

We would like to undertake an assessment of what things are good and what could be better at work. You are the expert in your work and your views are important. All responses are **confidential** - no names are required and no individuals will be identified.

We would greatly appreciate your help in this assessment, which is entirely voluntary. Please complete the questionnaire - it will take 5-10 minutes of your time. There are some sections where you are free to add your comments and suggestions. We will appreciate these. Please return the questionnaire in the envelope provided. If you require any more information regarding the assessment or have any comments to make, please contact [.....].

YOUR WORK

Please look at the items below and indicate how each of the following things about your job has been for you in the last **six months** (please circle one point on each response scale). Try to answer all the questions.

| | Very good | Good | Not a problem | Slight problem | Major problem |
|--|-----------|------|---------------|----------------|---------------|
| 1. Facilities for taking breaks (rest rooms, lunch break areas etc) | 5 | 4 | 3 | 2 | 1 |
| 2. Work surroundings (noise, vibration, light, temperature, etc) | 5 | 4 | 3 | 2 | 1 |
| 3. Clear roles and responsibilities | 5 | 4 | 3 | 2 | 1 |
| 4. Exposure to physical danger | 5 | 4 | 3 | 2 | 1 |
| 5. Support from line manager/supervisor | 5 | 4 | 3 | 2 | 1 |
| 6. Pace of work | 5 | 4 | 3 | 2 | 1 |
| 7. Feedback on your performance | 5 | 4 | 3 | 2 | 1 |
| 8. How you rate your work load | 5 | 4 | 3 | 2 | 1 |
| 9. Safety at work | 5 | 4 | 3 | 2 | 1 |
| 10. How well you get on with your co-workers (socially) | 5 | 4 | 3 | 2 | 1 |
| 11. Appreciation of efforts from line managers/supervisors | 5 | 4 | 3 | 2 | 1 |
| 12. Consultation about changes in your job | 5 | 4 | 3 | 2 | 1 |
| 13. Sufficient training for your current job | 5 | 4 | 3 | 2 | 1 |
| 14. Variety in different tasks | 5 | 4 | 3 | 2 | 1 |
| 15. Impact of family/social life on work | 5 | 4 | 3 | 2 | 1 |
| 16. Senior management attitudes | 5 | 4 | 3 | 2 | 1 |
| 17. Clear reporting line(s) | 5 | 4 | 3 | 2 | 1 |
| 18. The equipment/IT that you use | 5 | 4 | 3 | 2 | 1 |
| 19. Impact of work on family/social life (partner, children, friends, leisure activities, etc) | 5 | 4 | 3 | 2 | 1 |
| 20. Work station/work space (or multi-site location) | 5 | 4 | 3 | 2 | 1 |
| 21. Opportunities for promotion | 5 | 4 | 3 | 2 | 1 |
| 22. Communication with line manager/supervisor | 5 | 4 | 3 | 2 | 1 |
| 23. Opportunities for learning new skills | 5 | 4 | 3 | 2 | 1 |
| 24. Flexibility of working hours | 5 | 4 | 3 | 2 | 1 |
| 25. Opportunities to use your skills | 5 | 4 | 3 | 2 | 1 |
| 26. Status/recognition in the company | 5 | 4 | 3 | 2 | 1 |
| 27. Clear company objectives, values, procedures | 5 | 4 | 3 | 2 | 1 |
| 28. How well you work with your co-workers (as a team) | 5 | 4 | 3 | 2 | 1 |

Are there any other work issues that have not been covered above (such as shiftwork, toilet facilities, working alone, fairness of pay, commuting to/from work, business travel, contact with clients, etc)? Please circle.

29. _____ 5 4 3 2 1
30. _____ 5 4 3 2 1
31. _____ 5 4 3 2 1

32. Overall, what do you consider to be the main problems that you face at work, if any?

33. Overall, what do you consider to be the really good things about your work, if any?

YOUR WELL-BEING

Please read each of the questions carefully and decide how often, over the last **six months**, you have experienced the various symptoms that are listed. Please circle just one point on each response scale. Try to answer all the questions.

| | All the time | Often | Sometime | Rarely | Never |
|---|--------------|--------|---------------|----------------|---------------|
| 1. Become easily bored? | 4 | 3 | 2 | 1 | 0 |
| 2. Become easily annoyed or irritated? | 4 | 3 | 2 | 1 | 0 |
| 3. Had to clear your throat for no apparent reason? | 4 | 3 | 2 | 1 | 0 |
| 4. Got mixed up in your thinking when you have had to do things quickly? | 4 | 3 | 2 | 1 | 0 |
| 5. Done things rashly or on impulse? | 4 | 3 | 2 | 1 | 0 |
| 6. Been forgetful? | 4 | 3 | 2 | 1 | 0 |
| 7. Found things getting on your nerves and wearing you out? | 4 | 3 | 2 | 1 | 0 |
| 8. Become easily tired? | 4 | 3 | 2 | 1 | 0 |
| 9. Become flushed / hot in the face for no apparent reason? | 4 | 3 | 2 | 1 | 0 |
| 10. Had difficulty in falling or staying asleep? | 4 | 3 | 2 | 1 | 0 |
| 11. Found your feelings easily hurt? | 4 | 3 | 2 | 1 | 0 |
| 12. Found it hard to make up your mind? | 4 | 3 | 2 | 1 | 0 |
| 13. Approximately, how many working days sickness absence have you had over the past 12 months? Days _____ Episodes/Spells _____ | | | | | |
| 14. How satisfied are you with your job? (please circle) | Very good | Good | Not a problem | Slight problem | Major problem |
| 15. How would you rate your personal health? (please circle) | Very good | Good | Not a problem | Slight problem | Major problem |
| 16. Have you been harassed, assaulted, or bullied at work in the last 6 months? (please circle) | Never | Rarely | Some times | Often | All the time |

YOU

Please answer the questions below. This information will be used in order to help us understand the questionnaire. It will not be used to identify you.

1. Age _____
2. Sex Male Female
3. Type of work Managerial/Supervisory Manual Non-manual (e.g. administrative, technical, sales)
4. Site/Business _____

Thank you for completing this questionnaire.
Please return it in the envelope provided.