

# Survey on psychosocial factors in the workplace

## Enterprise XXX 2018

online: [companyxxx.copsoq.de](http://companyxxx.copsoq.de)

German standard version of COPSOQ (Copenhagen Psychosocial Questionnaire)

### Privacy statement:

Only groups with a **minimum of 5** participants will be evaluated separately. Smaller groups will be combined. This ensures your anonymity.

## A. Statements about yourself and your workplace

### Questions in part A:

This part of the questionnaire will be adapted to the company's structure. Questions A.1-A.6 are fixed. Additional questions can be inserted by request.

The minimum number for subgroup analysis can be chosen higher but not lower than 5.

### A.1: In which area are you (primarily) employed?

To be specified in exchange with FFAW	<input type="checkbox"/>
xxx	<input type="checkbox"/>
xxx	<input type="checkbox"/>
Other (please fill in) _____	<input type="checkbox"/>

### A.2: What is your gender?

<input type="checkbox"/> male	<input type="checkbox"/> female
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### A.3: How old are you?

up to 24 years	25-34 years	35-44 years	45-54 years	55 years and more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### A.4: To which profession do you belong (current employment)?

To be specified in exchange with FFAW	<input type="checkbox"/>
xxx	<input type="checkbox"/>
xxx	<input type="checkbox"/>
Other (please fill in) _____	<input type="checkbox"/>

### A.5: Do the following items apply to you?

	Yes	No
Are you the supervisor for other employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a fixed-term employment contract?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work full time?	<input type="checkbox"/>	<input type="checkbox"/>

### A.6: Questions regarding your working time. Do you work...

	Yes	No
... at least 1 time <i>per month</i> on weekends or holidays?	<input type="checkbox"/>	<input type="checkbox"/>
... at least 1 time <i>per week</i> evenings (after 18:30) or nights (before 5:00)?	<input type="checkbox"/>	<input type="checkbox"/>
... at least 1 time <i>per week</i> from home / outside of the office / at customers?	<input type="checkbox"/>	<input type="checkbox"/>

## B. Statements on work and activity

### Questions in part B:

In this part, additional modules can be inserted, concerning e.g. conflicts with clients, teaching or health promotion offers.

#### B.1: The following questions refer to the requirements of your job.

	always	often	some-times	seldom	never / hardly ever
1. Do you have to work very fast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you work at a high pace throughout the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you not have time to complete all your work tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you get behind with your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have to do overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have to deal with other people's personal problems as part of your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### B.1: Requirements of your job (Part 2).

	To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
7. Is your work emotionally demanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your work require that you hide your feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your work require that you do not state your opinion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### B.2: The following questions refer to the balance between work and private life: How far do you agree with the following statements? (Please give an answer on each line)

	To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
1. The demands of my work interfere with my private and family life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The amount of time my job takes up makes it difficult to fulfil my family responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My work drains so much of my energy that it has a negative effect on my private life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My work takes so much of my time that it has a negative effect on my private life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It happens that I should be at home and at work at the same time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I take care of work related tasks outside of my working time as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I'm available in my free time for people with whom I deal professionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.3: The following questions refer to how much influence and freedom you have in your work.**

	always	often	some-times	seldom	never / hardly ever
1. Do you have a large degree of influence on the decisions concerning your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you influence the amount of work assigned to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any influence on what you do at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you decide when to take a break?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you take holidays more or less when you wish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.4: Development opportunities and meaning of work. (Part 1)**

	always	often	some-times	seldom	never / hardly ever
1. Is your work varied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.5: Development opportunities and meaning of work. (Part 2)**

	To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
1. Do you have the possibility of learning new things through your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you use your skills or expertise in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your work meaningful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel that the work you do is important?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you proud of being part of this company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you enjoy telling others about your place of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.6: Now some questions about the arrangements and procedures in your work.**

	To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent
1. At your place of work, are you informed well in advance concerning for example important decisions, changes, or plans for the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you receive all the information you need in order to do your work well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your work have clear objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know exactly which areas are your responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you know exactly what is expected of you at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are contradictory demands placed on you at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sometimes have to do things, which ought to have been done in a different way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you sometimes have to do things, which seem to be unnecessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.7: To what extent would you say that your immediate superior....**

	To a very large extent	To a large extent	Some-what	To a small extent	To a very small extent	I don't have a superior
1. ...makes sure that the members of staff have good development opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...gives high priority to job satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...is good at work planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...is good at solving conflicts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.8: The following questions refer to your relationships with your colleagues and your superior. (Please give an answer on each line)**

	always	often	some- times	seldom	never / hardly ever	I don't have a superior / colleagues
1. How often do you get help and support from your colleagues, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often are your colleagues willing to listen to your problems at work, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you get help and support from your immediate superior, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often is your immediate superior willing to listen to your problems at work, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often does your immediate superior talk with you about how well you carry out your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do your colleagues talk with you about how well you carry out your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is it possible for you to talk to your colleagues while you are working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a good atmosphere between you and your colleagues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there good co-operation between the colleagues at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do you feel unjustly criticised, bullied or shown up in front of others by your colleagues and your superior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.8a: The next four questions are not about your own job but about the workplace as a whole.**

	To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
1. Does the management trust the employees to do their work well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the employees trust the information that comes from the management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are conflicts resolved in a fair way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the work distributed fairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your work recognized and appreciated by the management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.8b: The following questions pertain to your work environment:**

	always	often	some- times	seldom	never / hardly ever
1. How often do you have to do physically strenuous work such as lift, carry or raise heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often are you exposed to noise or loud background noise at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you come in contact with chemicals or hazardous substances at your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often are you exposed to extreme temperatures or a draft at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often are you exposed to poor air quality at work, e.g. cigarette smoke, gases or similar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often are you exposed to poor lighting conditions at work, for example, glaring or low light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.9: Are you worried about...**

	To a very large extent	To a large extent	Some- what	To a small extent	To a very small extent
1. ... becoming unemployed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... new technology making you redundant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... it being difficult for you to find another job if you became unemployed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... being transferred to another job against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... the timetable being changed (shift, weekdays, time to enter and leave, ...) against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... a decrease in your salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.10: In the past 12 months, how often have you thought about...**

	never	some times a year	some times a month	some times a week	each day
1. ... giving up your profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... changing your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.11: Regarding your work in general. How pleased are you with...**

	very satisfied	satisfied	neither / nor	un-satisfied	highly unsatisfied
1. ...your work prospects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...the people you work with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...the physical working conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...the way your group is run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...the way your abilities are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... your salary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...your job as a whole, everything taken into consideration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now some questions on work and health**

**B.12: Your state of health:** If you evaluate the best conceivable state of health at 10 points and the worst at 0 points: How many points do you then give to your present state of health? Please put a cross by the corresponding number.

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

worst conceivable state of health best conceivable state of health

**B.13: Energy and mental wellbeing:** For each of the following statements please state how far they apply to you. How often ...

	always	often	some-times	seldom	never / hardly ever
1. ... do you feel physically exhausted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... do you feel emotionally exhausted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... do you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... does it occur that you come to work, even though you really feel unwell and sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... are you not able to stop thinking about work in your free time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B.14: How often do the following statements apply to you?**

	always	often	some-times	seldom	never / hardly ever
1. At my work, I am full of energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am enthusiastic about my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am immersed in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **C. Freetext comments**

**C.1: Do you have any suggestions/ requests to improve your psychosocial working conditions?** (The information provided here will be incorporated into the report as a list. Please avoid wording which could identify yourself or others.)

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**C.2: Do you have any additional comments to the questionnaire or survey in general?**

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***Thank you very much for your participation!***

### **Contact**

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