

**The acceptability of a novel seismocardiography device for measuring VO 2 max in a workplace setting: a mixed methods approach**

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## Your experience of VENTRIJECT SEISMOFIT fitness test - Questionnaire

Thank you for taking the time to read and complete this questionnaire. The purpose of this questionnaire is to help us understand what you think about having your fitness tested using the Ventriject Seismofit device.

Please read the statements below carefully. When you have read the statement, please rate how much you agree or disagree with it by circling a number. A score of 1 means that you strongly disagree with the statement. A score of 10 means that you strongly agree with the statement.

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. Having my fitness tested with Ventriject Seismofit was comfortable

Strongly Disagree

Neutral

Strongly Agree

1    2    3    4    5    6    7    8    9    10

Comments \_\_\_\_\_

### 2. I was able to tolerate having my fitness tested with Ventriject Seismofit

Strongly Disagree

Neutral

Strongly Agree

1    2    3    4    5    6    7    8    9    10

Comments \_\_\_\_\_

### 3. I felt safe having my fitness tested with Ventriject Seismofit

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**4. Having my fitness tested with Ventriject Seismofit was intrusive**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**5. Having my fitness tested with Ventriject Seismofit was convenient**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**6. I value the information the Ventriject Seismofit fitness test gave me**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_



1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**11. I liked having my fitness tested with Ventriject Seismofit**

Strongly Disagree                      Neutral                      Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**12. Having my fitness tested with Ventriject Seismofit was enjoyable**

Strongly Disagree                      Neutral                      Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**13. Having had my fitness tested with Ventriject Seismofit, I am confident I could conduct the Ventriject Seismofit test myself, with clear instructions, including applying the adhesive pad and navigating the phone app:**

Strongly Disagree                      Neutral                      Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**14. I felt tired after having my fitness tested with Ventriject Seismofit**

Strongly Disagree

Neutral

Strongly Agree

1    2    3    4    5    6    7    8    9    10

Comments \_\_\_\_\_

**15. I feel confident I could complete my fitness assessment with Ventriject Seismofit:**

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Once per week           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Once per month          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Once every three months | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Once every six months   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Once a year             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Never again             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**16. Would you pay for this test?**  Yes     No

If yes, how much would you be willing to pay for the test? £ \_\_\_\_\_

**17. If there is anything else you would like to tell us about having your fitness tested with Ventriject Seismofit, please write it in the space provided below:**

**End of questionnaire**

Thank you for taking the time to complete this questionnaire. Your participation in our research is appreciated.

## Your experience of SUB-MAXIMAL EXERCISE TESTING - Questionnaire

Thank you for taking the time to read and complete this questionnaire. The purpose of this questionnaire is to help us understand what you think about having your fitness tested using a sub-maximal exercise test on a bike or step.

Please read the statements below carefully. When you have read the statement, please rate how much you agree or disagree with it by circling a number. A score of 1 means that you strongly disagree with the statement. A score of 10 means that you strongly agree with the statement.

Did you have your sub-maximal fitness test on a;    Bike                       Step

Participant ID: \_\_\_\_\_                      Date: \_\_\_\_\_

### 1. Having my fitness tested with a sub-maximal exercise test was comfortable

Strongly Disagree                      Neutral                      Strongly Agree

1      2      3      4      5      6      7      8      9      10

Comments \_\_\_\_\_

### 2. I was able to tolerate having my fitness tested with a sub-maximal exercise test

Strongly Disagree                      Neutral                      Strongly Agree

1      2      3      4      5      6      7      8      9      10

Comments \_\_\_\_\_

### 3. I felt safe having my fitness tested with a sub-maximal exercise test

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**4. Having my fitness tested with a sub-maximal exercise test was intrusive**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**5. Having my fitness tested with a sub-maximal exercise test was convenient**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**6. I value the information the maximal sub-exercise test gave me**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10



Comments\_\_\_\_\_

**7. I would like to have my fitness tested with a sub-maximal exercise test as part of my routine healthcare check-ups**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**8. Having my fitness tested with a sub-maximal exercise test took a long time**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**9. It was worth my while having my fitness tested with a sub-maximal exercise test for the information I received from the test**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**10. I am confident that the information that the sub-maximal exercise test has given me about my health is accurate**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**11. I liked having my fitness tested with a sub-maximal exercise test**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**12. Having my fitness tested with a sub-maximal exercise test was enjoyable**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments\_\_\_\_\_

**13. I felt tired after having my fitness tested with a sub-maximal exercise test**

Strongly Disagree

Neutral

Strongly Agree

1 2 3 4 5 6 7 8 9 10

Comments \_\_\_\_\_

**14. I feel confident I could complete a sub-maximal exercise test:**

Once per week	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Once per month	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Once every three months	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Once every six months	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Once a year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Never	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**15. Would you pay for this test?**  Yes  No

If yes, how much would you be willing to pay for the test? £ \_\_\_\_\_

**16. If there is anything else you would like to tell us about having your fitness tested with a sub-maximal exercise test, please write it in the space provided below:**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**End of questionnaire**

Thank you for taking the time to complete this questionnaire. Your participation in our research is appreciated.