

ID Number	A1-2000-0043-Eng
Title	Survey on Job Related Stress

GENERAL JOB INFORMATION

1. How long have you worked for your present employer?
_____ years _____ months

2. What are your duties? (Ex. Metalworking using a lathe, accounting management using a computer)

2-1. What is your current job title?

3. How long have you worked in this job?
_____ years _____ months

4. Please circle the most appropriate description of your job situation

- 1) Full-time permanent employee
- 2) Full-time temporary employee
- 3) Part-time permanent employee
- 4) Casual
- 5) Other(specify _____)

5. Circle the description that comes closest to your present work shift

- (1) Rotating eight-hour shift
- (2) Rotating twelve-hour shift
- (3) Permanent day shift
- (4) Permanent evening shift
- (5) Permanent night shift
- (6) Other(specify _____)

5-1. If you work on a rotating shift, what rotation pattern do you follow?

<Eight hour shift>

- (1) day to evening to night
- (2) night to evening to day
- (3) no set pattern

<Twelve-hour shift>

- (1) day to night
- (2) night to day
- (3) no set pattern

5-2. How many times a week do you change shifts?

- (1) 1 don't change
- (2) 2 times
- (3) more than 2 times
- (4) on call
- (5) standby
- (6) non standard work week
- (7) Other(specify _____)

5-3. If you work on a rotating shift, in a unit of how many days does your shift rotate?

6. How long have you worked the shift you circled above?

_____ years _____ months

7. How many hours do you normally work per week in your job?

_____ hours

8. How many hours overtime do you work in your job in an average week?

_____ hours

9. How many hours per week do you work on any other job? (Please mark '0' if no other job)

_____ hours

JOB SATISFACTION

1. Knowing what you know now, if you had to decide all over again whether to take the type of job you now have, what would you decide?

I would.....

- 1) Decide without hesitation to take the same job
- 2) Have some second thoughts
- 3) Decide definitely not to take this type of job

2. If you were right now to go into any type of job you wanted, what would you choice be?

I would.....

- (1) Take the same job
- (2) Take a different job
- (3) Not want to work

3. 'If a friend of yours told you he/she was interested in working in a job like yours, what would you tell him/her?

I would.....

- (1) Strongly recommend it
- (2) Have doubts about recommending it
- (3) Advise against it

4. All in all, how satisfied would you say you are with your job?

I am.....

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Not too satisfied
- (4) Not at all satisfied

WORK HAZARDS

1. Does your job primarily involve providing direct service to specific groups of people or client population?
 - 1) Yes
 - 2) No

	Never	Occasionally	Sometimes	Fairly Often	Very Often
2. How often does your job expose you to verbal abuse and/or confrontations with clients or the general public?	1	2	3	4	5
3. How often does your job expose you to the threat of physical harm or injury?	1	2	3	4	5
4. How often have you been physically assaulted within the past 12 months while performing your job?	1	2	3	4	5
5. How often does your job personally subject you to potential legal liability?	1	2	3	4	5

PHYSICAL ENVIRONMENT

	True	False
1. The level of noise in the area(s) in which I work is usually high	1	2
2. The level of lighting in the area(s) in which I work is usually poor	1	2
3. The temperature of my work area(s) during the summer is usually comfortable	1	2
4. The temperature of my work area(s) during the winter is usually comfortable	1	2
5. The humidity in my work area(s) is usually either too high or too low	1	2
6. The level of air circulation in my work area(s) is good	1	2
7. The air in my work area(s) is clean and free of pollution	1	2
8. In my job, I am well protected from exposure to dangerous substances (e.g. radiation, medications and anesthetic gases, etc.)	1	2
9. The overall Quality of the physical environment where I work is poor	1	2
10 My work area(s) is/are awfully crowded	1	2

YOUR JOB

Very Inaccurate	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate
1	2	3	4	5	6	7

1. I feel certain about how much authority I have
2. there are clear, planned goals and objectives for my job
3. I have to do things that should be done differently
4. I know that I have divided my time properly
5. I receive an assignment without the help I need to complete it
6. I know what my responsibilities are
7. I have to bend or break a rule or policy in order to carry out an assignment
8. I work with two or more groups who operate quite differently
9. I know exactly what is expected of me
10. I receive incompatible requests from two or more people
11. I do things that are apt to be accepted by one person and not accepted by others
12. I receive an assignment without adequate resources and materials to execute it
13. Explanation is clear about what has to be done on my job
14. I work on unnecessary things

CONFLICT AT WORK

	Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree
1. There is harmony within my group	1	2	3	4	5
2. In our group, we have lots of bickering over who should do what job	1	2	3	4	5
3. There is difference of opinion among the members of my group	1	2	3	4	5
4. There is dissension in my group	1	2	3	4	5
5. The members of my group are supportive of each other's ideas	1	2	3	4	5

6. There are clashes between subgroups within my group	1	2	3	4	5
7. There is friendliness among members of my group	1	2	3	4	5
8. There is 'we' feeling among members of my group	1	2	3	4	5
9. There are disputes between my group and other groups	1	2	3	4	5
10. There is agreement between my group and other groups	1	2	3	4	5
11. Other groups withhold information necessary for the attainment of our group tasks	1	2	3	4	5
12. The relationship between my group and other groups is harmonious in attaining the overall organizational goals	1	2	3	4	5
13. There is lack of mutual assistance between my group and other groups	1	2	3	4	5
14. There is cooperation between my group and other groups	1	2	3	4	5
15. There are personality clashes between my group and other groups	1	2	3	4	5
16. Other groups create problems for my group	1	2	3	4	5

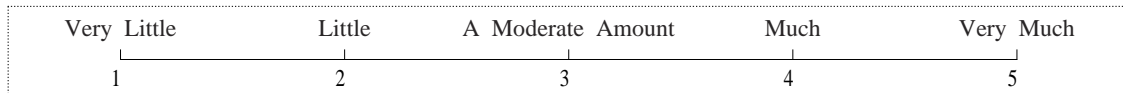
YOUR JOB FUTURE

In the future, some jobs will be changing while others will be staying the same. Here are some questions which deal with this topic

	Somewhat Uncertain	A Little Uncertain	Somewhat Certain	Fairly Certain	Very Certain
1. How certain are you about what your future career picture looks like?	1	2	3	4	5
2. How certain you of the opportunities for promotion and advancement which will exist in the next few years?	1	2	3	4	5
3. How certain are you about whether your job skills will be of use and value five years from now?	1	2	3	4	5
4. How certain are you about what your responsibilities will be six months from now?	1	2	3	4	5
5. If you lost your job. how certain are you that you could support yourself?	1	2	3	4	5

CONTROL SCALE

The next series of questions asks how much influence you now have in each of several areas. By influence we mean the degree to which you control what is done by others at work and have freedom to determine what you do yourself at work.



1. How much influence do you have over the variety of tasks you perform?
2. How much influence do you have over the availability of supplies and equipment you need to do your work?
3. How much influence do you have over the order in which you perform tasks at work?
4. How much influence do you have over the amount of work you do?
5. How much influence do you have over the pace of your work. that is how fast or slow you work?
6. How much influence do you have over the quality of the work that you do?
7. How much influence do you have over the arrangement and decoration of your work area?
8. How much influence do you have over the decisions concerning which individuals in your work unit do which tasks?
9. How much influence do you have over the hours or schedule that you work?
10. How much influence do you have over the decisions as to when things will be done in your work unit?
11. How much do you influence the policies. procedures. and performance in your unit?
12. How much influence do you have over the availability of materials you need to do your work?
13. How much influence do you have over the training of other workers in your unit?
14. How much influence do you have over the arrangement of furniture and other work equipment in your unit?
15. To what extent can you do your work ahead and take a short rest break during work hours?
16. In general, how much influence do you have over the work and work-related factors?

EMPLOYMENT OPPORTUNITIES

The next four questions ask you to evaluate your feeling about your job in relationship to other jobs you might be able to get. Please respond to each item by placing a check mark out to response that best indicates your feelings about the question

	Very easy	Quite easy	Fairly easy	Not quite so easy	Not easy at all
1. How easy would it be for you to find a suitable job with another employer?	1	2	3	4	5
2. How easy would it be for you to find a job as good as the one you now have with another employer?	1	2	3	4	5
	A great many	Quite a few	Moderate number	Few	Very few
3. How would you describe the number of available jobs, with all types of employers, for a person with your qualifications?	1	2	3	4	5

4. How likely is it that you would you have to move out of your local area to find a suitable job with another employer?
- 1) Very unlikely
 - 2) Somewhat unlikely
 - 3) Somewhat likely
 - 4) Very likely

SOCIAL SUPPORT

	Don't have any Such person	Not at all	A Little	Somewhat	Very Much	
1. How much does each of these people go out of their way to do things to make your work life easier for you?	a. Your immediate supervisor(boss)	1	2	3	4	5
	b. Other people at work	1	2	3	4	5
	c. Your spouse, friends and relatives	1	2	3	4	5

2. How easy is it to talk with each of the following people?	a. Your immediate supervisor(boss)	1	2	3	4	5
	b. Other people at work	1	2	3	4	5
	c. Your spouse, friends and relatives	1	2	3	4	5
3. How much can each of these people be relied on when things get tough at work?	a. Your immediate supervisor(boss)	1	2	3	4	5
	b. Other people at work	1	2	3	4	5
	c. Your spouse, friends and relatives	1	2	3	4	5
4. How much is each of the following willing to listen to your personal problems?	a. Your immediate supervisor(boss)	1	2	3	4	5
	b. Other people at work	1	2	3	4	5
	c. Your spouse, friends and relatives	1	2	3	4	5

JOB REQUIREMENTS

Now we would like you to indicate how often certain things happen at your job. Please write a number in the space next to each item based on the following scale.

	Rarely	Occasionally	Sometimes	Fairly Often	Very Often
1. How often does your job require you to work very fast?	1	2	3	4	5
2. How often does your job require you to work very hard?	1	2	3	4	5
3. How often does your job leave you with little time to get things done?	1	2	3	4	5
4. How often is there a great deal to be done?	1	2	3	4	5
5. How often is there a marked increase in the work load?	1	2	3	4	5
6. How often is there a marked increase in the amount of concentration required on your job?	1	2	3	4	5
7. How often is there a marked increase in how fast you have to think?	1	2	3	4	5
8. How often does your job let you use the skills and knowledge you learned in school?	1	2	3	4	5
9. How often are you given a chance to do the things you do best?	1	2	3	4	5
10. How often can you use the skills from your previous experience and training?	1	2	3	4	5

WORKLOAD AND RESPONSIBILITY

The next few items are concerned with various aspects of your work activities. Please indicate how much of each aspect you have on your job by writing a number in the space provided based on the following scale

	Hardly Any	A Little	Some	A lot	A Great Deal
1. How much slowdown in the work load do you experience?	1	2	3	4	5
2. How much time do you have to think and contemplate?	1	2	3	4	5
3. How much work load do you have?	1	2	3	4	5
4. What quantity of work do others expect you to do?	1	2	3	4	5
5. How much time do you have to do all your work?	1	2	3	4	5
6. How many projects, assignments, or tasks do you have?	1	2	3	4	5
7. How many lulls between heavy work load periods do you have?	1	2	3	4	5
8. How much responsibility do you have for the future of others?	1	2	3	4	5
9. How much responsibility do you have for the job security of others?	1	2	3	4	5
10. How much responsibility do you have for the morale of others?	1	2	3	4	5
11. How much responsibility do you have for the welfare and lives of others?	1	2	3	4	5

MENTAL DEMANDS

	Strongly Agree	Slightly Agree	Neither agree nor disagree	Slightly Disagree	Strongly Disagree
1. My job requires a great deal of concentration	1	2	3	4	5
2. My job requires me to remember many different things	1	2	3	4	5
3. I must keep my mind on my work at all times	1	2	3	4	5
4. I can take it easy and still get my work done	1	2	3	4	5
5. I can let my mind wander and still do the work	1	2	3	4	5

NON-WORK ACTIVITIES

	Yes	No
1. Do you work on another job in addition to this one?	1	2
2. Do you have children at home?	1	2
3. Do you have primary responsibility for child-care duties?	1	2
4. Do you have primary responsibility for housecleaning duties?	1	2
5. Do you have primary responsibility for the care of an elderly or disabled person on a regular basis?	1	2
6. Are you going to school and taking courses for credit toward a degree?	1	2
7. Do you belong to a voluntary or religious organization at which you spend at least 5-10 hours per week?	1	2

HOW YOU FEEL ABOUT YOURSELF

	Strongly Disagree	Disagree	Neither agree Nor disagree	Agree	Strongly Agree
1. On the whole, I am satisfied with myself	1	2	3	4	5
2. I feel I do not have much to be proud of	1	2	3	4	5
3. I certainly feel useless at times	1	2	3	4	5
4. I feel that I'm a person of worth at least on an equal basis with others	1	2	3	4	5
5. I feel that I have a number of good qualities	1	2	3	4	5
6. All in all, I am inclined to feel that I am a failure	1	2	3	4	5
7. I wish I could have more respect for myself	1	2	3	4	5
8. I am able to do things as well as most other people	1	2	3	4	5
9. At times I think I am no good at all	1	2	3	4	5
10. I take a positive attitude toward myself	1	2	3	4	5

GENERAL HEALTH

How often have you experienced any of the following during the past month?

	Never	Occasionally	Sometimes	Fairly Often	Very Often
1. Your face became hot when you were not in a hot room or exercising	1	2	3	4	5
2. You perspired excessively when you were not in a hot room or exercising	1	2	3	4	5
3. Your mouth became dry	1	2	3	4	5
4. Your muscles felt tight and tense	1	2	3	4	5
5. You were bothered by a headache	1	2	3	4	5
6. You felt as if the blood were rushing to your head	1	2	3	4	5
7. You felt a lump in your throat or a choked-up feeling	1	2	3	4	5
8. Your hands trembled enough to bother you	1	2	3	4	5
9. You were bothered by shortness of breath when you were not working hard or exercising	1	2	3	4	5
10. You were bothered by your heart beating hard	1	2	3	4	5
11. Your hands sweated so that you felt damp and clammy	1	2	3	4	5
12. You had spells of dizziness	1	2	3	4	5
13. You were bothered by having an upset stomach or stomach ache	1	2	3	4	5
14. You were bothered by your heart beating	1	2	3	4	5
15. You were in ill health which affected your work	1	2	3	4	5
16. You had a less of appetite	1	2	3	4	5
17. You had tremble sleeping at night	1	2	3	4	5

HEALTH CONDITION

1. Within the past twelve months, has a doctor ever treated you for, or told you that you had.
 - 1) Diabetes
 - 2) Cancer
 - 3) Hernia or rupture
 - 4) Tuberculosis
 - 5) Asthma
 - 6) High blood pressure
 - 7) Heart disease
 - 8) Arthritis
 - 9) Epilepsy
 - 10) Glaucoma
 - 11) Paralysis, Tremor, or shaking
 - 12) Kidney or bladder trouble
 - 13) Lung or breathing problem
 - 14) Stroke
 - 15) Anemia
 - 16) Gal bladder, liver, or pancreas trouble
 - 17) Thyroid trouble or goiter
 - 18) Insomnia
 - 19) Gastritis
 - 20) Colitis
 - 21) Stomach ulcer
 - 22) Alcoholism
 - 23) Emotional problems
 - 24) Back problems

OTHER HEALTH INFORMATION

1. On an average day, how many of each of the following do you smoke? (Mark 0 if you don't smoke)
 - 1) a. cigarettes: _____ (Cigarettes)
 - b. Cigars: _____ (Cigars)
 - c. Pipefuls of tobacco: _____ (Pipefuls)
 - 2) I don't smoke

2. During the past 6 months, have you had any on the job accidents?
 - 1) Yes
 - 2) No

3. During the past month, about how many days of sick leave did you take?

- 1) _____ Days(Please mark 0 if none)
- 2) None

4. During the past week, how often did you experiences the following:

	Rarely or none of the time (less than 1 day)	Some of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1) I was bothers by things that usually don't bother me	1	2	3	4
2) I did not feel like eating: My appetite was poor	1	2	3	4
3) I felt that I could not shake off the blues even with help from my family or friends	1	2	3	4
4) I felt that I was just as good as other people	1	2	3	4
5) I had trouble keeping my mind on what I was doing	1	2	3	4
6) I felt depressed	1	2	3	4
7) I felt that everything I did was an effort	1	2	3	4
8) I felt hopeful about the future	1	2	3	4
9) I thought my life had been a failure	1	2	3	4
10) I felt fearful	1	2	3	4
11) My sleep was restless	1	2	3	4
12) I was happy	1	2	3	4
13) I talked less than usual	1	2	3	4
14) I felt lonely	1	2	3	4
15) People were unfriendly	1	2	3	4
16) I enjoyed life	1	2	3	4
17) I had crying spells	1	2	3	4
18) I felt sad	1	2	3	4
19) I felt that people disliked me	1	2	3	4
20) I could not get 'going'	1	2	3	4

5. During the past month, have you experienced any of the following?

- 1) Cold or flu systems
- 2) Hay-fever or allergy symptoms
- 3) Allergic skin rash

- 4) Slow healing wounds
- 5) Cold sores or fever blisters
- 6) Arthritis symptoms(swollen or painful joints)
- 7) Other illness(please explain)

PROBLEMS AT WORK

People deal with day to day problems at work in many ways. When faced with problems at work, how often do you do each of the following?

	Rarely	Occasionally	Sometimes	Fairly Often	Very Often
1. Make a plan to solve the problem(s) and stick to it	1	2	3	4	5
2. Go on as if nothing has happened	1	2	3	4	5
3. Feel responsible for the problem(s)	1	2	3	4	5
4. Daydream or wish that you could change the problem(s)	1	2	3	4	5
5. Talk to your boss or co-workers about the problem(s)	1	2	3	4	5
6. Become more involved in activities outside of work	1	2	3	4	5

ACTIVITY LEVEL

Please indicate the degree to which each of the following statements are true or false as they apply to you.

	Definitely false	Mostly false	Don't know	Mostly true	Definitely true
1. I am more restless and fidgety than most people	1	2	3	4	5
2. I ordinarily work quickly and energetically	1	2	3	4	5
3. I am rather deliberate in telephone conversations	1	2	3	4	5
4. I am often in a hurry	1	2	3	4	5
5. In conversation I often gesture with hands and head	1	2	3	4	5
6. I rarely drive a car fast	1	2	3	4	5
7. As a boy or girl I preferred work in which I could move around	1	2	3	4	5

8. People consider me to be rather quiet	1	2	3	4	5
9. I usually speak more softly than most people	1	2	3	4	5
10. My handwriting is rather fast	1	2	3	4	5
11. I often work slowly and leisurely	1	2	3	4	5
12. I prefer to linger over a meal and enjoy it	1	2	3	4	5
13. I like to drive a car rather fast when there is no speed limit	1	2	3	4	5
14. I like work that is slow and deliberate	1	2	3	4	5
15. I talk more slowly than most people	1	2	3	4	5
16. I often let a problem work itself out by waiting	1	2	3	4	5
17. I often try to persuade others to my point of view	1	2	3	4	5
18. I generally walk more slowly than most people	1	2	3	4	5
19. I eat rapidly even when there is plenty of time	1	2	3	4	5
20. I usually work quickly	1	2	3	4	5

BACKGROUND INFORMATION

1. What is your sex?

- 1) Female
- 2) Male

2. How old were you on your last birthday?

_____ years

3. What is your marital status?

- 1) Married
- 2) Single, Never married
- 3) Single, Divorced
- 4) Single, Widowed
- 5) Other(specify _____)

4. If you have children living at home, how many are in each of the following age group?

- 1) Under 4 years: _____ (Children)
- 2) 4 through 12 years: _____ (Children)
- 3) 13 through 18 years: _____ (Children)
- 4) 19 and over: _____ (Children)