**Suppl 1. Questionnaire 1**

**Name: Phone:**

**E-mail:**

**Q1.** How old are you?

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**Q2**. Please select your gender

* Male
* Female
* Non-binary / third gender
* Prefer not to say

**Q3**. Please select your ethnicity

* Caucasian
* Asian
* African
* Indian
* Aboriginal and Torres Strait Islanders
* Other
* Prefer not to say

**Q4**. What is your weight in kilograms?

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**Q5**. What is your height? (in cm or in feet and inches)

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**Q6**. Are you happy with the current physical condition of your body in general?

* Yes
* No
* Unsure

**Q7**. Do you perform any type of structured and purposeful exercise (at least 150 minutes/week) at the moment?

* Yes
* No

Q8. Before watching this presentation, did you think exercise could be effective in the management of MASLD?

* Yes
* No
* Unsure

**Q9**. After watching the presentation, would you be interested in incorporating exercise in your daily routine?

* Yes
* No
* Unsure

**Q10**. Please rank your two most preferred type of exercises (by numbering 1 and 2 against the exercise option of your choice) from the presentation that you would like to perform on a regular basis.

\_\_\_\_\_\_ Resistance eccentric training with bodyweight

\_\_\_\_\_\_ Resistance eccentric training with machines

\_\_\_\_\_\_ Conventional resistance training with machines

\_\_\_\_\_\_ Conventional resistance training with bodyweight

\_\_\_\_\_\_ Resistance training with free weights

\_\_\_\_\_\_ Conventional cycling

\_\_\_\_\_\_ Eccentric cycling

\_\_\_\_\_\_ Walking

\_\_\_\_\_\_ Ascending stair walking

\_\_\_\_\_\_ Descending stair walking

\_\_\_\_\_\_ High-intensity interval training (HIIT)

\_\_\_\_\_\_ None of the above