HEALTH AT WORK SURVEY

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A. YOUR HEALTH

	Excellent	Very Good	Good	Fair	Poor
A1. In general, how would you rate your overall health now?	{	{	{	{	{
A2. In general, how would you rate your overall mental health now?	{	{	{	{	{

A3. Do you have any of the following conditions ? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	NO, I don't have this condition	YES, but I never received professional treatment	YES, I previously received (but don't currently receive) professional treatment	YES, and I currently receive professional treatment
A3a. Arthritis?	{	{	{	{
A3b. Chronic back/neck pain?	{	{	{	{
A3c. Migraine headaches?	{	{	{	{
A3d. Other frequent or severe headaches?	{	{	{	{
A3e. Any other chronic pain?	{	{	{	{
A3f. High blood pressure				

A7. Do you have any of the following conditions ? If your answer is YES, mark whether you never , previously , or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	NO, I don't have this condition	YES, but never received professional treatment	YES, previously received (but don't currently receive) professional treatment	YES, and I currently receive professional treatment
A7a. An ulcer in your stomach or intestine?	{	{	{	{
A7b. Either frequent diarrhea or frequent constipation?	{	{	{	{
A7c. Frequent nausea, gas, or indigestion?	{	{	{	{
A7d. Chronic heartburn or GERD?	{	{	{	{
A7e. Seasonal allergies or hay fever?	{	{	{	{
A7f. Asthma?	{	{	{	{
A7g. Chronic bronchitis?	{	{	{	{
A7g1. Emphysema?	{	{	{	{
A7h. Chronic Obstructive Pulmonary Disease (COPD)?	{	{	{	{
A7h1. Chronic Obstructive Airways Disease (COAD)?	{	{	{	{
A7h2. Chronic Obstructive Lung Disease (COLD)?	{	{	{	{
A7h3. Alpha one antitrypsin deficiency?	{	{	{	{
A7i. Urinary or bladder problems?	{	{	{	{
A7j. Diabetes?	{	{	{	{
A7k. Chronic sleeping problems?	{	{	{	{

A7l. Chronic fatigue or low

A8. (Women Only) Are you currently pregnant?

- { Yes
- { No
- { Not Sure
- { I am male

A9. Do you smoke cigarettes?

- { Currently
- { Ex-smoker
- { Only smoked a few times ÆGO TO A10

A9b. How soon after you wake do you smoke your first cigarette?

{ Within 5 minutes
{ 6 – 30 minutes
{ 31 – 60 minutes
{ After 60 minutes

A9c. Which cigarette would you hate most to give up?

{ The first one in the morning
{ All others

A9d. Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, theater, or doctor's office?

{ Yes
{ No

A9e. Do you smoke more frequently during the first hours after waking than the rest of the day?

{ Yes
{ No

A9f. Do you smoke when you are so ill that you are in bed most of the day?

{ Yes
{ No

A10. How often do you usually have at least one drink of alcohol?

{ Nearly everyday
{ Several days per week
{ 1 – 2 days a week
{ 1 – 3 days a month
{ Less than once a month
{ Never ÆGO TO A11

A10a. On the days you drink, about how many drinks do you usually have per day?

{ 1 – 2 drinks
{ 3 – 4 drinks
{ 5 – 10 drinks
{ 10+ drinks

A10b. How often do you drink 5 or more drinks per day?

{ Nearly everyday
{ Several days a week
{ 1 – 2 days a week
{ 1 – 3 days a month
{ Less than once a month
{ Never

A11. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lo t. They are very restless or unable to sit still or need very little sleep. They sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever in your life had a time like this lasting several days or longer?

{ Yes Î GO TO A13
{ No

A12. Have you ever had a time lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people, or hit people?

{ Yes
{ No Î GO TO A15

A13. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being (IF A11=YES: excited and full of energy/IF A12=YES: very irritable or grouchy)?

{ Yes
{ No Î GO TO A15

A17b. How often were you too tired to carry out your daily activities?

{ Never
{ Rarely
{ Sometimes
{ Often
{ Very often

A18. During the past twelve months, have you had at least one week each month when you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?

{ No
{ Yes, but I never received any professional treatment
{ Yes, I previously received (but don't currently receive) professional treatment
{ Yes, and I currently receive professional treatment

A19. The next few questions are about problems with your sleep. During the past twelve months, how many weeks did you have problems …

	0 Weeks	1-2 Weeks	3-4 Weeks	5-8 Weeks	9-12 Weeks	12-26 Weeks	27-51 Weeks	52 Weeks
A19a. …getting to sleep, when nearly every night it took you two hours or longer before you could fall asleep?	{	{	{	{	{	{	{	{
A19b. …staying asleep, when you woke up nearly every night and took an hour or more to get back to sleep?	{	{	{	{	{	{	{	{
A19c. …waking too early, when you woke up nearly every morning at least two hours earlier than you wanted to?	{	{	{	{	{	{	{	{
A19d. …feeling sleepy during the day?	{	{	{	{	{	{	{	{

A25a. About how many days of work did you miss in the past 12 months because of a work related accident, injury, or poisoning? (If less than 1 day, enter 000.)

NUMBER OF DAYS (000-365)

A25b. Which of the conditions on this list resulted from your

A27. During the past 4 weeks

B. YOUR WORK

B1. Please choose the category that best describes your main job. If none of the categories fits you exactly,

B3. What percent of your total work hours in an average week are in each of the following times of day? (The sum should add up to 100%)

B4. What time do you usually begin

B12.The next questions are about the time you spent during your hours at work in the past 4 weeks (28 days).

B13. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

Worst Performance										Top Performance
0	1	2	3	4	5	6	7	8	9	10
{	{	{	{	{	{	{	{	{	{	{

B14. Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two ?

Worst Performance										Top Performance
0	1	2	3	4	5	6	7	8	9	10
{	{	{	{	{	{	{	{	{	{	{

B15. Using the same 0-to-10 scale, how would you rate your y4(ould)- tme ksfET 483.54 521w -06 389.002656 26-1T /P <<
Wo-rst
P
M

C. DEMOGRAPHICS

C1. How old are you?

☐☐ YEARS OLD (00-99)

C2. Are you male or female?

{ Male
{ Female

C3. What is your current marital status?

{ Married or Cohabiting
{ Separated
{ Divorced
{ Widowed
{ Never Married

C4. How many children do you have?

{ None
{ One
{ Two
{ Three
{ Four or more

C5. What is the highest grade or level of school that you have completed

C8. Are you salaried or are you paid hourly? (“Salaried” means that you're paid the same amount each week or month no matter how many hours you work. “Hourly” means that you're paid a different amount each week or month depending on how many hours you work.)

{ Salaried ÆGO TO C8.1
{ Paid hourly ÆGO TO C8.2

C8.1. What is your annual income from your job, before taxes?

{ $1 - $999	{ $11,000 - $11,999	{ $30,000 - $34,999
{ $1,000 - $1,999	{ $12,000 - $12,999	{ $29,000 - $39,999
{ $2,000 - $2,999	{ $12,000 - $12,999	{ $40,000 - $44,999
{ $3,000 - $3,999	{ $14,000 - $14,999	{ $45,000 - $49,999
{ $4,000 - $4,999	{ $15,000 - $15,999	{ $50,000 - $74,999
{ $5,000 - $5,999	{ $16,000 - $16,999	{ $75,000 - $99,999
{ $6,000 - $6,999	{ $17,000 - $17,999	{ $100,000 - $149,999
{ $7,000 - $7,999	{ $18,000 - $18,999	{ $150,000 - $199,999
{ $8,000 - $8,999	{ $19,000 - $19,999	{ $200,000 - $299,999
{ $9,000 - $9,999	{ $20,000 - $24,999	{ $300,000 - $499,999
{ $10,000 - $10,999	{ $25,000 - $29,999	{ $500,000 - $999,999
		{ $1,000,000 or more

C8.2. How much are you paid per hour , before taxes?

{ $5.00 - $8.00	{ $18.01 - $20.00	{ $32.01 - $35.00	{ $55.01 - $60.00
{ $8.01 - $10.00	{ $20.01 - $22.00	{ $35.01 - $38.00	{ $60.01 - $70.00
{ $10.01 - $12.00	{ $22.01 - $24.00	{ $38.01 - $41.00	{ $70.01 - $80.00
{ $12.01 - $14.00	{ $24.01 - $26.00	{ $41.01 - $45.00	{ $80.01 - $90.00
{ $14.01 - $16.00	{ $26.01 - $29.00	{ $45.01 - $50.00	{ $90.01 - $100.00
{ $16.01 - $18.00	{ $29.01 - $32.00	{ $50.01 - $55.00	{ More than $100

That completes the survey. Thanks very much for your participation.