ Mainly sitting, but standing in rough sea conditions
	☐ Mainly standing, but sitting in rough sea conditions
dition	n: >0 hours selected in item 1.
10	. How much time did you spend at sea after dark during this work shift?*
	□ 0%
	□ 25%
	□ 50%
	□ 75%
	□ 100%

sea conditions?	□ Calm (Like a mirror.) □ Smooth (Ripples or wavelets without of with few with caps.) □ Moderate (Small waves with breaking crests. Fairly frequent white caps.) □ Rough (Long waves and very frequent white foam crests. Some sea spray.) □ High (High waves whose crests sometimes roll over. Dense white foam. Large amounts of sea spray.)
wind conditions?**	□ Calm
	☐ Light breeze ☐ Moderate breeze ☐ Strong breeze ☐ Gale
sea spray?**	□ Very little□ Some□ Moderate□ Much□ Very much
visibility? Refer to the visibility that affected your work the most (e.g., inside boat: low light, instrument back light etc; outside boat: fog, sunshine reflection etc).	☐ Excellent ☐ Very good ☐ Good ☐ Acceptable ☐ Poor
noise level?	□ Quiet□ Faint□ Moderate□ Uncomfortable□ Intolerable
temperature? Refer to the temperature that affected you the most.	 ☐ Uncomfortably hot ☐ Hot ☐ Comfortable ☐ Cold ☐ Uncomfortably cold

☐ No, not at all	
☐ Yes, for a short period	
☐ Yes, for a long period	
☐ Yes, for nearly the entire work shift	
· •	
B. How would you rate your ability to conc	entrate during this work shift?
☐ Very high	
☐ High	
□ Low	
□ Very low	
l. How would you rate your ability to make	e decisions during this work shift?
☐ Very high	
□ High	
□ Low	
□ Very low	
□ Very high □ High	
□ Low	
□ Low □ Very low 5. Do you feel tired right now?	6
□ Low □ Very low	ork shift
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo	ork shift
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested	ork shift
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo	ork shift
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired	ork shift
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired □ Yes, very tired	
□ Low □ Very low 6. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired □ Yes, very tired □ Yes, exhausted	
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired □ Yes, very tired □ Yes, exhausted 7. How would you rate your working perform	
□ Low □ Very low 5. Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired □ Yes, very tired □ Yes, exhausted 7. How would you rate your working perfo □ Very good	
□ Low □ Very low Do you feel tired right now? 'Right now' refers to the end of the past wo □ No, I feel completely rested □ Yes, a little tired □ Yes, very tired □ Yes, exhausted How would you rate your working perfo	

18. How would you rate the craft's performance with respect to this shift's activities?*
☐ Very good (craft performed well in the conditions)
☐ Good
☐ Moderate
□ Poor
☐ Very poor <i>(craft was unable to cope with the conditions)</i>
19. How suitable were the craft ergonomics (e.g., controls, equipment, and/or interior of the sea vessel) for this work shift's missions?*
of the sea vessel) for this work shift's missions?*
of the sea vessel) for this work shift's missions?* □ Perfectly suitable
of the sea vessel) for this work shift's missions?* □ Perfectly suitable □ Good, but there is room for improvement
of the sea vessel) for this work shift's missions?* □ Perfectly suitable □ Good, but there is room for improvement □ Not so good, they reduced my work performance

PAIN MODULE (ADMINISTERED WEEKLY)

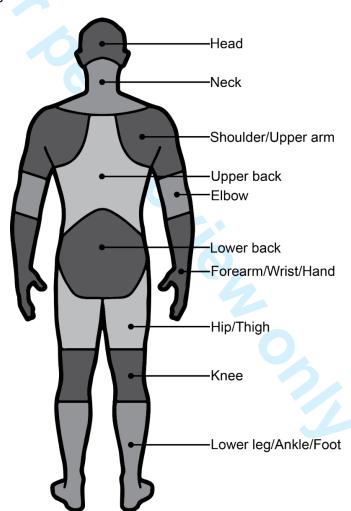
The following questions concern the past 7 days.

20. Have you experienced pain, ache, or discomfort during the past 7 days?

- ☐ No, and I was *not* taking pain relief medication
- ☐ No, but I was taking pain relief medication
- ☐ Yes

21. Please select the areas in which you experienced pain, ache, or discomfort during the past 7 days?*

Please mark relevant body areas by clicking the attached boxes. Red boxes indicate selected body areas.



^{*} Condition: 'Yes' selected in item 20.

Please select all periods during which you experienced *neck*** pain, ache, or discomfort during the past 7 days:*

Please mark relevant time periods by clicking the attached boxes. Red boxes indicate selected time periods.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day-time							
Night-time							

Please rate the intensity that best describes your average *neck*** pain, ache, or discomfort during the past 7 days:*

0	1	2	3	4	5	6	7	8	9	10
□ No pain										□ Worst possible pain

Did the neck** pain, ache, or discomfort during the past 7 days reduce your work ability?

П	No.	not	at	all

- ☐ Yes, somewhat
- ☐ Yes, a lot (e.g., it required me to temporarily change work task)
- ☐ Yes, it required sick leave

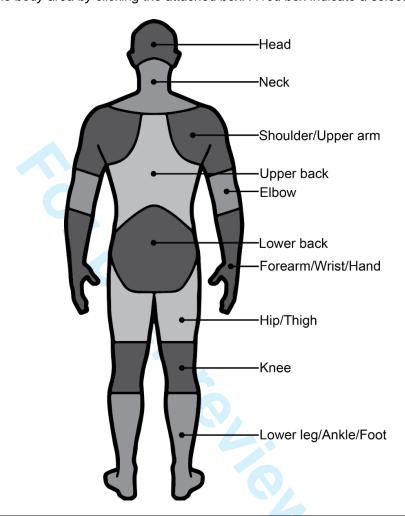
^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

^{*} Condition: Body area selected in item 20 AND ≤3 body areas selected in total. ** Neck used as an example.

Please select the area in which you experienced *the worst*** pain, ache, or discomfort during the past 7 days?*

Please mark the body area by clicking the attached box. A red box indicate a selected body area.



^{*} Condition: ≥4 body areas selected in item 20. ** An identical item also provided for the least painful area.

Please select all periods during which you experienced pain, ache, or discomfort in the area with the worst** pain during the past 7 days:*

Please mark relevant time periods by clicking the attached boxes. Red boxes indicate selected time periods.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day-time							
.,							
Night-time							

^{*} Condition: ≥4 body areas selected in item 20. ** An identical item also provided for the least painful area.

				est desc ng the pa			ge pain, a	ache, or	discomfo	ort <i>in th</i> e
0 □ No pain	1	2	3 □	4	5 □	6 □		8	9	10 □ Worst possible pain
area. Did the		che, or c	discomfo						ed for the	least painful
	□ Yes		vhat	-	e to temp	orarily ch	ange wor	k task)		
area.	On. ≥4 po	ody area	s selecte			n Identica		o provide		least painful

MISSING DATA MODULE (ADMINISTERED FOLLOWING RETURN AFTER FAILURE TO RESPOND)

1.	Please select	the reason for	or not comp	leting the qu	estionnaire <i>l</i>	last week*
----	---------------	----------------	-------------	---------------	----------------------	------------

 $\hfill\square$ I did not have the possibility to do it

☐ I forgot

☐ I was not at work

☐ I was too tired

 \square I was on sick leave related to pain, ache, or discomfort

□ Other

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

^{*} Last week used as an example

And the process of th	In the past 7 days. In the past 7 days. In a past 7 days? In a past 7 days. In a past
The following questions conce I. Have you experienced pain, ache, or discomfort during the No, and I was not taking pain relief medication No, but I was taking pain relief medication Pleases select the areas in which you experienced pain, ache, or discomfort during the attached to a compare the select all periods during which you experienced fower days: Monday Tuesday Wednesday Thursd Daytime Monday Tuesday Wednesday Thursd Or (non)	rn the past 7 days. Past 7 days? The, or discomfort during the past 7 days? The past 7 days. The past 7 days. The past 7 days. The past 7 days. The p
It have you experienced pain, ache, or discomfort during the No. and I was not taking pain relief medication No. but I was taking pain relief medication No. but I was taking pain relief medication No. but I was taking pain relief medication Please select the areas in which you experienced pain, ache lease mark relevant body areas by clicking the attached be relieved to the second pain. The second pain was a select all periods during which you experienced forwer disposes. Monday Tuesday Wednesday Thursd Daytime Please rate the intensity that best describes your average to the former of the second pain. The second pain ache, or discomfort during the past to the forwer back pain, ache, or discomfort during the past No. 10 (worst possible) No. In the forwer back pain, ache, or discomfort during the past No. 10 (worst possible) No. In the forwer back pain, ache, or discomfort during the past No. 10 (worst possible) No. In the forwer back pain, ache, or discomfort during the past No. 10 (worst possible)	e past 7 days? he, or discomfort during the past 7 days? xes. Red boxes indicate selected body areas. Head Neck Shoulder/Upper arm Upper back Elbow Lower back Forearm/Wrist/Hand Hip/Thigh Knee Lower leg/Ankle/Foot Next Page >> Tokack pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday weer back pain, ache or discomfort during the Next Page >> Pain
No, but I was raining pain relief medication No, but I was taking the attached but I	he, or discomfort during the past 7 days? xes. Red boxes indicate selected body areas. —Head —Neck —Shoulder/Upper arm —Upper back —Elbow —Lower back —Forearm/Wrist/Hand —Hip/Thigh —Knee —Lower leg/Ankle/Foot Next Page >> ** pain ** back pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday wer back pain, ache or discomfort during the **Next Page >> ** pain
Vou have indicated lower back Please select all periods during which you experienced lower days: Monday Tuesday Wednesday Thursd Daytime Nighttime Nighttime Nighttime Nighttime Nighttime No (none) 1 2 3 4 4 5 6 6 7 8 9 10 (worst possible) No worst possible New, somewhat Yes, it required me to temporarily change work task Wey, it required me to temporarily change work task Yes, and it is not the second of the sec	—Head —Neck —Shoulder/Upper arm —Upper back —Elbow —Lower back —Forearm/Wrist/Hand —Hip/Thigh —Knee —Lower leg/Ankle/Foot Next Page >> ** ** ** ** ** ** ** ** **
You have indicated lower back lease select all periods during which you experienced lower lease mark relevant time periods by clicking the attached be lease rate the intensity that best describes your average lower load of longe I lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right leaves mark relevant time periods by clicking the attached believes and relevant time periods by clicking the attached believes mark relevant time periods by clicking the attached believes Monday Tuesday Wednesday Thursd Daytime Nighttime	—Upper back —Elbow —Lower back —Forearm/Wrist/Hand —Hip/Thigh —Knee —Lower leg/Ankle/Foot Next Page >> Toward pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday wer back pain, ache or discomfort during the Next Page >> Pain Next Page >> Next Page >> Next Page >> Next Page >> Pain
You have indicated lower back lease select all periods during which you experienced lower lease mark relevant time periods by clicking the attached be lease rate the intensity that best describes your average lower load of longe I lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right leaves mark relevant time periods by clicking the attached believes and relevant time periods by clicking the attached believes mark relevant time periods by clicking the attached believes Monday Tuesday Wednesday Thursd Daytime Nighttime	-Forearm/Wrist/Hand -Hip/Thigh -Knee -Lower leg/Ankle/Foot Next Page >> Next
You have indicated lower back lease select all periods during which you experienced lower lease mark relevant time periods by clicking the attached be lease rate the intensity that best describes your average lower load of longe I lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right leaves mark relevant time periods by clicking the attached believes and relevant time periods by clicking the attached believes mark relevant time periods by clicking the attached believes Monday Tuesday Wednesday Thursd Daytime Nighttime	-Knee -Lower leg/Ankle/Foot Next Page >>
You have indicated lower back lease select all periods during which you experienced lower lease mark relevant time periods by clicking the attached be lease rate the intensity that best describes your average lower load of longe I lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right leaves mark relevant time periods by clicking the attached believes and relevant time periods by clicking the attached believes mark relevant time periods by clicking the attached believes Monday Tuesday Wednesday Thursd Daytime Nighttime	Next Page >> (pain The back pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday wer back pain, ache or discomfort during the 7 days reduce your work ability? Next Page >> pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
You have indicated lower back lease select all periods during which you experienced lower lease mark relevant time periods by clicking the attached be lease rate the intensity that best describes your average lower load of longe I lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right leaves mark relevant time periods by clicking the attached believes and relevant time periods by clicking the attached believes mark relevant time periods by clicking the attached believes Monday Tuesday Wednesday Thursd Daytime Nighttime	pain * back pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday wer back pain, ache or discomfort during the 7 days reduce your work ability? Next Page >> pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Please select all periods during which you experienced fower in days: Please mark relevant time periods by clicking the attached by the periods. Monday Tuesday Wednesday Thursd Daytime Please rate the intensity that best describes your average for a long of the follower back pain, ache, or discomfort during the past of the fower back pain, ache, or discomfort d	pain, ache, or discomfort during the past oxes. Red boxes indicate selected time ay Friday Saturday Sunday wer back pain, ache or discomfort during the 7 days reduce your work ability? Next Page >> pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Dease rate the intensity that best describes your average loast 7 days: Dease rate the intensity that best describes your average loast 7 days: O (none) 1 2 3 9 10 (worst possible) Did the lower back pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Please mark relevant time periods by clicking the attached by the periods. Monday Tuesday Wednesday Thursd Daytime Please rate the intensity that best describes your average rights and the periods.	wer back pain, ache or discomfort during the 7 days reduce your work ability? Next Page >> Pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Please rate the intensity that best describes your average for lost 7 days: 0 (none) 1 2 3 4 5 6 7 8 9 10 (worst possible) Please select all periods during which you experienced right view of days: Please mark relevant time periods by clicking the attached by the periods. Monday Tuesday Wednesday Thursd Daytime Please rate the intensity that best describes your average rights as 7 days:	7 days reduce your work ability? Next Page >> Pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Organization of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back pain, ache, or discomfort during the past of the lower back past of the lower back pain, ache, or discomfort during the past of the lower back past of the lower back pain, ache, or discomfort during the past of the lower back pas	7 days reduce your work ability? Next Page >> Pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Sign of Sign o	Next Page >> Pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task Yes, it required sick leave Previous Page You have indicated right knee Please select all periods during which you experienced right days: Please mark relevant time periods by clicking the attached by periods. Monday Tuesday Wednesday Thursd Daytime Nighttime Please rate the intensity that best describes your average right days:	Next Page >> Pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
You have indicated right knee Please select all periods during which you experienced right days: Please mark relevant time periods by clicking the attached be periods. Monday Tuesday Wednesday Thursd Daytime Nighttime Please rate the intensity that best describes your average rights and the control of the control	pain knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Please select all periods during which you experienced right 7 days: Please mark relevant time periods by clicking the attached beeriods. Monday Tuesday Wednesday Thursd Daytime Nighttime Please rate the intensity that best describes your average rights and the second s	knee pain, ache, or discomfort during the past oxes. Red boxes indicate selected time
Daytime Nighttime Please rate the intensity that best describes your average rights asst 7 days:	lay Friday Saturday Sunday
Please rate the intensity that best describes your average <i>rig</i> oast 7 days:	
	ght knee pain, ache or discomfort during the
 3 4 5 6 7 8 9 10 (worst possible) 	
Oid the right knee pain, ache, or discomfort during the past No, not at all Yes, somewhat Yes, a lot (e.g., it required me to temporarily change work task	
1. How many hours of this work shift did you spend at sea (in Please include time inactive (e.g., breaks, sleep at work, or sea 10 - 11 hours 2. How would you rate ride quality aboard the craft during the large quality refers to the comfort of the boat ride. 3. Very smooth (good comfort with no or very few bumps) 3. Smooth 4. Rough 5. Very rough (considerable discomfort or strain as a result of sea 1.)	his work shift?
B. Please select the craft you worked onboard during this sh Multiple options possible M1	
✓ M2 M3 M4 M5 M6 Other For more than one craft, please indicate the order you were	
example (if you were on M6 first and M3 second): M6, M3	
I have a lot of (months) experience working aboard that particular I have some (weeks) experience working aboard that particular I have no or almost no (days) experience working aboard that	craft
5. Please select the option that best describe your work at se Multiple options possible	ea during this shift:
✓ Patrol Search and Rescue Transport (person or cargo) Firefighting Law enforcement or other offensive mission Other	
 What was your main task at sea during this work shift? Craft driving Craft navigation Work on deck Work on engine or other machinery Active duty onboard (e.g., lookout or equipment operator) 	
Other Did you perform your main task on open deck during this No Yes	work shift?
3. What equipment were you wearing at sea during this wor Multiple options possible ✓ Helmet ✓ Vest (e.g., body armour)	k shift?
 ✓ Weapon or equipment belt ☐ Survival suit (i.e., immersion suit or dry suit) ☐ Night vision goggles ☐ Other ☐ None < Previous Page 	Next Page >>
9. Which body posture best describes your work at sea durin	
 Standing regardless of sea condition About half the time sitting and half the time standing Mainly sitting, but standing in rough sea conditions Mainly standing, but sitting in rough sea conditions Mainly standing, but sitting in rough sea conditions 	nis work shift?
0% 0% 25% 50% 75% 100%	
 L1A. Please select the option that best describes this work selection. ○ Calm (Like a mirror.) ○ Smooth (Ripples or wavelets without or with few with caps.) ● Moderate (Small waves with breaking crests. Fairly frequent who Rough (Long waves and very frequent white foam crests. Some High (High waves whose crests sometimes roll over. Dense white 	nite caps.) e sea spray.)
L1B. Please select the option that best describes this work s Calm Light breeze Moderate breeze Strong breeze	hift's wind conditions:
 Gale I1C. Please select the option that best describes this work select the option that best describes the option that best describes the option that the option that best describes the option that the option that best describes the option that the option that	hift's sea spray:
Moderate Much Very much I.D. Please select the option that best describes this work sefer to the visibility that affected your work the most (e.g., etc; outside boat: fog, sunshine reflection etc).	
etc; outside boat: fog, sunshine reflection etc). Excellent Outside boat: fog, sunshine reflection etc). Acceptable Poor	July ngill
Intolerable 1E. Please select the option that best describes this work state Quiet Faint Moderate Intolerable	hift's <i>noise level</i> :
Intolerable Intol	hift's temperature:
 Hot Comfortable Cold Uncomforably cold ✓ Previous Page 	Next Page >>
12. Did you suffer from headache during this work shift? No, not at all	
Yes, for a short period Yes, for a long period Yes, for nearly the entire work shift How would you rate your ability to concentrate during the	is work shift?
 Very high High Low Very Low Very Low 4. How would you rate your ability to make decisions during 	
 Very high High Low Very Low 	
 15. How would you rate your ability to remember things during Very high High 	ing this work shift?
Low O Very Low	J Open: first published as
Low	
Low Very Low 16. Do you feel tired right now (now refers to the end of the No, I feel completely rested Yes, a little tired Yes, very tired Yes, exhausted 17. How would you rate your working performance during the Very good Good Moderate Poor	7-016006 on 20
Low Very Low 16. Do you feel tired right now (now refers to the end of the No, I feel completely rested Yes, a little tired Yes, very tired Yes, exhausted 17. How would you rate your working performance during the Very good Good Moderate	nis shift? 10.1136/bmjopen-2017-016006 on 20 July 2017. Downlos? t to this shift's activitied from http://bmjopen.bmj.com/

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml