

Survey on health and wellbeing in the workplace

Company XXX

online: <https://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.

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

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.

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

| | | |
|---|---------------------------------------|--------------------------|
| 1 | To be specified in exchange with FFAW | <input type="checkbox"/> |
| 2 | XXX | <input type="checkbox"/> |
| 3 | XXX | <input type="checkbox"/> |
| 4 | Other (please fill in) _____ | <input type="checkbox"/> |

A.2: What is your gender?

| | | |
|-------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> male | <input type="checkbox"/> female | <input type="checkbox"/> diverse |
|-------------------------------|---------------------------------|----------------------------------|

A.3: How old are you?

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| up to 24 years | 25-34 years | 35-44 years | 45-54 years | 55 years | 55-64 years | 65 years and more |
| <input type="checkbox"/> | <input type="checkbox"/> | <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)?

| | | |
|---|---------------------------------------|--------------------------|
| 1 | To be specified in exchange with FFAW | <input type="checkbox"/> |
| 2 | XXX | <input type="checkbox"/> |
| 3 | XXX | <input type="checkbox"/> |
| 4 | 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| ... at least 1 time <i>per week</i> from outside of the office / at customers? | <input type="checkbox"/> | <input type="checkbox"/> |

B. Statements on work and activity

Questions in part B:

In this block, free additional modules of the FFAW can be activated, concerning e.g. on customer contact, home office, sexual harassment, non-discrimination, safety culture, teaching and education or health promotion offers.

B.1: The following questions refer to the requirements of your job (Part 1).

| | 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"/> |
| 10. Is your workflow disrupted by interruptions? | <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?

| | 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. Due to work-related duties, I have to make changes to my plans for private or family activities. | <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. 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"/> |
| 6. 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 organization? | <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.

| | always | often | sometimes | 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 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"/> |
| 7. How often do you have to deal with equipment, software, or other tools that are unsuitable for your work? | <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 select 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. I am full of energy at my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I really enjoy my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am completely fulfilled by my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Free text comments

C.1: Do you have any suggestions/ requests to improve your psychosocial working conditions? (The information you provide here will be included verbatim in the results report and assigned to your organizational unit. Therefore, please avoid using language that could identify you or others personally.)

C.2: Do you have any additional comments to the questionnaire or survey in general? (This information will NOT be included in the report of results. They go exclusively to the FFAW, which is conducting the survey.)

Thank you very much for your participation!

Contact

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Allocation of the questions of the COPSOQ to superordinate scales

| Scale | Questions | Quantity |
|--|----------------|-----------|
| Demands | | |
| Quantitative Demands | B1: 1-5 | 5 |
| Emotional Demands | B1: 6-7 | 2 |
| Hiding Emotions | B1: 8-9 | 2 |
| Interruptions in work | B1:10 | 1 |
| Work Privacy Conflicts | B2: 1-4 | 4 |
| Dissolution | B2: 5-6 | 2 |
| Influence and possibilities for development | | |
| Influence at Work | B3: 1-3 | 3 |
| Degrees of Freedom (Breaks / Holidays) | B3: 4-5 | 2 |
| Possibilities for Development | B4: 1, B5: 1-2 | 3 |
| Meaning of Work | B5: 3-4 | 2 |
| Commitment to Workplace | B5: 5-6 | 2 |
| Social relations and leadership | | |
| Predictability of Work | B6: 1-2 | 2 |
| Role Clarity | B6: 3-5 | 3 |
| Role Conflicts | B6: 6-8 | 3 |
| Quality of Leadership | B7: 1-4 | 4 |
| Support at Work | B8: 1-4 | 4 |
| Feedback | B8: 5-6 | 2 |
| Quantity of Social Relations | B8: 7 | 1 |
| Sense of Community | B8: 8-9 | 2 |
| Unfair Treatment | B8: 10 | 1 |
| Trust and Justice | B8a: 1-4 | 4 |
| Recognition | B8a: 5 | 1 |
| Further aspects | | |
| Work Environment / Phys. Demands | B8b: 1-6 | 6 |
| Inappropriate equipment | B8b:7 | 1 |
| Job Insecurity | B9: 1-3 | 3 |
| Insecurity over Working Conditions | B9: 4-6 | 3 |
| Outcomes | | |
| Intention to leave Profession / Job | B10: 1-2 | 2 |
| Job Satisfaction | B11: 1-7 | 7 |
| Work Engagement | B14: 1-3 | 3 |
| General Health | B12 | 1 |
| Burnout Symptoms | B13: 1-3 | 3 |
| Presenteeism | B13: 4 | 1 |
| Unability to Relax | B13: 5 | 1 |
| Total | | 86 |

The additional modules of the FFAW, e.g. on customer contact, home office, sexual harassment, non-discrimination, safety culture, teaching and education or health promotion offers, are not listed here.

The COPSOQ validation study with detailed documentation of the measurement quality and additional information on the COPSOQ questionnaire can be found at www.copsoq.de