**Supplementary File 1: Survey Questions**

Screening

-Please confirm that you are registered to practice in the UK and have current patient contact.

-Which profession do you belong to?

-Are you Qualified/Student/Assistant/Other

1.Which Nation do you work in/

Options: Scotland, Ireland, Wales, England

2. Which health care setting do you mainly work in?

Options:

Primary Care

Secondary Care

Community

A mixture

I do not work in a clinical setting-this will end the study

Other please spec

3. Approximately how many years of experience do you have of working as an AHP or support worker?

Options: 0-5, 6-10, 11-15, 16-20, 20+

4. Which sector do you mainly work in?

Options: NHS, Private, Third Sector (community, charity, social enterprise), Local Authority/Social Care, Other please spec

8. When indicated, do you initiate conversations with service users about physical inactivity?

Options: Never, Sometimes, Usually, Always.

9. When indicated, do you formally assess whether a service user falls into a risk category for physical inactivity (i.e. do you use any screening tools)?

Options: Never, Sometimes, Usually, Always.

10. When indicated, do you offer brief interventions for Physical Inactivity?

Options: Never, Sometimes, Usually, Always.

11. Do you use signposting or social prescribing to connect service users with suitable local physical activity services? (These services may be NHS, private, community or third sector)

Options: Never, Sometimes, Usually, Always.

14. Are you aware that there are UK physical activity guidelines for adults?

Yes, No, Don't know.

15. Do you know how many minutes of moderate intensity physical activity is recommended per week for adults? Please use digits only.

16. Do you know how many minutes of vigorous intensity physical activity is recommended per week for adults? Please use digits only.

17. Do you know on how many days per week it is recommended that adults do

strength training? Please use digits only.

22. In the past week, on how many days have you done a total of 30 min or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

Options 0-7