

ID Number	A1-1998-0060-Eng
Title	Worker's Health Survey in Korea, 1998 : Worker

Company Name		Company Code	
Respondent Name		Sex	1) Male 2) Female
Age	_____ (years)	Department	
Work Phone Number		Home Phone Number	
Home Address	_____ City/Province _____ City/County/District _____ Eup/Myeon/Dong _____ Street Number/APT# _____ - _____		
Interviewer Name		Interview Time and Date	(date) : (time) (Duration: _____ minutes)
Reviewer Name		Review Outcomes	

**I. FIRST, I AM GOING TO ASK YOU ABOUT YOUR HEALTH.**

Q1. Over the past 2 weeks, have you felt any physical discomforts? Not to mention chronic diseases you might have, if you have had any discomforts such as light headaches, minor wound, rash, fatigue, hangover, toothache, menstrual cramps, and so on, please tell me so.

\* Any physical discomfort that started sometime before 2 weeks ago and has lasted since then, please include it in your answer as well.

\* "Past 2 weeks" means "from [ ] day of the week before last week to today."

(1) Yes

(2) No ⇒ Go to Q4

Q1-1. Which parts of your body do you mostly feel discomfort? Please tell me about each and every physical discomfort you may have. (Please write your answer by referring to "Symptoms Card")

\* If Respondent lists a complex discomfort such as "headache and shoulder pain", record it as one symptom without treating it as two separate symptoms. However, if Respondent has visited multiple healthcare facilities due to a complex symptom, record each sub-symptom separately. In the example case, "headache" and "shoulder pain" are treated as two separate symptoms, if Respondent went and saw an orthopedist for the shoulder pain AND went to a pharmacy due to headache. If Respondent's headache was taken care of while his/her visit to the orthopedist, treat this as a single symptom and record accordingly

Q1-2. When did you first feel this symptom?

Q1-3. (Present Card No.1) How serious do you feel this symptom is?

- (1) Not serious at all
- (2) Not very serious
- (3) I don't know (Moderately serious)
- (4) Somewhat serious
- (5) Very serious

Q1-4. Do you still feel the symptom? Or is it gone?

- (1) I still feel
- (2) It is gone ⇒ Go to Q1-5-1
- (3) I don't know

Q1-4-1. When did the symptom disappear? Please write the date (\_\_\_month \_\_\_day) last time you felt that symptom.

Q1-5. (Present Card No.2) Do you think that the work you are doing in your company is related to the occurrence or worsening of the symptom?

- (1) Not related at all
- (2) Not very related
- (3) I don't know (Moderately related)
- (4) Somewhat related
- (5) Very related

Q1-6. (Present Card No.3) Then, do you think working environment of your company is related to the occurrence or worsening of the symptom?

- (1) Not related at all
- (2) Not very related
- (3) I don't know (Moderately related)
- (4) Somewhat related
- (5) Very related

Q1-7. Have you visited healthcare facilities, such as hospitals, oriental doctors, pharmacies, or a health service office in your workplace because of this symptom?

- (1) Yes ⇒ Go to Q1-10
- (2) No ⇒ Go to Q1-9

Q1-8. (Present Card No.4) What is the reason why you did not visit any healthcare facilities, even if you felt physical discomforts? (Go to Q3-9 after answer this question.)

- (1) It was just a minor symptom
- (2) Medical visit is costly
- (3) I had no time
- (4) It cannot be cured
- (5) Medical facilities are too far
- (6) Treatment is planned.
- (7) Other ( )

- (8) Not applicable (Treated)
- (9) I don't know

Q1-9. (Present Card No.5) Then which of the following healthcare facilities did you visit?

(Record all facilities you visited in order of frequency.)

- (1) Health service office in the workplace
- (2) Pharmacy
- (3) Doctor's office
- (4) Hospital
- (5) General hospital
- (6) University hospital
- (7) Oriental doctor/hospital
- (8) Public health center
- (9) Other

Q1-10. (Present Card No.6) How much is your daily life affected by the symptom?

- (1) Not affected at all
- (2) Not very affected
- (3) I don't know (Moderately affected)
- (4) Somewhat affected
- (5) Very affected

	Pain 1	Pain 2	Pain 3	Pain 4	Pain 5
1-1. Describe your symptom					
Affected body part					
1-2. First time felt	____ (year) ____ (month) ____ (day)				
1-3. Seriousness					
1-4. Lasting or not	1) Last 2) Gone (__month__day) 3) Don't know				
1-5. Work-related?					
1-6. Working environment-related?					
1-7. Healthcare facility visit	1) Visited 2) Not visited				
1-8. Reason for not being treated					
1-9. Healthcare facilities visited					
1-10. Level of influence on daily life					

⇒ Go to Q2 for the symptom that led you to visit a healthcare facility.

⇒ Go to Q3 for the symptom that you did not make a visit to any healthcare facility.

Q2-1. Please copy the symptom names in Q1 that led you to visit any healthcare facility. (If Respondent visited more than one healthcare facility due to the same symptom, record it separately.)

Q2-2 Please write the healthcare facility numbers in order of frequency of visits.)

Q2-3. How did the health care facility diagnose the symptom?

Q2-4. Over the past 2 weeks, how many times have you visited healthcare facilities? (Multiple visits made in a single day should be counted as one (1) visit.)

Q2-5. Over the past 2 weeks, how much did you pay to the health care facilities you visited regarding this symptom?

Q2-6. Is this symptom completely cured?

(In other words, is this symptom completely gone so you do not need to take any medicine or make medical visits regarding this symptom anymore?)

- (1) Completely cured
- (2) Not completely cured

2-1. Symptom number					
2-2. Healthcare facility number					
2-3. Diagnosis					
2-4. Number of visits	___ times				
2-5. Medical cost	___ won				
2-6. Completely cured or not	(1) (2)	(1) (2)	(1) (2)	(1) (2)	(1) (2)

Q3. Over the past 2 weeks, have you come to work late, taken work hours off, left work early, or taken a whole day off because you were not feeling well? If so, how many days? Please tell me every incident regardless it was officially recorded or not. (Write “None” if there was no such incident.)

Q3-1. To which symptom was it attributed?

	3. Number of days	3-1. Related symptom number
(1) Late for work	_____ days	
(2) Taking work hours off	_____ days	
(3) Leaving work early	_____ days	
(4) Absent from work	_____ days	
(5) Sick days	_____ days	
(6) Bed rest	_____ days	

\* Includes paid-time-offs, except for sick days.  
 \* Being hospitalized or in-home bed rest

Q4. Over the past 2 weeks, have you ever taken or used any medicine (by mouth or on your skin)? Is there any medicine you have taken for a long period of time, although you might not have taken it in the past 2 weeks? You can include herbal brew or tonic medicine if applicable.

- (1) Yes
- (2) No ⇒ Go to Q5

Q4-1. What is the name of the medicine? Please tell me its brand name or type of medicine. (If it is a mixture (preparation), write “mixture.”)

Q4-2. Do you take or use this medicine regularly? Or occasionally?

- (1) Regularly (every \_\_\_ days)
- (2) Occasionally

Q4-3. How many total days have you taken/used this medicine?

Q4-4. How often do you take/use this medicine per day? What is the amount of medicine you take each time? (e.g., \_\_\_ pills, \_\_\_ pouches, \_\_\_ ml, etc.)

Q4-5. Is this medicine related to any of those symptoms you listed above? If so, which symptom? (Write the symptom number.)

- (1) Yes – Symptom number ( )
- (2) No

Q4-6. After taking the medicine, did you get the result you expected?

- (1) Yes
- (2) No

Q4-7. For what reason did you take/use this medicine?

Q4-8. Where did you buy this medicine?

	Medicine 1	Medicine 2	Medicine 3	Medicine 4	Medicine 5
4-1. Medicine name					
4-2. Regularly or not	(1) Regularly (every ___ days) (2) Occasionally				
4-3. Total number of days on medication	___ days				
4-4. Daily dose	__ (times) per day ___ each time				
4-5. Related symptom	(1) Related/Symptom number ( ) (2) Not related				
4-6. Effectiveness					
4-7. Reason for taking/using					
4-8. Medicine vendor					

**I AM GOING TO ASK YOU ABOUT YOUR WORK AND WORKING ENVIRONMENT.**

Q5. Over the past 1 week, how many hours did you work total? (Please include hours spent on overtime work and break. Exclude mealtime breaks.)

Total number of hours worked past week: \_\_\_\_\_

Q5-1. Among the total hours worked in the past 1 week you listed above, how many hours did you work over time?

Number of hours worked overtime past week: \_\_\_\_\_

Q5-2. Last week, from what time to what time were the official working hours on weekdays in your workplace?

From \_\_\_\_:\_\_\_\_ ((1) am (2) pm)) to \_\_\_\_:\_\_\_\_ ((1) am (2) pm)

Q5-3. Over the past 1 week, did you have officially set breaks during work on weekdays (excluding mealtime breaks)?

- (1) Yes
- (2) No

Q5-3-1. If you had breaks that were officially set, how many breaks did you usually have per day? How long did each break last?

Number of breaks per day \_\_\_\_\_times

Duration of each break \_\_\_\_\_minutes

(If each break lasts for different periods, record the duration of each break separately.)

Q5-3-2. (Present Card No.7) If you did not have official breaks, how freely were you able to take a break unofficially during working hours?

- 1) I have almost no freedom to take a break.
- 2) I hardly have freedom to take a break. (Average hours of breaks per day: \_\_ hours)
- 3) I have limited freedom to take a break. (Average hours of break per day: \_\_ hours)
- 4) I have some freedom to take a break. (Average hours of breaks per day: \_\_ hours)
- 5) I have freedom to take a break whenever I need to. (Average hours of breaks per day: \_\_ hours)

Q6. Do you work in shifts?

- 1) Yes
- 2) No ⇒ Go to Q7

Q6-1. (Present Card No.8) If you work in shifts, what type of work shift is it?

						Response
1) Type of shifts	(1) Double shift	(2) Triple shift	(3) Quadruple shift	(4) Other (___)		
2) Number of teams in shifts	(1) 2-team	(2) 3-team	(3) 4-team	(4) 5-team	(5) Other (___)	
3) Continuity pattern	(1) Continuous	(2) Semi-continuous	(3) Discontinuous			
4) Fixed or rotating	(1) Fixed shift	(2) Clockwise rotating	(3) Counter-clockwise rotating			
5) Shift intervals	(1) Weekly basis	(2) Bi-weekly basis	(3) Monthly basis	(4) Quarterly basis	(5) Other (___)	

- \* Continuous shift: Operated continuously throughout 7 days a week, 24 hours a day
- Semi-continuous shift: Operated continuously 5 days a week, 24 hours a day. No work on weekend.
- Discontinuous shift: Operated less than 24 hours a day, no work on weekend.
- \* Clockwise rotating: Rotates in an order of day-evening-night.
- Counter-clockwise rotating: Rotates in an order of night-evening-day.

Q6-2. (Present Card No.8-1) How satisfied are you with the current shiftwork system?

- (1) Very dissatisfied
- (2) Dissatisfied
- (3) Neither dissatisfied nor satisfied
- (4) Satisfied
- (5) Very satisfied

Q7. (Present Card No.9) Which of the following do you think best describes the labor intensity of your work?

- (1) Very easy as if I was lying on my back.
- (2) Easy
- (3) Somewhat easy
- (4) Somewhat strenuous
- (5) Strenuous
- (6) Very strenuous
- (7) Extremely strenuous that I have never done before in my life

Q8. (Present Card No.10) How slow or fast do you think the pace of your work is?

- (1) Very slow
- (2) Somewhat slow
- (3) Neither slow nor fast
- (4) Somewhat fast
- (5) Very fast

Q8-1. (Present Card No.11) On which of the following do you think the pace of your work is mostly dependent?

- (1) My work should be done at a steady pace in accordance with automatic speed of machine
- (2) It does not have to be a steady pace in accordance with automatic speed of machine or movement of product. However, I have to keep up the speed to maintain certain amount of spare products.
- (3) There is no required pace of work (such as speed of machine or conveyer line) I have to follow. I get paid by the number of pieces I produce per day.
- (4) All I have to do is to meet the daily production targets or performance targets.
- (5) I have to keep up the pace based on demands or suggestions from my coworkers, boss, or customers.
- (6) In my work, there is no required pace of work or daily production/performance targets I have to meet.

Q9. (Present Card No.12) To what extent are you able to control the pace of your own work?

- (1) I have almost no control
- (2) I hardly have any control
- (3) I have half the control
- (4) I have some control
- (5) I have almost the full control

Q10. Is your work mostly done in one place? Or is it done in two or more places?

(If one or more hours of work is done in the space beyond the radius of 5m or greater, it should be counted as two or more places. "Done in two or more places" may include cases such as 1) transporting products from one place to another and working on them, 2) simultaneously managing several devices within a building, etc.)

- (1) Done in one place
- (2) Done in two or more places

Q10-1. (Present Card No.13) How cramped or spacious do you think your work space is?

- (1) Very cramped
- (2) Somewhat cramped
- (3) Neither cramped nor spacious
- (4) Somewhat spacious
- (5) Very spacious

Q11. (Present Card No.14) How much concentration is required during your work?

- (1) Concentration is not at all required.
- (2) Concentration is hardly required.
- (3) Half-concentration is required.
- (4) Some concentration is required.
- (5) Concentration is required throughout the work.

Q12. (Present Card No.15) What is a ratio between work while sitting and work while standing in your current job?

- (1) I always work while sitting
- (2) I tend to work while sitting
- (3) I work while sitting and standing, half and half
- (4) I tend to work while standing
- (5) I always work while standing

Q13. (Present Card No.16) Which part of your body is most frequently used for the work you are doing?

- (1) Fingers, hands, wrists
- (2) Arms, shoulders
- (3) Ankles, knees, legs
- (4) Lower back
- (5) Other (                      )

Q14. (Present Card No.17) How much of your job involves repetitive tasks?

- (1) There are practically no repetitive tasks in my job.
- (2) There are not much of repetitive tasks in my job.
- (3) Half of my job involves repetitive tasks.
- (4) Significant amount of my job involves repetitive tasks.
- (5) My job involves repetitive tasks almost all the time.

Q14-1. (Present Card No.16) Which part of your body is most frequently used for repetitive tasks?

- (1) Fingers, hands, wrists
- (2) Arms, shoulders
- (3) Ankles, knees, legs
- (4) Lower back
- (5) Other (                      )

Q15. (Present Card No.18) How uncomfortable or comfortable do you feel with the work you are doing now?

- (1) Very uncomfortable
- (2) Somewhat uncomfortable
- (3) Neither uncomfortable nor comfortable
- (4) Somewhat comfortable
- (5) Very comfortable

Q16. (Present Card No.19) How do you feel about the physical working environment in your workplace?

- (1) Very poor
- (2) Poor
- (3) Fair
- (4) Good
- (5) Excellent

Q16-1. (Present Card No.19-1) If the physical environment of your workplace is poor, which of the following kinds of issues is there?

Ask whether there is an issue for each of the following items. If Respondent says “Yes (it has an issue),” ask:

Q16-2. Then, how serious do you think the issue is?

- (1) Not serious at all
- (2) Not very serious
- (3) Moderately serious
- (4) Somewhat serious
- (5) Very serious

	16-1.		16-2.				
	Has an issue?		Level of seriousness				
1) Too cold	1) Yes	2) No	1	2	3	4	5
2) Too hot	1) Yes	2) No	1	2	3	4	5
3) Workspace is crowded and messy	1) Yes	2) No	1	2	3	4	5
4) Supplies are not inadequate and inconvenient.	1) Yes	2) No	1	2	3	4	5
5) Dirty and unhygienic	1) Yes	2) No	1	2	3	4	5
6) Rest area and cafeteria, etc. are inadequate.	1) Yes	2) No	1	2	3	4	5
7) Too noisy	1) Yes	2) No	1	2	3	4	5
8) Facilities are not suitable for the tasks.	1) Yes	2) No	1	2	3	4	5
9) There is no hazardous substance, but ventilation is poor.	1) Yes	2) No	1	2	3	4	5
10) Exposed to hazardous substance	1) Yes	2) No	1	2	3	4	5
11) Dim lights in the workplace	1) Yes	2) No	1	2	3	4	5
12) No windows	1) Yes	2) No	1	2	3	4	5
13) Inadequate humidity	1) Yes	2) No	1	2	3	4	5
14) Air quality is poor because of dust, gas, fume, smoke, etc.	1) Yes	2) No	1	2	3	4	5
15) It has many dangerous machines.	1) Yes	2) No	1	2	3	4	5
16) There is a risk of traffic accidents.	1) Yes	2) No	1	2	3	4	5

Q17. Are you handling hazardous substance at work?

- (1) Yes
- (2) No

Q17-1. (Present Card No.20) How often are you exposed to hazardous substance?

- (1) Not at all
- (2) Rarely
- (3) Don't know
- (4) Sometimes
- (5) Very often

Q17-2. Are you aware of safety rules for used of hazardous substance?

- (1) Yes
- (2) No

Q17-3. Have you heard of Material Safety Data Sheet (MSDS)?

- (1) Yes
- (2) No ⇒ Go to the Q18

Q17-3-1. If you have heard of Material Safety Data Sheet (MSDS), have you ever read it?

- (1) Yes
- (2) No

Q17-3-2. Is Material Safety Data Sheet (MSDS) in your workplace so anyone can read it if necessary?

- (1) Yes
- (2) No
- (3) Don't know

Q18. (Present Card No.21) For each of the following statements, please select one response option which is closest to your opinion.

	Not true at all	Not very true	Moderately true	True	Very true
1) I really have to work very hard	1	2	3	4	5
2) My job duties are beyond my ability	1	2	3	4	5
3) It is hard for me to get the job done within given time	1	2	3	4	5
4) I do not have to do repetitive tasks	1	2	3	4	5
5) The task I am going is something creative	1	2	3	4	5
6) I learn a lot from the work I am doing	1	2	3	4	5
7) I have a lot to say about accidents happened while I was doing my job	1	2	3	4	5
8) I am able to determine the methods of work I am doing	1	2	3	4	5
9) I am working with other people's help	1	2	3	4	5
10) I am working together with people who are personally interested in me	1	2	3	4	5
11) My supervisor is helpful	1	2	3	4	5
12) My supervisor cares about my welfare	1	2	3	4	5
13) I feel energyless	1	2	3	4	5
14) I feel exhausted even I had a sound sleep the previous night	1	2	3	4	5
15) I have no appetite	1	2	3	4	5
16) I am not able to get sound sleep	1	2	3	4	5

17) Sometimes I am anxious	1	2	3	4	5
18) I am depressed	1	2	3	4	5
19) Everything is bothering me	1	2	3	4	5
20) It is impossible for me to concentrate on working	1	2	3	4	5
21) I am tired after a day's work	1	2	3	4	5
22) Sometimes I get nervous	1	2	3	4	5

**I AM GOING TO ASK YOU ABOUT SMOKING AND DRINKING.**

Q19. (Present Card No.22) Do you currently smoke cigarettes?

- (1) Yes
- (2) I used to smoke, but not any longer ⇒ Go to Q20
- (3) Never ⇒ Go to Q21

Q19-1. (Current smokers only) At what age did you first smoke a cigarette? (Please recall the time when you first smoked one full cigarette.)

Age of first cigarette smoking: \_\_\_\_\_ years of age

Q19-2. Over the past 1 month, how many cigarettes do you usually smoke per day?

- (⇒Go to Q21 after answer this question.)
- (1) Less than half a pack (1-10 cigarettes)
  - (2) About one pack (11-20 cigarettes)
  - (3) About one and half packs
  - (4) About two packs or more

Q20. (Former smokers only) At what age did you first smoke a cigarette?

Age of first cigarette smoking: \_\_\_\_\_ years of age

Q20-1. Before you quit smoking, how long did you smoke?

Number of years smoked before you quit: \_\_\_\_\_ years

Q20-2. Before you quit smoking, how many cigarettes did you usually smoke per day?

- (1) Less than half a pack (1 to 10 cigarettes)
- (2) About 1 pack(11 to 20 cigarettes)
- (3) About 1 ½ packs
- (4) About 2 packs or more

Q20-3. (Present Card No.23) What is the one main reason you quit smoking? (Mark only one.)

- (1) Health problems
- (2) After taking a smoking cessation program
- (3) Economic reason
- (4) Religious reason
- (5) Social atmosphere that discourages smoking
- (6) Other ( )

Q20-4. How long have you quit smoking?

- (1) Less than 1 year
- (2) 1 year to less than 2 years
- (3) 2 years to less than 3 years
- (4) 3 years or longer
- (5) Don't know

Q21. (Present Card No.24) Do you drink alcoholic beverages?

- (1) Frequently
- (2) Occasionally
- (3) Hardly
- (4) I used to drink but not anymore ⇒ Go to Q22
- (5) Not at all ⇒ Go to Q23

Q21-1. (Answer the following only if you drink alcohol currently.) At what age did you start drinking alcoholic beverages?

Age of first drinking alcohol: \_\_\_\_\_ years of age

Q21-2. (Present Card No.25) What is the one main reason you are currently drinking alcohol? (Mark only one.)

- (1) To relax or to relieve stress
- (2) To get along with others
- (3) Part of job
- (4) Habitual drinking
- (5) Other ( )

Q21-3. (Present Card No.26) Over the past 1 month, how many days did you drink alcoholic beverages, even a small amount?

- (1) None ⇒ Go to V. ORAL HEALTH
- (2) Once or less over the past 1 month
- (3) 2 to 4 times over the past 1 month
- (4) 2 to 4 times per week
- (5) Almost everyday

Q21-4. (Present Card No.27) Over the past 1 month, how much do you usually drink alcoholic beverages in one drinking occasion?

- (1) 1 to 2 glasses of Soju (Less than 1 bottle of beer)
- (2) Half of 360 ml bottle of Soju (1 to 2 bottles of beer)
- (3) One 360 ml bottle of Soju (3 to 4 bottles of beer)
- (4) Two 360 ml bottles of Soju
- (5) Three 360 ml bottles of Soju or more

Q21-5. (Present Card No.28) Over the past 1 month, have you experienced any issue in doing your normal activities because of the drinking on the previous day? If so, what was it and how many days for each of following? ⇒ Go to Q23 after answer this question.

1) Became fully incapable of doing normal activities (taking a day off from work, school, etc.)	_____ days
2) Partially incapable of doing normal activities (Being late for work or taking hours off from work)	_____ days
3) Not being able to work as I normally do	_____ days
4) Other ( _____ )	_____ days

Q22. (Former drinkers only) At what age did you first drink alcoholic beverages?

Age of first drinking alcohol: \_\_\_\_\_ years of age

Q22-1. (Present Card No.29) Before you quit drinking, how often did you usually drink alcoholic beverages?

- (1) Once or less per month
- (2) 2 to 3 times per month
- (3) 1 to 2 times per week
- (4) 3 to 4 times per week
- (5) Almost everyday

Q22-2. How long have you been quit drinking?

- (1) Less than 1 year
- (2) 1 to less than 2 years
- (3) 2 to less than 4 years
- (4) 4 years or longer

Q22-3. (Present Card No.30) What is the main reason you quit drinking alcohol?

- (1) Health problems
- (2) After taking a drinking cessation program
- (3) Economic reason
- (4) Religious reason
- (5) For fear of DUI patrol
- (6) Other ( \_\_\_\_\_ )

**I AM GOING TO ASK YOU ABOUT YOUR MAINTAINING HEALTH.**

Q23. Please record your height and body weight.

Height: \_\_\_\_ cm

Weight: \_\_\_\_ kg

Q23-1. How do you feel about your current weight?

- (1) Underweight
- (2) Within normal range
- (3) Overweight

Q23-2. Compared to 1 year ago, is there any change in your weight?

- (1) No change ⇒ Go to Q23-3
- (2) Increased ⇒ Go to Q23-2-1
- (3) Decreased ⇒ Go to Q23-2-1

Q23-2-1. If your weight has changed, how much was it increased or decreased over the past 1 year?

- (1) 1kg or less
- (2) 2 to 3kg
- (3) 4 to 5kg
- (4) 6 to 7kg
- (5) 8 to 9kg
- (6) 10kg or more

Q23-3. Over the past 1 year, have you tried to lose or gain weight?

- (1) Tried to lose weight
- (2) Tried to gain weight ⇒ Go to Q23-3-2
- (3) Never tried either way ⇒ Go to Q24

Q23-3-1. (Present Card No.31) If you have tried to lose weight, what have you mainly done? (Please list three in order.)

- (1) None
- (2) Diet
- (3) Taking special weight control supplements
- (4) Skipping meal(s)
- (5) Fasting
- (6) Taking weight loss pills
- (7) Vomiting
- (8) Taking laxatives or diuretics
- (9) Workout/exercise
- (10) Other ( )

Q23-3-2. (Present Card No.32) What was the main reason you tried to control your weight?

- (1) Overweight or obese
- (2) To manage high blood pressure
- (3) To manage diabetes
- (4) To manage cardiovascular disease
- (5) To maintain good health
- (6) To improve my appearance
- (7) Other ( )

Q24. (Present Card No.33) What do you usually do to maintain your health? (Mark only one.)

- (1) Exercise (including mountain climbing, jogging, etc.) regularly
- (2) Go on a diet
- (3) Refrain from smoking or drinking alcoholic beverages
- (4) Take herbal brew or vitamins, etc.
- (5) Take a sauna or a bath frequently
- (6) *Do Ki* breathing (hypogastric breathing) or *Ki* exercises
- (7) Other ( )
- (8) Do nothing

Q25. Do you usually exercise for your health?

- (1) Yes ⇒ Go to Q25-1
- (2) No ⇒ Go to Q26

Q25-1. (Present Card No.34) Do you always exercise to the point you are sweating and panting?

- (1) Yes, always
- (2) Yes, often times
- (3) Yes, but rarely
- (4) No
- (5) Don't know

Q25-2. (Present Card No.35) How often do you usually exercise until you are sweating and panting?

- (1) Never
- (2) Occasionally (less than once per month)
- (3) Once per week
- (4) Two times per week
- (5) Three times per week
- (6) Four to five times per week
- (7) Everyday

Q25-3. For how many minutes does this exercise last in one occasion?

- (1) 14 minutes or less
- (2) 15 to 19 minutes
- (3) 20 to 20 minutes
- (4) 30 minutes or longer

Q25-4. Do you usually do this exercise at home? Or somewhere other than home or workplace?

- (1) At home
- (2) At workplace
- (3) Somewhere other than home or workplace
- (4) Other ( )

Q26. Do you think your current daily exercise is not enough?

- (1) My current daily exercise is not enough
- (2) My current daily exercise is enough

Q26-1. If you think your current daily exercise is not enough, what is the reason you do not get enough exercise?

- (1) I have no time
- (2) Lack of facilities
- (3) I don't know which exercise would be best for me
- (4) Other ( )

Q27. (Present Card No.36) How sufficient is your daily sleep to completely relieve previous day's fatigue?

- (1) Not sufficient at all
- (2) Not very sufficient
- (3) Sufficient
- (4) Very sufficient

Q27-1. If you think you are not getting enough sleep, what is the main reason for that?

- (1) Sleeping time (duration) is too short
- (2) Not getting enough sleep or quality sleep due to insomnia, etc.
- (3) Sleeping time is irregular
- (4) Other ( )

Q28. How often do you feel tired?

- (1) Almost never
- (2) Occasionally
- (3) Always

Q29. (Present Card No.37) How many days per week do you think you can take a rest?

- (1) Almost none
- (2) Once per week
- (3) Twice per week
- (4) Three times or more per week



**LASTLY, I AM GOING TO ASK YOU ABOUT YOUR CAREER AND WORK HISTORY.**

1. How long have you been working in this workplace?	_____ years and _____ months
2. What is the name of the department you belong to?	
3. What are your main job duties or activities? (Please write in full detail.)	
4. How long have you been doing the duties or activities that you listed above?	_____ years and _____ months

5. If you had worked in a department other than the department you are now working in your current workplace, please write the name of the department, what were your main duties, and how long you had worked in that department.

Department	Duration	Main duties	Hazard control unit?
	About ___ years and ___ months		1) Yes    2) No
	About ___ years and ___ months		1) Yes    2) No
	About ___ years and ___ months		1) Yes    2) No

6. If you had worked in a company before you started working in the current workplace, please write the name of the previous workplace, duration of work, and main duties and activities you performed while you were there.

Name of the Company	Major Products or Services of the Company	Duration	Main duties	Hazard control unit?
		About ___ years and ___ months		1) Yes    2) No
		About ___ years and ___ months		1) Yes    2) No
		About ___ years and ___ months		1) Yes    2) No

- (1) If the name of the previous workplace is unclear, you do not have to write the exact name of it. However, please write the major products or service areas of the previous workplace as precise as possible.
- (2) Please write the major products or service areas of this company.
- (3) Under "Main Duties," please specify what kind of work you were actually did and what were your most important activities or duties while you worked there.
- (4) If the working environment of the department you worked involved handling heavy metals and chemical substance, producing dust, or was physically hazardous due to noise, vibrations, extreme heat or cold, UV rays, the department is considered as a hazard control unit.