**The following part of this questionnaire is anonymous!** Meaning your statements will not be connected to your identity. The questionnaire will improve your coworkers and company’s health. That´s why we kindly ask you to participate.

|  |  |
| --- | --- |
| **Company / employer** |  |
| **Occupation** | production □ | adminstartion □ |
| **Sex** | female □ | male □ |
| **Age** | under 30 | 30 - 50 | over 50 |
| **Leadership responsibilities** | yes □ | no □ |

|  |
| --- |
| **1. Is your work** |
| psychologically demanding? | □ |
| physically demanding? | □ |
| physically and psychologically demanding? | □ |

|  |
| --- |
| **2. If you had to rate your best ever performed work ability with 10 point, how many points would you rate your current work performance/ ability? (0: unable to work)** |
| □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| Completely unable to work |  |  Work ability at its best |

|  |
| --- |
| **3. How do you rate your current work ability considering the physical demands of your job?** |
| very good | □ |
| rather good | □ |
| moderate | □ |
| rather poorly | □ |
| very poorly | □ |
| **4. How do you rate your current work ability considering the physical demands of your job?** |
| very good | □ |
| rather good | □ |
| moderate | □ |
| rather poorly | □ |
| very poorly | □ |

|  |
| --- |
| **5. Please mark the following medical conditions and injuries, if they apply to you. Please state if a doctor diagnosed them as well**  |
|  | Self-diagnosis | Medical diagnosis | Disease doesn´t apply |
| Injury due to an accident(e.g. in the back, in the limbs, burns) | □ | □ | □ |
| cardiovascular diseases(e.g. high blood pressure, chest pain, heart attack, heart arrhythmia) | □ | □ | □ |
| respiratory diseases(e.g. shortness of breath, bronchitis, asthma, tuberculosis) | □ | □ | □ |
| musculoskeletal diseases(e.g. repeating pain of joints or muscles, sciatic nerve, rheumatism) | □ | □ | □ |
| hernia | □ | □ | □ |
| psychological impairments(e.g. depression, anxiety, chronical insomnia) | □ | □ | □ |
| neurological and sensory diseases(e.g. tinnitus, hearing impairment, eye conditions, epilepsy, migraine) | □ | □ | □ |
| night blindness | □ | □ | □ |
| color vision weakness / deficiency | □ | □ | □ |
| digestive system diseases(e.g. gallbladder, pancreas, intestine, liver) | □ | □ | □ |
| Genitourinary tract diseases(e.g. urinary tract infection, gynecological disease) | □ | □ | □ |
| Hormone disorder / metabolic disorder(e.g. diabetes, obesity, problems of the thyroid) | □ | □ | □ |
| Kidney diseases(e.g. kidney stones, kidney missing) | □ | □ | □ |
| Skin diseases(e.g. rash, eczema) | □ | □ | □ |
| Tumor / cancer | □ | □ | □ |
| Dental problems, dental implants | □ | □ | □ |
| dizziness, loss of consciousness | □ | □ | □ |
|  |

|  |
| --- |
| **6. Does a medical condition or injury hinder your work current work performance? Please mark more than one answer if needed.** |
| There is no hindrance / I have no diseases. | □ |
| I am able to do my job, but it causes discomfort | □ |
| Sometimes I’m forced to work slower or change my work methodes | □ |
| I’m often forced to work slower or change my work methodes | □ |
| because of my condition, I’m only able to work part-time. | □ |
| In my opinion, I am entirely unable to work. | □ |

|  |
| --- |
| **7. How many (whole) days of work did you miss during the last year (12 Months) due to a health problem? The missing days include illness, health examinations and screenings. Please mark the correct answer.** |
| None | □ |
| < 9 days | □ |
| 10 – 24 days | □ |
| 25 – 99 days | □ |
| 100 – 365 days | □ |

|  |
| --- |
| **8. Do you believe, according to your present state of health, that you will be able to do your current job two years from now?** |
| unlikely | □ |
| Not certain | □ |
| Relatively certain | □ |

|  |
| --- |
| **9. Do you feel confident about the future?** |
| continuosly | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **10. Are you able to enjoy your regular daily activities?** |
| often | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **11. Do you stay active and alert?** |
| always | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **12. Do you feel calm and relaxed?** |
| always | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **13. Do you feel refreshed relaxed after waking up?** |
| always | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **14. Is your daily life filled with things that interest you?** |
| often | □ |
| rather often | □ |
| sometimes | □ |
| rather seldom | □ |
| never | □ |

|  |
| --- |
| **15. For each question, please indicate whether the characteristics apply more or less to your activity. Please make one cross per question.** |
| **Working tasks** | **rather yes** | **rather no** |
| do you prepare, organise and check the work to be carried out by yourself? | □ | □ |
| is your job varied? | □ | □ |
| Are you able to change your posture and/or exercise sufficiently in the workspace? | □ | □ |
| do you receive enough Information about your own workspace? | □ | □ |
| does your qualification comply with the requirements of the job? | □ | □ |
| is the task/activity free from increased risk of injury and illness? | □ | □ |
| is the task/activity free from unfavourable working conditions (noise, climate, odours)? | □ | □ |
| is the task/activity free from increased emotional demands (e.g. large crowds)? | □ | □ |
| do you have any influence on the time management of your work? (e.g. breaks, pace of work, dates) | □ | □ |
| do you have any influence on the strategy of your work? (e.g. choice of work equipment/methods) | □ | □ |
| do you receive enough information about the development of the company? | □ | □ |

|  |
| --- |
| **16. For each question, please indicate whether the characteristics applies more or less to your task. Please make one cross per question.** |
| **Work organisation** | **rather yes** | **rather no** |
| is it possible to work continuously without frequent disturbances? | □ | □ |
| can you work predominantly without time and deadline pressure? | □ | □ |
| do you receive enough feedback (recognition, criticism, assessment) about your own performance? | □ | □ |
| do you have clear decision-making structures? | □ | □ |
| Is overtime an exception? | □ | □ |
| in the event of overtime, are you granted time off shorty after? | □ | □ |

|  |
| --- |
| **17. For each question, please indicate whether the characteristics apply more or less to your task. Please make one cross per question.** |
| **Social affairs** | **rather yes** | **rather no** |
| does your work tasks offer the ability to work with colleagues? | □ | □ |
| is there a positive social climate? | □ | □ |

|  |
| --- |
| **18. When you think about your work and health – how important is a change in your work situation:** |
| very important □ | partly important □ | less important □ |

|  |
| --- |
| **19. How many times in the past 12 months did you…** |
|  | **Twice or more times** | **once** | **never** |
| go to work sick | □ | □ | □ |
| go to work against medical advice | □ | □ | □ |
| work all week to recover on the weekend | □ | □ | □ |
| get a drug prescription to be healthy for work | □ | □ | □ |
| took a sick day to recover | □ | □ | □ |