

APPENDIX.

Content Motivational Interviewing sessions.

The first session will identify the participant's lifestyle behavior patterns with regard to physical activity, sedentary behavior, diet, and smoking. The participant's behavior patterns will be linked to the participant's SAPB/cardiovascular health profile as assessed at their last PESA visit. A mutually agreed plan of action will be formulated that fits well with the participant's personal circumstances and preferences. Sessions 2-7 will be structured around specific lifestyle and behavioral change modules (i.e., physical activity, sedentary behavior and diet). Session 2 will focus on physical activity and introducing the Fitbit Flex physical activity tracker. Session 3 will focus on sedentary behavior and will introduce the Ergotron sit-stand workstation. Diet will be discussed more specifically during session 4 and 5, in which education on eating behavior will be given by means of the workbook and the Facebook page. The participant will be asked to fill in a food diary and to collect food labels that will be analyzed during the MI sessions together with the psychologist. Session 6 is a free theme session where participants can choose to have a specific focus on one of the program topics (i.e., physical activity, sedentary behavior and diet) or a related topic such as smoking and job stress. Smokers also will be referred to the smoking cessation program of AECC (*Spanish Association Against Cancer*). During all sessions, goals that are previously formulated will be reviewed, potential barriers will be addressed, and new goals will be made explicit. The participant will be encouraged to set SMART (Specific, Measurable, Attainable, Realistic, and Time-related) goals. Sessions 8-12 will focus on maintenance of successful behavioral lifestyle changes that were established in the first twelve weeks of the program.

Translation of questionnaires.

No official Spanish version was available for the following questionnaires: OSPAQ, WSQ, single questions on standing/sleeping, VITA-16, economic evaluation questions, and the process evaluation. Therefore, Spanish versions were developed based on the translation procedure of Bullinger and Geisinger [58,59]. Questionnaires were initially translated from English into Spanish by a Spanish speaking member of the research team. The translation was then checked by other members of the research team, and the involved researchers tried to reach consensus on translation. Finally, the Spanish translation of the questionnaire was pilot-tested with potential end-users, based on which translations were revised as needed.

Process evaluation.

On the participant's level, perceived usefulness and satisfaction with the program and its elements will be assessed. Also, psychologist's support will be measured with a 15-item questionnaire focusing on autonomy, structure and involvement [60]. Participants will complete this questionnaire at 4, 12, 24 and 33 months. Furthermore, in total 9 focus group interviews will be held with 9 different groups after completing the first 7 MI sessions, after MI session 9 and after MI session 12. Furthermore, when a participant decides to stop with the program prematurely, an exit form will be filled in together with the psychologist (only when at least 2 MI sessions have been completed), which consists of questions on reasons why the participant stopped attendance, whether her/his involvement has changed her/him and how the program could have been offered differently. Finally, the psychologist will record at the start of each session, the participant's usage of the Fitbit Flex and the

Ergotron's sit-stand workstation, which are both recorded in the study database. The usage of the Fitbit Flex will be monitored as well through the online Fitbit platform.

The psychologists will complete a questionnaire supplemented with an in-depth face-to-face interview, every 6 months up to 30 months. The questionnaire consists of items on the MI training, MI feedback sessions, overall satisfaction with the program and satisfaction with specific elements of the program. The face-to-face interview will be performed by a researcher and will last approximately 30 minutes. The interview discusses more in depth possible facilitators and barriers for the execution of the program. Psychologists adherence to MI techniques will also be assessed by MITI (Motivational Integrity score) [31] scoring every 6 months, up to month 30. The MITI score obtained at the end of the initial MI training will serve as reference for future MITI scores. These MITI scores will be discussed in the feedback session with the MI expert to improve the skills of the psychologist. Furthermore, after each session, the psychologists will complete a checklist on which program components were completed in the online system. On the stakeholder level, a checklist will be send at 1, 2 and 3 years to managers of the Occupational Health Services of the bank asking about satisfaction with the program and possible facilitators and barriers for the execution of the program. After filling in the checklist, an in-depth face-to-face interview will be done to discuss the facilitators and barriers in more detail.

Laboratory analysis:

- Hematology: Complete red and white blood cell count, differential blood count, platelet count and erythrocyte sedimentation rate.
- Clinical chemistry pannel: Glucose, creatinine, uric acid, aminotransferases, gamma-glutamyltransferase, total cholesterol (and fractions), triglycerides, ferritin.
- Specific cardiometabolic biomarkers: High-sensitivity C-reactive protein, hemoglobin A1c, cotinine, calcium, phosphate, magnesium, cystatin C, lipoprotein (a), insulin, fibrinogen, oxidized low density lipoproteins (ox-LDL), vascular cell adhesion molecule 1 (VCAM-1), P-selectin.
- Routine urine analysis.
- Specific urine analysis: Microalbumin, creatinine and urine isoprostanes.