

How many hours do you usually work per week in your main paid job?

How many days do you usually work per week in your main paid job?

Besides your main paid job do you have any other paid jobs? No Yes

How many hours a week on average do you work in job(s) other than your main paid job?

Are you exposed at work to ...?

	All the time	Around 1/2 time	Almost never	Never
Vibrations from handtool, machinery etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High temperatures which make you perspire even when not working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low temperatures whether indoors or out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing in vapours such as solvents or thinners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling or being in skin contact with chemical products or solvents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting or moving people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying or moving heavy loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in situations that are emotionally disturbing for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Normally, how many times a month do you work more than 10 hours a day? or never?

In the last month, has it happened at least once that you had less than 11 hours between the end of one working day and the start of the next working day?
Yes No

How often have you been requested to come into work at short notice?
Daily Several times a week Several times a month Less often Never

In general, how do your working hours fit in with your family or social commitments outside work?
Very well Well Not very well Not at all

Would you say that for you arranging to take an hour or two of during work hours to take care of family or personal matters is ...
Very easy Fairly easy Fairly difficult Very difficult

For each of the following statements, please select the response which best describes your work situation

- Your colleagues help and support you
- You can take a break when you wish
- You have enough time to get the job done
- You are treated fairly at your workplace

Always	Most of the time	Some times	Never

Since you started your main paid job have you been subjected at work to any of the following?

- Discrimination linked to race, ethnic background or colour?
- Discrimination linked to nationality
- Discrimination on the basis of your sex
- Discrimination linked to religion

Yes	No

Do you think your health and safety is at risk because of your work?

Yes	No

Over the last month, during the course of your work have you been subjected to the following?

- Verbal abuse
- Unwanted sexual attention
- Threats
- Humiliating behaviours
- Physical violence
- Sexual harassment
- Bully or harassment

Yes	No

Over the last 12 months have you worked when you were sick

Yes	No

In general, how often are you involved in any of the following activities outside work?

- Voluntary or charitable activity
- Caring for and/or educating you children, grandchildren
- Taking a training or education course
- Sporting, cultural or leisure activity outside your home

Daily	Several times a week	Several times a month	Less often	Never

What do you mainly do in your job?

Hotel	<input type="checkbox"/>	Farm/Greenhouse	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Care Assistant	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	Housekeeper	<input type="checkbox"/>	Health care	<input type="checkbox"/>
Business	<input type="checkbox"/>	Finance/Accountancy	<input type="checkbox"/>	IT	<input type="checkbox"/>
Retail/shop	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Office/Admin	<input type="checkbox"/>
Finance	<input type="checkbox"/>	Construction/Trades	<input type="checkbox"/>	OTHER	<input type="checkbox"/>