



# Psychosocial factors at work

## based on the questionnaire for assessment of the psychosocial work environment COPSOQ II & III

**2017 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 <http://www.ohcow.on.ca/mental-injury-toolkit.html>.

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.

This survey is being conducted for the Occupational Health Clinics for Ontario Workers (OHCOW). OHCOW is a non-government, not-for-profit organization that operates seven occupational health clinics throughout Ontario. The goal of OHCOW is to protect and improve the health of working people by providing clinical and prevention services including research. We take part in and share research with policy-makers, workers and workplaces, clinicians, health & safety professionals and the general public. OHCOW operates with support from the Ontario Ministry of Labour (MOL); however we have a separate Board of Directors which is accountable to the MOL for funding. More information about OHCOW is available on our website ([www.ohcow.on.ca](http://www.ohcow.on.ca))

### **Voluntary Participation**

You are under no obligation to participate in the survey. Any information you give today will be strictly confidential. It will not be given to others, including the MOL, the Workplace Safety & Insurance Board of Ontario or anyone in your workplace. We will never identify you in any way in any presentations or publications that result from this project.

### **Risks**

There are no known significant risks from participating in this survey. You can refuse to answer any question in the survey. We will keep all information you provide strictly confidential.

### **Benefits:**

You may not receive any benefit from your participation in this survey. Information learned from this survey, however, will assist help us to better understand and address stress in the workplace.

**Confidentiality and Privacy**

All the information collected through this survey is confidential and will be viewed only by the researchers directly involved in this project. No information that could be used to identify you will be kept by the research team.

The Occupational Health Clinics for Ontario Workers is working with various unions, labour support organizations 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. 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. If other workers in general may benefit, the survey results may be disseminated (properly anonymized) through various means including presentations, websites, and trade & academic publications, etc..**

I accept these conditions and consent to continue this survey: <sub>1</sub> Yes <sub>2</sub> No



Occupational Health Clinics for Ontario Workers



Centre de Santé des Travailleurs(ses) de l'Ontario

[https://www.surveymonkey.com/r/MIT\\_COPSOQ\\_III](https://www.surveymonkey.com/r/MIT_COPSOQ_III)

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1. **How long** have you worked here? \_\_\_\_\_ years \_\_\_\_\_ months

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2. What is your **job**? \_\_\_\_\_ (or pick list)

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3. What **department** do you work in?

- <sub>1</sub> Dept1
- <sub>2</sub> Dept2
- <sub>3</sub> Dept3 ...

<sub>n</sub> other (please specify): \_\_\_\_\_

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4. Are you considered to be part of the **management** at your workplace?

- <sub>1</sub> Yes
  - <sub>2</sub> No
  - <sub>3</sub> other (please explain): \_\_\_\_\_
- 

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

- <sub>1</sub> Yes
  - <sub>2</sub> No
  - <sub>3</sub> other: \_\_\_\_\_
-

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6. 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: \_\_\_\_\_

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7. Do your employment arrangements include a **specified number of hours** per week?

- 1 **Yes**
- 2 **No**

7b. ... if **No**, on average how many **hours per week** do you work? \_\_\_\_\_ hrs/week

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8. On average, how many **hours per week** do you get **paid** for? \_\_\_\_\_ hrs/week

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9. 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

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10a. Do your employment arrangements include a **specified amount of time for breaks**?

- 1 **Yes**
- 2 **No** (if **No**, skip next question)

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10. How often do you have to **work through your breaktime/lunch time**?

- 1 never/rarely
- 2 seldom
- 3 sometimes
- 4 frequently
- 5 always

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11. What percentage of your time do you spend on **paperwork**?

\_\_\_\_\_ %

... by **paperwork** we mean: "routine clerical or record-keeping work often incidental to a more important task"

(<http://www.merriam-webster.com/dictionary/paperwork>)

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12. Are you:  1 **Woman**  2 **Man**  3 **Trans**  4 **other**

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13. **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

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14. 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: \_\_\_\_\_

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15. 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 Masters degree
  - 8 university graduate PhD degree
  - 9 other \_\_\_\_\_
- 

16. 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**
- 

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

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

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

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

19. To what extent would you agree that your employer provides **adequate accommodation** to allow you to deal with responsibilities outside the workplace?

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

20. 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**
- 

21. 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**
- 

22. 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**  
 6 **don't know/ no experience**
- 

23. 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**
- 

24. 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**
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**25. The following questions are about your physical work environment:**

<p><b>exposure</b></p>	<p>not applicable</p>	<p>well designed/controlled</p>	<p>present but not usually an issue/concern</p>	<p>exposures cause concern</p>	<p>exposures cause annoyance</p>	<p>exposures interfere with ability to get job done</p>	<p><b>describe concerns and possible solutions</b> (use comment section at the end of the survey if you need more space)</p>
<p>25a. Are there concerns about the way exposures to <b>radiation</b> are managed? (X-rays, ultra-violet, laser, electromagnetic 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>25b. How well are <b>driving hazards</b> 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>25c. How well are <b>biological hazards</b> managed? (exposure to persons with <b>infectious diseases</b>, co-workers with colds/flu, lack of proper disinfection, presence of <b>mould</b>/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>25d. How well are <b>dangerous chemicals</b> 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>25e. How well are <b>workstation(s) ergonomics</b> 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>25f. How well are <b>physical factors</b> 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>25g. How well is <b>thermal comfort</b> 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	
<p>25h. How well is the <b>air quality</b> controlled? (ventilation, air circulation, amount of fresh air, odours)</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>25i. How well are <b>safety hazards</b> dealt with? (slip/trip/fall hazards, guarding, railings, fire and explosion hazards)</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>25j. How well is <b>working alone</b> managed for your job?</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	

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

always	often	some- times	seldom	never/ hardly ever
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1. Do you get behind with your work? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

2a. How often do you not have time to complete all your work tasks? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

3. Do you have to work very fast? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

4. Do you work at a high pace throughout the day? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

4b. Do you feel comfortable going to your supervisor to discuss workload issues? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

5. Does your work put you in emotionally disturbing situations? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

6. Do you have to deal with other people's personal problems as part of your work? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

7. Do you have a large degree of influence on the decisions concerning your work? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

8. Can you influence the amount of work assigned to you? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

to a very large extent	to a large extent	some- what	to a small extent	to a very small extent
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6b. Is your work emotionally demanding? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

9. Do you have the possibility of learning new things through your work? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

9b. Can you use your skills or expertise in your work? <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

	to a very large extent	to a large extent	some- what	to a small extent	to a very small extent
10. Does your work require you to take the initiative?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
11. Is your work meaningful?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
12. Do you feel that the work you do is important?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
13. Do you feel that your place of work is of great importance to you?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
14. Would you recommend other people to apply for a position at your workplace?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
15. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
16. Do you receive all the information you need in order to do your work well?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
17. Is your work recognised and appreciated by the management?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
18. Are you treated fairly at your workplace?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
19. Does your work have clear objectives?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
20. Do you know exactly what is expected of you at work?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
20a. Are contradictory demands placed on you at work?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
20b. Do you sometimes have to do things which ought to have been done in a different way?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
20c. Do you sometimes have to do things which seem to be unnecessary?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
21. To what extent would you say that your immediate superior gives high priority to job satisfaction?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
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22. To what extent would you say that your immediate superior is good at work planning? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
- 22b. To what extent would you say that your immediate superior is good at solving conflicts? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

always	often	some-times	seldom	never/hardly ever
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23. How often would your immediate superior be willing to listen to your problems at work, if needed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
24. How often would you get help and support from your immediate superior, if needed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
- 24a. How often could you get help and support from your colleagues, if needed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
- 24b. Is there a good atmosphere between you and your colleagues? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
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- 24c. Are you worried about becoming unemployed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
- 24d. Are you worried about it being difficult for you to find another job if you became unemployed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>
- 24e. Are you worried about being transferred to another job against your will? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>



very satisfied	satisfied	neither/nor	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?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

**The next three 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?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>
27. Do you feel that your work takes so much of your time that it has a negative effect on your private life?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>
- 27b. Are there times when you need to be at work and at home at the same time?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>

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

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 the employees trust the information that comes from the management?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>
29. Does the management trust the employees to do their work well?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>
- 
30. Are conflicts resolved in a fair way?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>
31. Is the work distributed fairly?
- <sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

The following questions are about your own health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you are in general.

The questions are about your health and well-being during the last four weeks:

Excellent	Very Good	Good	Fair	Poor
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32. In general, would you say your health is: <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

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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33. How often have you felt worn out? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

34. How often have you been emotionally exhausted? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

35. How often have you been stressed? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

36. How often have you been irritable? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

37. How often have you slept badly and restlessly? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

38. How often have you found it hard to go to sleep? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

39. How often have you been physically exhausted? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

40. How often have you woken up too early and not been able to get back to sleep? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

41. How often have you felt tired? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

42. How often have you woken up several times and found it difficult to get back to sleep? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

43. How often have you had a headache? <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

	all the time	a large part of the time	part of the time	a small part of the time	not at all
44. How often have you had a stomach ache?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
45. How often have you had problems relaxing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
46. How often have you had problems concentrating?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
47. How often have you found it difficult to think clearly?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
48. How often have you been tense?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
49. How often have you had difficulty in making decisions?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
50. How often have you had palpitations?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
51. How often have you had difficulty with remembering?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
52. How often have you had tension in various muscles?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## Conflicts and offensive behaviours

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
53.. Have you been exposed to <b>undesired sexual attention</b> at your workplace during the last 12 months?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

	Colleagues	Manager/superior	Subordinates	Clients/customers/patients
If yes, from whom? (You may tick off more than one)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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?

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

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

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
------------	-------------	--------------	------------------	----

55. Have you been exposed to **physical violence** at your workplace during the last 12 months?

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

Colleagues	Manager/superior	Subordinates	Clients/customers/patients
------------	------------------	--------------	----------------------------

If yes, from whom? (You may tick off more than one)

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>

***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?

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

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

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>

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?

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>

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

<sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>

If yes, what **type of discrimination** was it? \_\_\_\_\_

