

ID Number	A1-2001-0031-Eng
Title	Survey on Worker Stress and Corporate Culture

1. First, I am going to ask you about your individual characteristics.

Sex	1) Male 2) Female	Age	_____	Marital status	1) Unmarried 2) Married 3) Other
Educational Attainment	1) Elementary school graduate or not finished 2) Middle school graduate 3) High school graduate 4) Junior college (two-year college) graduate 5) College graduate 6) Graduate school completed or beyond				

2. Job Characteristics (Examples of “Job Descriptions”: Processing metal surface using a lathe; managing financial information as an accountant using a computer)

Job Descriptions			
Occupation	1) Senior executive/manager 2) Professional/technical worker 3) Office and clerical worker 4) Sales/service worker 5) Production worker		
Department		Job Level	1) Senior/high-profile 2) Mid-level 3) Rank and file
Total number of employees that you manage	_____ employees	Technical licenses/certificates that you have	
Length of employment at the current workplace	_____ years in total	Monthly wage/salary level	_____ 0,000 won/month

3. Characteristics of the Current Work

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5
1) I mostly do mental labor.	<input type="checkbox"/>	2) I mostly work as a team with coworkers.	<input type="checkbox"/>	
3) My job involves interacting with many people.	<input type="checkbox"/>	4) My job requires high skills.	<input type="checkbox"/>	
5) I have to meet clients/partners frequently for work.	<input type="checkbox"/>	6) Physical environment of my worksite is poor.	<input type="checkbox"/>	
7) My work is constantly supervised by the immediate supervisor.	<input type="checkbox"/>	8) My work involves dealing with hazardous materials.	<input type="checkbox"/>	
9) I mostly work on a production line.	<input type="checkbox"/>	10) My job is dangerous by nature.	<input type="checkbox"/>	

4. About Stress

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

1) Sometimes I feel anxious.	<input type="text"/>	2) I am feeling depressed.	<input type="text"/>
3) It is hard for me to fall asleep.	<input type="text"/>	4) I have no appetite.	<input type="text"/>
5) Sometimes I feel nervous and irritated.	<input type="text"/>	6) I cannot concentrate on my work.	<input type="text"/>
7) When my day's work is done, I feel exhausted.	<input type="text"/>	8) I have had headaches.	<input type="text"/>
9) I have shortness of breath even without doing any physical activity.	<input type="text"/>	10) I feel stressed out at work.	<input type="text"/>

5. Relationship with Employer/Manager, and with Coworkers at the Worksite

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

I think my (employer/manager is or coworkers at my worksite are)...

	Employer/Manager	Worksite coworkers
1) I think ____ is/are trustworthy.	<input type="text"/>	<input type="text"/>
2) I think ____ would act upon what he (/she/they) and I had agreed on.	<input type="text"/>	<input type="text"/>
3) I think ____ tell(s) truth during negotiations (discussions).	<input type="text"/>	<input type="text"/>
4) I think ____ achieve(s) success by forcing others.	<input type="text"/>	<input type="text"/>
5) I feel ____ is/are trying to get ahead of me.	<input type="text"/>	<input type="text"/>
6) I feel ____ is/are taking advantage of my problems in favor of his (/her/their) own goals.	<input type="text"/>	<input type="text"/>
7) I think ____ is/are honest and open-minded when he (/she/they) has something to negotiate (discuss) with me.	<input type="text"/>	<input type="text"/>
8) I feel ____ will keep his(/her/their) word.	<input type="text"/>	<input type="text"/>
9) I think ____ would not lead me the wrong way.	<input type="text"/>	<input type="text"/>
10) I feel ____ is/are trying not to take responsibilities.	<input type="text"/>	<input type="text"/>
11) I feel ____ is/are fair during negotiations (discussions) with me by considering outcomes to all of us.	<input type="text"/>	<input type="text"/>
12) I feel ____ take(s) advantage of those who are in vulnerable positions.	<input type="text"/>	<input type="text"/>

6. About Trust

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

1) Most people can be trusted.	<input type="text"/>
2) Most people will be kind to those who trust them.	<input type="text"/>
3) You can avoid trouble by being careful about dealing with others because everyone is selfish.	<input type="text"/>

- 4) There are too many hypocrites in our society.
- 5) I trust a person I know much more than a person I don't know.
- 6) Generally speaking, it is easier to get help from a person if I have known him/her for a long time.
- 7) When you have to negotiate an important matter with a person you don't know at all, it is important to have him/her introduced to me personally by another person you know well.
- 8) A doctor will check a patient more carefully if that patient is referred to him/her by a person whom the doctor knows personally.
- 9) A person's social reputation is not necessarily helpful to understand his/her actual personality.
- 10) If you want to achieve something meaningful, you should not be too much conscious about your reputation.
- 11) Depending on the situation, lies can be justified.
- 12) Too much emphasis on fairness weakens social vitality.

7. Which of the following do you think we need in order to enhance the level of trust in our society? (Please choose 3 items below and write the numbers in order of importance.)

1st		2nd		3rd	
-----	--	-----	--	-----	--

- 1) Establishing fairness in social systems
- 2) Sharing of information
- 3) Imposing penalties for violating rules
- 4) Thorough monitoring whether the rules are followed
- 5) Ensuring fair competition
- 6) Fair distribution of profits
- 7) Other _____
- 8) Fair distribution of work assignments/responsibilities

8. Being absent full-day, leaving early, being late, taking hours off in the middle of work due to illness or accident

8-1. In the past 1 month period, have you ever been absent all day, left early, been late, or taken hours off in the middle of work due to illness or not feeling well?

- 1) Yes, I have been absent (____ days).
- 2) Yes, I have left early (____ days).
- 3) Yes, I have been late (____ days).
- 4) Yes, I have taken hours off during the work (____ days).

8-2. Is there a health service office or a nurse's office in your workplace?

- 1) Yes (⇒Go to 8-2a.)
- 2) No

10. Responsibilities and Roles at Work

Not true at all	Not very true	Somewhat true	Generally true	Very true	
1	2	3	4	5	
1) The nature of my work is something that is accepted by one person, but is not accepted by the others.					
2) I work on the tasks to be done independently, without other's help.					
3) I have clear goals and directions for my work.					
4) There is a dispute or discord in the team I belong to.					
5) My team members get along with each other.					
6) Other teams cause trouble with my team.					
7) My team has a good cooperative relationship with other teams.					
8) I am sure that my professional skills will still be useful and valuable in 5 years.					
9) It is not difficult for me to find a new employment at the current level from another company.					
10) I have opportunities to make use of skills I obtained from previous experience and trainings.					
11) My work requires a lot of concentration.					
12) I can feel at ease even while I am working.					
13) I am responsible for job security of others.					
14) In my company, I can use paid time off days freely.					
15) In my company, I can take vacation days freely.					
16) Chief executive officers take achievement and outcomes more importantly than personal relationships.					
17) I take personal relationships more importantly than achievement or outcomes.					

11. Work autonomy and Workload

Not at all	Only a little	So-so	Some	A lot	
1	2	3	4	5	
1) How much influence do you have in deciding which person does what in your team/department?					
2) How much can you control the pace of work, or how fast or slow you can work?					
3) How much can you control the task order of your own work?					
4) How much influence do you have in your team/department's agenda setting, work process and implementation?					
5) How freely are you able to rearrange or organize furniture or fixtures in your worksite?					
6) How freely are you able to use things that you need to perform your job?					
7) How often do you have to work under time pressure.					
8) How much workload are you asked to do (by others)?					
9) How often have you experienced decreases in workload?					
10) How much break are you given between heavy works?					

- 11) How often have you experienced a noticeable increase in workload which requires a great attention?
- 12) How often do you have to process an overwhelmingly large amount of work?
- 13) How much do you rely on your immediate supervisor when you feel weary and tired by hard work?
- 14) How much do you rely on your coworkers when you feel weary and tired by hard work?
- 15) How much do you rely on your friends or family members when you feel weary and tired by hard work?

12. Organizational Environment

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

- 1) My organization sets high standards of work performance.
- 2) Policies of my organization are clearly understood.
- 3) I often have opportunities to have influence on the goals and directions of my organization.
- 4) All members of my organization participate in important decision making processes that might have influence on themselves.
- 5) People in my organization do not trust each other at all.
- 6) People in my organization tend to be indifferent and cold toward each other.

13. Self Esteem and Personality

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

- 1) Sometimes I feel I am totally useless.
- 2) I want to get more respect from others.
- 3) I like to enjoy food in a relaxed atmosphere.
- 4) I am a slow walker.
- 5) I am an energetic, fast-paced worker.
- 6) People think I am a reserved person.
- 7) I am more anxious and restless than others.
- 8) I like driving very fast on an open highway when there are not many cars on the road.

14. Company's Philosophy and Values

Which of the following philosophy and values does the chief executive officer of your company believe most desirable? What about your immediate supervisor? What about you? (Please choose three for the chief executive officer, your immediate supervisor, and yourself and write the numbers in order of importance for each.)

Examples	1) Challenge, pioneering, pushing forward, ambition 2) Sincerity, diligence 3) Responsibility, commitment 4) Pride, self-esteem 5) Autonomy, independence 6) Company loyalty, sense of ownership 7) Patience, endurance 8) Creativity, creative spirit 9) Cooperation, solidarity, harmony 10) Tolerance, understanding 11) Rationality, being logical 12) Adaptability, flexibility 13) Accuracy, perfectionism 14) Safety 15) Trust
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	1st	2nd	3rd
1) Philosophy and values that the chief executive officer emphasizes			
2) Philosophy and values that the immediate supervisor emphasizes			
3) Philosophy and values that you think desirable			

15. Workplace Physical Environment

	Yes	No
1) Noise in my worksite is very high.	1	2
2) Lightning at my workplace is dark.	1	2
3) Temperature in my workplace during summer is about right.	1	2
4) Temperature in my workplace during winter is about right.	1	2
5) Humidity in my workplace is either too high or too low.	1	2
6) My workplace has good ventilation.	1	2
7) The air in my workplace is fresh and clean.	1	2
8) I am not exposed to hazardous substances (radioactive rays, chemicals, toxic/sedative gas, etc.) at work.	1	2
9) Overall, my workplace physical environment is poor.	1	2
10) Overall, my workplace physical environment is crowded.	1	2

16. Workplace Communication and Other Issues

Not true at all	Not very true	Somewhat true	Generally true	Very true	
1	2	3	4	5	
1) I often hang out with my supervisor(s) after work.					<input type="text"/>
2) I often hang out with my coworkers after work.					<input type="text"/>
3) My work is meaningful to me.					<input type="text"/>
4) At work, I get compensated fairly for my work..					<input type="text"/>
5) My work requires at least 5 years of training.					<input type="text"/>
6) My work is something very complicated and diverse.					<input type="text"/>
7) My company treats its employees like its own family.					<input type="text"/>
8) Even by layoff, a company has to increase its productivity.					<input type="text"/>
9) Promotion system of my company mostly depends on work history and experiences.					<input type="text"/>
10) In my company, employment is guaranteed until retirement age, as long as there is no specific fault of an individual.					<input type="text"/>
11) In my company, there is smooth communication between employees.					<input type="text"/>
12) In my company, decisions are made through the democratic process.					<input type="text"/>
13) In my company, employees are evaluated based on their performance.					<input type="text"/>
14) In my company, each individual takes responsibility for outcomes of the work that he/she performed.					<input type="text"/>
15) In my company, hierarchical tendencies are strong among organizations.					<input type="text"/>

17. Club and Group Activities

17-1. Have you ever joined any hobby club or group in your company and done some activities together?

- 1) Yes (⇒Go to 17-1a.)
- 2) No

17-1a. **【If yes】** How supportive is your company of club activities?

- 1) Not at all
- 2) Only a little
- 3) Moderately
- 4) Somewhat
- 5) Very much

17-1b. **【If yes】** How satisfied are you with the club activities?

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

19. Welfare Facilities and Activities for Employees

19-1. In your workplace, do you have facilities to relieve stress?

- 1) Yes (⇒Go to 19-1a.)
- 2) No (⇒Go to 19-2a.)

19-1a. **【If yes】** What are they?

19-1b. **【If yes】** Have you ever used these facilities?

- 1) Yes
- 2) No

19-2a. **【If no】** What do you think you need to have to relieve work-related stress?

20. About Safety Culture (Chief executive officer’s value on safety, monitoring supervisor’s practice, expectation, communication, education and training, system, rules and regulations, safety awareness, motivation for safety, compliance, participation)

Not true at all	Not very true	Somewhat true	Generally true	Very true
1	2	3	4	5

- 1) Chief executive officer of my company cares about workers safety.
- 2) ----- emphasizes worksite safety.
- 3) ----- places safety highly on his managerial priorities.
- 4) ----- thinks safety will become an important issue in the future.
- 5) My immediate supervisor commends me whenever he/she notices that I follow safety rules while working.
- 6) ----- takes any suggestion for improvement on safety seriously.
- 7) ----- often discusses safety issues with his/her subordinates at work.
- 8) ----- does not care how the work is done unless there is an accident.
- 9) Under time pressure, my immediate supervisor wants us to get things done faster than the work pace set by rules.
- 10) My immediate supervisor only remembers some of the important safety issues, while ignoring routine safety matters.
- 11) At my worksite, we frequently talk about safety issues.

21. Smoking and Drinking

21-1. Do you smoke cigarettes?

- 1) Yes, currently 【smoking ____ cigarettes per day】
- 2) No

21-1a. How often does stress trigger you to smoke?

- 1) Never
- 2) Rarely
- 3) Not very often
- 4) Often
- 5) Very often

21-2. Do you drink alcohol?

- 1) No, never
- 2) Hardly
- 3) Yes, sometimes
- 4) Yes, occasionally
- 5) Yes, heavily

21-2a. How often do you drink alcohol because of stress?

- 1) Never
- 2) Rarely
- 3) Not very often
- 4) Often
- 5) Very often

22. Everyday Activities

	Yes	No
1) Are you currently attending a school or pursuing a postsecondary degree?	1	2
2) Are you in charge of cleaning your home all by yourself most of the time?	1	2
3) Do you have young children?	1	2
4) Beside this job, do you have another (side/second) job?	1	2
5) Do you feel emotional burden of your domestic life?	1	2

23. 【Additional Question】 In the past 1 year, have you experienced any of the following?

Please mark (✓) all that apply.

- 01) Death of spouse
- 02) Death of children
- 03) Death of family members, who are not spouse or children
- 04) Death of close relatives
- 05) Death of close friends

- 06) Serious injuries or illness of yourself, which required hospitalization
- 07) Serious injuries or illness of spouse or children, which required hospitalization
- 08) Serious change in health conditions of family members, who are not spouse or children
- 09) Divorce/separation
- 10) Getting married
- 11) Big loss of wealth
- 12) Massive increases in debt
- 13) Involved in a lawsuit as a defendant or a plaintiff
- 14) Pregnancy or childbirth of yourself or of spouse
- 15) More disputes with your spouse

Thank you for participating in the survey.

Name of the Company		Total Number of Employees	
Type of Industry	(*based on main products)		
Interviewer		Date/Time of Interview	From __:__ to __:__