



Psychosocial factors at work

**based on the NRCWE's short questionnaire for
assessment of the psychosocial work environment
COPSOQ**

2007 edition with additions

This is a survey of the psychosocial factors in your workplace. It is based on the Copenhagen Psychosocial Questionnaire (COPSOQ), and has been customized to address concerns particular to the Ontario workplace context. The Mental Injury Tool Group is responsible for its development and more information is available at www.ohcow.on.ca/mit. This survey is designed to identify psychosocial factors at work which are associated with symptoms. The purpose is to identify factors which could be addressed to improve the psychosocial work climate at workplaces. The Occupational Health Clinics for Ontario Workers working with various unions, labour support organizations (such as) and academics to analyze trends across the province and understand the dynamics of the workplace psychosocial environment. Your participation by completing this questionnaire will assist all these people and organizations in this effort to improve the psychosocial climate in Ontario workplaces.

Your participation in this survey implies that you have consented to the use of your survey responses in group reports, academic research and publications. All reports or publications derived from the survey responses will be presented in format which ensures that the identity of any individual respondent is not revealed and kept confidential.

I accept these conditions and consent to continue this survey: ₁ Yes ₂ No



Occupational Health
Clinics for Ontario
Workers Inc.

What economic **sector** do you work in?

What is the **name of your workplace**?

How many people are employed at this workplace?

₁ **less than 20**

₂ **20-99**

₃ **100-500**

₄ **more than 500**

How long have you worked here?

What is your **job**?

Do you work for **another employer** in addition to your job at this workplace?

₁ Yes

₂ No

₃ other: _____

Which of the following best describes the **hours you usually work** at your job?

₁ Regular daytime schedule or shift

₂ Regular evening shift

₃ Regular night shift

₄ Rotating shift (change from days to evenings to nights)

₅ Split shift

₆ On call

₇ Irregular schedule

₈ Other: _____

On average, how many **hours per week** do you get **paid** for? _____ hrs/week

On average, how many **extra hours without pay** do you work at this job **per week** (do not include hours which are exchanged in lieu of time off)?

_____ hours/week

On average, how many minutes of your **paid breaktime**, per day, do you have to work through because of work demands?

_____ minutes/day

What percentage of your time do you spend on **paper work**?

_____ %

What is the **highest educational degree, certificate or diploma** you have obtained?

- 1 some high school or vocational course
- 2 high school graduate
- 3 trade certificate/diploma from a vocational school or apprenticeship training
- 4 community college graduate
- 5 university certificate below bachelor's level
- 6 university bachelor's degree
- 7 university graduate degree (Masters or PhD)
- 8 other _____

To what extent do you agree that your **workplace has enough resources** to do the job the way it should be done?

- 1 **strongly agree** 2 **agree** 3 **neutral** 4 **disagree** 5 **strongly disagree**

To what extent do you agree that your **job security** is good?

- 1 **strongly agree** 2 **agree** 3 **neutral** 4 **disagree** 5 **strongly disagree**

What best describes your position at work? (check all that apply)

- 1 full time
- 2 part time
- 3 casual
- 4 contract
- 5 seasonal
- 6 work for a temp agency
- 7 other: _____

To what extent do you agree that **staffing levels** are adequate:

- 1 **strongly agree** 2 **agree** 3 **neutral** 4 **disagree** 5 **strongly disagree**

Are you: 1 **Woman** 2 **Man**

How old are you?

- 1 under **20** years old
- 2 **20-29** years old
- 3 **30-39** years old
- 4 **40-49** years old
- 5 **50-59** years old
- 6 **60** or more years old

To what extent would you agree that management at your workplace looks for causes, not guilty persons, when an accident occurs?

1 strongly agree **2 agree** **3 neutral** **4 disagree** **5 strongly disagree**

To what extent would you agree that fear of sanctions (negative consequences) from management at your workplace discourages workers from reporting near-miss accidents?

1 strongly agree **2 agree** **3 neutral** **4 disagree** **5 strongly disagree**

Does your workplace have a **violence and harassment policy**?

1 Yes **2 No** **3 not sure**

If **Yes**, to what extent would you agree that the policy is **effective**?

1 strongly agree **2 agree** **3 neutral** **4 disagree** **5 strongly disagree**

How would you rate the **psychological health & safety climate** in your workplace?

1 healthy/supportive **2 good** **3 fair** **4 neutral** **5 not so good** **6 poor** **7 toxic**

To what extent would you agree that the culture of this organization **tolerates behaviour that harms the mental health** of those who work here?

1 strongly agree **2 agree** **3 neutral** **4 disagree** **5 strongly disagree**

The following questions are about your physical work environment:

exposure	not applicable	well designed/controlled	present but not usually an issue/concern	exposures cause concern	exposures cause annoyance	exposures interfere with ability to get job done	describe concerns and possible solutions (use comment section at the end of the survey if you need more space)
<p>Are there concerns about the way exposures to radiation are managed? (X-rays, ultra-violet, laser, electro-magnetic fields (EMF), radio-frequency (cell phones, wireless communication devices), antennae, WiFi, microwave)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well are driving hazards managed? (traffic congestion, long commutes, bad weather conditions, mechanical breakdowns, parking lot security)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well are biological hazards managed? (exposure to patients with infectious diseases, co-workers with colds/flu, lack of proper disinfection, presence of mould/water leaks)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well are dangerous chemicals handled? (cleaning chemicals, toxic substances, drugs, spills)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well are workstation(s) ergonomics designed/managed? (workstation design/layout, furniture, tools, lifting, pushing, pulling, aids)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well are physical factors controlled? (noise, lighting)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<p>How well is thermal comfort controlled? (heat, cold, humidity, fluctuating temperatures)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	

exposure	not applicable	well designed/controlled	present but not usually an issue/concern	exposures cause concern	exposures cause annoyance	exposures interfere with ability to get job done	describe concerns and possible solutions (use comment section at the end of the survey if you need more space)
How well is the air quality controlled? (ventilation, air circulation, amount of fresh air, odours)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
How well are safety hazards dealt with? (slip/trip/fall hazards, guarding, railings, fire and explosion hazards)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
How well is working alone managed for your job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	

The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

always	often	sometimes	seldom	never/hardly ever
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- | | | | | | |
|---|---|---|---|---|---|
| 1. Do you get behind with your work? | 1 | 2 | 3 | 4 | 5 |
| 2. Do you have enough time for your work tasks? | 1 | 2 | 3 | 4 | 5 |
| 3. Is it necessary to keep working at a high pace? | 1 | 2 | 3 | 4 | 5 |
| 4. Do you work at a high pace throughout the day? | 1 | 2 | 3 | 4 | 5 |
| 5. Does your work put you in emotionally disturbing situations? | 1 | 2 | 3 | 4 | 5 |

always	often	sometimes	seldom	never/ hardly ever
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6. Do you have to relate to other people's personal problems as part of your work?

1 2 3 4 5

7. Do you have a large degree of influence concerning your work?

1 2 3 4 5

8. Can you influence the amount of work assigned to you?

1 2 3 4 5

to a very large extent	to a large extent	some- what	to a small extent	to a very small extent
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9. Do you have the possibility of learning new things through your work?

1 2 3 4 5

10. Does your work require you to take the initiative?

1 2 3 4 5

11. Is your work meaningful?

1 2 3 4 5

12. Do you feel that the work you do is important?

1 2 3 4 5

13. Do you feel that your place of work is of great importance to you?

1 2 3 4 5

14. Would you recommend a good friend to apply for a position at your workplace?

1 2 3 4 5

15. At your place of work, are you informed well in advance about important decisions, changes, or plans for the future?

1 2 3 4 5

16. Do you receive all the information you need in order to do your work well?

1 2 3 4 5

to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
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17. Is your work recognised and appreciated by the management? 1 2 3 4 5

18. Are you treated fairly at your workplace? 1 2 3 4 5

19. Does your work have clear objectives?	1	2	3	4	5
20. Do you know exactly what is expected of you at work?	1	2	3	4	5

21. To what extent would you say that your immediate superior gives high priority to job satisfaction? 1 2 3 4 5

22. To what extent would you say that your immediate superior is good at work planning? 1 2 3 4 5

always	often	some-times	seldom	never/hardly ever
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23. How often is your nearest superior willing to listen to your problems at work? 1 2 3 4 5

24. How often do you get help and support from your nearest superior? 1 2 3 4 5

very satisfied	satisfied	un-satisfied	very un-satisfied
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25. Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?
- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

The next two questions are about the way your work affects your private life and family life.

Yes, certainly	Yes, to a certain degree	Yes, but only very little	No, not at all
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26. Do you feel that your work drains so much of your energy that it has a negative effect on your private life?
- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|
27. Do you feel that your work takes so much of your time that it has a negative effect on your private life?
- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

The next four questions are not about your own job but about *the whole company* you work at.

to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
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28. Can you trust the information that comes from the management?
- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
29. Does the management trust the employees to do their work well?
- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

	all the time	a large part of the time	part of the time	a small part of the time	not at all
38. How often have you found it hard to go to sleep?	1	2	3	4	5
39. How often have you been physically exhausted?	1	2	3	4	5
40. How often have you woken up too early and not been able to get back to sleep?	1	2	3	4	5
41. How often have you felt tired?	1	2	3	4	5
42. How often have you woken up several times and found it difficult to get back to sleep?	1	2	3	4	5
43. How often have you had a headache?	1	2	3	4	5
44. How often have you had a stomach ache?	1	2	3	4	5
45. How often have you had problems relaxing?	1	2	3	4	5
46. How often have you had problems concentrating?	1	2	3	4	5
47. How often have you found it difficult to think clearly?	1	2	3	4	5
48. How often have you been tense?	1	2	3	4	5
49. How often have you had difficulty in making decisions?	1	2	3	4	5

all the time	a large part of the time	part of the time	a small part of the time	not at all
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50. How often have you had palpitations? 1 2 3 4 5

51. How often have you had difficulty with remembering?	1	2	3	4	5
52. How often have you had tension in various muscles?	1	2	3	4	5

Conflicts and offensive behaviours

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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53.. Have you been exposed to **undesired sexual attention** at your workplace during the last 12 months? 1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one) 1 2 3 4

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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54. Have you been exposed to **threats of violence** at your workplace during the last 12 months? 1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one) 1 2 3 4

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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55. Have you been exposed to **physical violence** at your workplace during the last 12 months?

1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one)

1 2 3 4

Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it.

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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56. Have you been exposed to **bullying** at your workplace during the last 12 months?

1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one)

1 2 3 4

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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57. Have you been exposed to **discrimination** at your workplace during the last 12 months?

1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one)

1 2 3 4

If yes, what **type of discrimination** was it? _____

58. Have you **witnessed any of these offensive behaviours** (undesired sexual attention, threats of violence, physical violence, bullying and/or discrimination) aimed at others than yourself at your workplace during the last 12 months?

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
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1 2 3 4 5

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
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If yes, from whom? (You may tick off more than one)

1 2 3 4

If yes, what **type(s) of offensive behaviour(s)** was it? (You may tick off more than one):

- ₁ undesired sexual attention
 ₂ threats of violence
 ₃ physical violence
 ₄ bullying
 ₅ discrimination

Further comments about your working conditions, stress, health, etc.

Thank you for your help!