

This questionnaire based on development work done by the National Centre for the Working Environment (NRCWE), Copenhagen, Denmark. It was further amended by the COPSOQ International Network into this "beta" version of the COPSOQ III (Core) survey. It was developed as a tool for workplace assessment of the psychosocial work environment.

The Mental Injuries Tool (MIT) Group was established out of a stakeholder sub-committee of worker representatives and the Occupational Health Clinics for Ontario Workers who were charged with “supporting worker representatives in taking action on prevention and workers’ compensation”. Based on a review of available stress questionnaires, the MIT Group selected the Copenhagen Psychosocial Questionnaire (COPSOQ) and created resources to help workers use this tool to measure stress in the workplace (see resources at www.ohcow.on.ca/mit). This survey also contains a few extra questions beyond the Core COPSOQ III survey and a pair of questions on workplace safety and environmental quality which were devised by the MIT Group.

Quantitative work demands:		always	often	sometimes	seldom	never/hardly ever	
1a	Do you get behind with your work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	add 1a + 1b:
1b	How often do you not have time to complete all your work tasks?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input style="width: 50px; height: 30px;" type="text"/>

Tempo, work pace:		always	often	sometimes	seldom	never/hardly ever	
2a	Do you have to work very fast?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	add 2a + 2b:
		to a very large extent	to a large extent	somewhat	to a small extent	to a very small extent	
2b	Do you work at a high pace throughout the day?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input style="width: 50px; height: 30px;" type="text"/>

Emotional demands:

always often sometimes seldom never/hardly ever

3a	Do you have to deal with other people's personal problems as part of your work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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to a very large extent to a large extent somewhat to a small extent to a very small extent

3b	Is your work emotionally demanding?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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add
3a + 3b:

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Influence at work:

always often sometimes seldom never/hardly ever

4a	Do you have a large degree of influence on the decisions concerning your work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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add
4a + 4b:

4b	Can you influence the amount of work assigned to you?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Possibilities for development (skill discretion):

to a very large extent to a large extent somewhat to a small extent to a very small extent

5a	Do you have the possibility of learning new things through your work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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add
5a + 5b:

5b	Can you use your skills or expertise in your work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Meaningful work:

to a very large extent to a large extent somewhat to a small extent to a very small extent

6a	Is your work meaningful?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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add
6a + 6b:

6b	Do you feel that the work you do is important?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Predictability (sufficient information):

to a very large extent to a large extent somewhat to a small extent to a very small extent

7a	At your place of work, are you informed well in advance concerning for example important decisions, changes, or plans for the future?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7b	Do you receive all the information you need in order to do your work well?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
7a + 7b:

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Recognition:

to a very large extent to a large extent somewhat to a small extent to a very small extent

8a	Is your work recognised and appreciated by the management?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8b	Are you treated fairly at your workplace?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
8a + 8b:

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Role clarity:

to a very large extent to a large extent somewhat to a small extent to a very small extent

9a	Does your work have clear objectives?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9b	Do you know exactly what is expected of you at work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
9a + 9b:

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Role conflicts:

to a very large extent to a large extent somewhat to a small extent to a very small extent

10a	Are contradictory demands placed on you at work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10b	Do you sometimes have to do things which ought to have been done in a different way?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
10a + 10b:

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Quality of leadership:

	to a very large extent	to a large extent	somewhat	to a small extent	to a very small extent
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11a	To what extent would you say that your immediate superior is good at work planning?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11b	To what extent would you say that your immediate superior is good at solving conflicts?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
11a + 11b:

Social support from colleagues:

	always	often	sometimes	seldom	never/hardly ever
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12	How often could you get help and support from your colleagues, if needed?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Social support from supervisors:

	always	often	sometimes	seldom	never/hardly ever
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13a	How often is your nearest superior willing to listen to your problems at work?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13b	How often do you get help and support from your nearest superior?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
13a + 13b:

Sense of community at work:

	always	often	sometimes	seldom	never/hardly ever
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14	Is there a good atmosphere between you and your colleagues?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Insecurity over employment:

	to a very large extent	to a large extent	somewhat	to a small extent	to a very small extent
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15a	Are you worried about becoming unemployed?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15b	Are you worried about it being difficult for you to find another job if you became unemployed?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
15a + 15b:

Insecurity over working conditions:

to a very large extent to a large extent somewhat to a small extent to a very small extent

16	Are you worried about being transferred to another job against your will?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Vertical trust:

to a very large extent to a large extent somewhat to a small extent to a very small extent

17a	Does the management trust the employees to do their work well?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17b	Can the employees trust the information that comes from the management?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
17a + 17b:

Organizational justice:

to a very large extent to a large extent somewhat to a small extent to a very small extent

18a	Are conflicts resolved in a fair way?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
18b	Is the work distributed fairly?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
18a + 18b:

	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
19	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Physical work environment concerns:

19 How well are **environmental conditions** managed (air quality, temperature, lighting, noise, workstation ergonomics)?

20 How well are **safety concerns** managed (slip/trips/falls, toxic chemicals, infectious diseases, Wi-Fi radiation, working alone)?

Satisfaction with work - job satisfaction:

	very satisfied	satisfied	neither/nor	unsatisfied	very unsatisfied
21	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

21 Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?

Work-Life conflict:

yes, certainly yes, to a certain degree yes, but only very little no, not at all

22a	Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22b	Do you feel that your work takes so much of your time that it has a negative effect on your private life?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22c	Are there times when you need to be at work and at home at the same time?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
22a + 22b +
22c:

Overall Health:

	excellent	very good	good	fair	poor
23 In general, would you say your health is:	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Burnout Symptoms:

	all the time	a large part of the time	part of the time	a small part of the time	not at all
24a How often have you felt worn out?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
24b How often have you been emotionally exhausted?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
24a + 24b:

Stress Symptoms:

	all the time	a large part of the time	part of the time	a small part of the time	not at all
25a How often have you been stressed?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
25b How often have you been irritable?	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

add
25a + 25b:

Conflicts and offensive behaviour:

At your workplace during the last 12 months, have you been exposed to:

	no	yes, a few times	yes, monthly	yes, weekly	yes, daily
26 undesired sexual attention	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
27 threats of violence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28 physical violence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
29 bullying*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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.)