ANNEX I: THE QUESTIONNAIRE

Question (possible answers are given in brackets):

1. **Sex?**

2. **What age were you at your last birthday?** (in years)

3. **What is your Nationality?**
   (Belgian, Danish, German, Greek, Spanish, French, Irish, Italian, Luxemburgese, Dutch, Portuguese, British, Austrian, Swedish, Finnish, other specify, don't know)

4. **What is your main paid job? Please give me your job title? Do you have any other regular paid job?**
   (yes, no)

5. **How many people are employed in total in your country by the company/organisation where you work?**
   (none, 1 to 9, 10 to 49, 50 to 99, 100 to 499, 500 and over, don't know)

6. **Are you working in public or the private sector?**
   (public sector, private sector, don't know)

7. **Are you mainly:**
   - Self employed, Freelance
   - Employed, on a permanent basis
   - Employed, on a tea term contract
   - Employed, on a temporary employment agency contract
   - On apprenticeship or other training scheme
   - Other
   - Don't know

8. **What is the main activity of the company/organisation where you work?**

9. **How many people work under your supervision?**
   (none, 1 to 5, 6 to 9, 10 and over, don't know)

10. **How many years or months have you been in your main paid job?**

11. **What does your remuneration include?** (yes, no)
   - Basic fixed salary/wage
   - Piece rate or productivity payments
   - Extra payments for additional hours of work
   - Extra payments compensating for special working hours, such as night work, weekend work
   - Extra payments compensating for poor working conditions
   - Other
   - Don't Know
12. **How many hours do you usually work per week, in your main job?**

13. **How many minutes per day do you normally spend traveling from home to work and back in total?**

14. **How often are you exposed at work to each of the following?**  
   (all of the time, almost all of the time, around 3/4 of the time, around half of the time, around 1/4 of the time, almost never, never, don't know)
   - Vibrations from hand tools, machinery, etc.
   - Noise so loud that you would have to raise your voice to talk to people
   - High temperature which makes you perspire even when not working
   - Low temperatures whether indoors or outdoors
   - Breathing in vapours, fumes, dust, or dangerous substances such as chemicals, infectious materials, etc.
   - Handling or touching dangerous products or substances
   - Radiation such as X rays, radioactive radiation, welding light, laser beams

15. **How often does your main paid job involve each of the following?**  
   (all of the time, almost all of the time, around 3/4 of the time, around half of the time, around 1/4 of the time, almost never, never, don't know)
   - Painful or tiring positions
   - Carrying or moving heavy loads
   - Short repetitive tasks of less than 10 minutes
   - Repetitive hand or arm movements
   - Wearing personal protective equipment
   - Working with computers: PC's, network, mainframe
   - Working at very high speed
   - Working to tight deadlines
   - Dealing directly with people who are not employees at your workplace. such as customers, passengers, pupils, patients etc.
   - Working at home

16. **Would you say you are very well informed, quite well informed, quite badly informed or very badly informed about the risks resulting from the use of materials, instruments or products which you handle in your job?**  
   (very well informed, quite well informed, quite badly informed, very badly informed, not applicable, don't know)
17. Which, if any, of the following working conditions can you adjust personally to your own comfort?

- The temperature
- The lighting
- The ventilation
- The position of your desk, bench or workstation
- The position of your seat
- The instruments) or equipment you use
- Other (specify)
- None
- Don't Know

18. a) Normally, how many times a month do you typically work at night, say for at least 2 hours between 10.00pm and 05.00am?

b) How many times a month do you typically work on Sundays? (1, 2, 3, 4, none)

c) And on Saturdays? (1, 2, 3, 4, none)

19. Do you work shifts (that is sometimes working mornings, sometimes afternoons or sometimes nights) or irregular hours, or not? (if YES) How many shifts? (no. not working shifts or irregular hours; yes, I work irregular hours, but not in a shift; yes, 2 shifts; yes, 3 shifts; yes, 4 shifts; yes, 5 shifts and over; don't know)

20. For each of the following statements please answer Yes or No

- You can get assistance from colleagues if required
- You can take your break when you wish
- You are free to decide when to take holidays or days off
- You have fixed starting and finishing times every day
- You have enough time to get the job done
- You have a secure job

21. On the whole, is your pace of work dependent, or not on? (yes, no)'

- The work done by colleagues
- Direct demands from people such as customers, passengers, pupils, patients etc.
- Production norms
- Automatic speed of a machine or moving of a product
- The direct control of your boss
22. **Are you able, or not, to choose or change?** (yes, no)
   - Your order of tasks
   - Your methods of work
   - Your speed or rate of work

23. **Does your main paid job involve, or not** (yes, no)
   - Meeting precise quality standards
   - Assessing the quality of your own work
   - Solving unforeseen problems on your work
   - Deciding, possibly with colleagues, on departmental issues such as the division of tasks, staff replacement, production objectives, timetables, etc.
   - Rotating tasks between yourself and colleagues
   - Monotonous tasks
   - Complex tasks
   - Learning new things

24. **How well do you think your skills match the demands imposed on you by your job?**
   (the demands are too high, they match, the demands are too low, don't know)

25. **Over the last 1.2 months, have you undergone training paid for or provided by your employer to improve your skills or not?** (yes, how many days; no)

26. **Over the past 12 months, have you, or not ... ?** (yes, no, don't know)
   - Had a frank discussion with your boss about your work performance
   - Been consulted about changes in the Organisation of work and/or your working conditions
   - Discussed work-related problems with your boss
   - Discussed work-related problems with your colleagues
   - Discussed work-related problems with employee representative

27. **Over the past 12 months, when of work, have you, or have you not, been subjected to?**
   (yes, no, don't know)
   - Physical violence
   - Intimidation
   - Sexual discrimination
   - Unwanted sexual attention
   - Age discrimination
   - Race discrimination
   - Disability discrimination
   - Nationality discrimination
28. At your workplace, would you say that men and women have equal opportunities or not?
   - Equal opportunities
   - More opportunities for men
   - More opportunities for women
   - Other
   - DK

29. Is your immediate boss a man or a woman?
   - A man
   - A woman
   - Not Applicable

30. Over and above any statutory requirements, does your company/employer additionally provide for? (yes, no,)
   - Sick child leave that is, amount of time you can stay at home to take care of a sick child
   - Maternity leave that is, the amount of time a woman can stay at home before and birth of a child
   - Parental leave that is, the amount of time a mother or a father can stay at home to take care of a very young child
   - Child Day Care that is, your company/employer provides or subsidizes day care for your child

31. Do you think your health and safety is at risk because of your work, or not? (yes, no, don't know)

32. Over the past 12 months, how many days, if any, were you absent due to health problems caused by your main job?

33. Over the past 5 years, have you changed your job in order to seek a healthier or less dangerous job, or not? (yes, I have; no, but I tried to; No and I did not try to)

34. Does your work affect your health, or not? (IF YES) how does it affect your health?
   - No, it does not affect my health
   - Yes, ear problems
   - Yes, skin problems
   - Yes, backache
   - Yes, headaches
   - Yes, stomach ache
   - Yes, muscular pain in arms or legs
   - Yes, respiratory difficulties
   - Yes, stress
   - Yes, overall fatigue
   - Yes, sleeping problems
   - Yes, allergies
   - Yes, heart disease
   - Yes, anxiety
• Yes, irritability
• Yes, personal problems
• Other (Spontaneous)
• My work improves my health (Spontaneous)
• Don't Know

35. **Is your job more difficult for you because of any chronic or permanent health problem?** (no, never; yes, all the time; yes, almost all of the time; yes, around 3/4 of the time; yes, around half of the time; yes, around 1/4 of the time; yes, but hardly ever, don't know)

36. **On the whole, are you satisfied, fairly satisfied, not very satisfied or not at all satisfied with your main job?** (very satisfied, fairly satisfied, not very satisfied, not at all satisfied, don't know)

37. **Are you?**

- Single
- Married Living as Married Divorced
- Separated
- Widowed

38. **How old were you when you stopped full-time education?**

39. **How many people live in your household, including yourself, all adults and children?** (1, 2, 3, 4, 5, 6, 7, 8, 9 and more)

40. **How many children under 15 are currently living in your household?** (1, 2, 3, 4, 5, 6, 7, 8, 9 or more children, none)

41. **Are you in your household?** (yes, no)

- the person mainly responsible for ordinary shopping and looking after the home
- the person who contributes most to the household income