

Psychosocial factors at work

**NRCWE's short questionnaire for assessment of the
psychosocial work environment**

2007 edition



The questionnaire

This questionnaire was developed by the National Centre for the Working Environment (NRCWE, previously AMI), Copenhagen, Denmark. It was developed as a tool for workplace assessment of the psychosocial work environment. When the employees have filled in the questionnaire, the overall results for the workplace and for each of the departments are calculated. This is a simple task due to the very simple scoring system. If the survey seems to indicate problems with the psychosocial work environment, the work environment committee or other relevant actors at the workplace should discuss how to act on the basis of the results. If help from the outside is needed, the workplace may contact consultants, the Labour Inspection, or relevant organizations.

The NRCWE has developed a users' guide for understanding and interpretation of the results. This guide should be used in connection with the questionnaire. The guide also includes a short overview on the issue of "going from survey to action" in connection with the psychosocial work environment.

It is important that all ethical rules are respected in connection with the use of the questionnaire:

- Participation is voluntary. Nobody should feel under pressure to participate.
- The individual is anonymous. The results are calculated for groups so that the individual responses cannot be identified.
- All employees, who have contributed to the survey, are entitled to see the overall results.
- It is the company and its departments that are being studied. Not the individual employees.

Which department are you working in?

The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

| Always | Often | Sometimes | Seldom | Never/ hardly ever |
|--------|-------|-----------|--------|--------------------------|
|--------|-------|-----------|--------|--------------------------|

1A. Do you get behind with your work?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

1B. Do you have enough time for your work tasks?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 |

| |
|--|
| 1A and 1B. Total number of points: _____ (Between 0 and 8 points) |
|--|

| Always | Often | Sometimes | Seldom | Never/ hardly ever |
|--------|-------|-----------|--------|--------------------------|
|--------|-------|-----------|--------|--------------------------|

2A. Is it necessary to keep working at a high pace?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

2B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

| |
|--|
| 2A and 2B. Total number of points: _____ (Between 0 and 8 points) |
|--|

| Always | Often | Sometimes | Seldom | Never/hardly ever |
|--------|-------|-----------|--------|-------------------|
|--------|-------|-----------|--------|-------------------|

3A. Does your work put you in emotionally disturbing situations?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

3B. Do you have to relate to 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"/> |
| 4 | 3 | 2 | 1 | 0 |

3A and 3B. Total number of points: _____
(Between 0 and 8 points)

| Always | Often | Sometimes | Seldom | Never/hardly ever |
|--------|-------|-----------|--------|-------------------|
|--------|-------|-----------|--------|-------------------|

4A. Do you have a large degree of influence concerning your work?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

4B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

4A and 4B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Somewhat | To a small extent | To a very small extent |
|------------------------|-------------------|----------|-------------------|------------------------|
|------------------------|-------------------|----------|-------------------|------------------------|

5A. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

5B. Does your work require you to take the initiative?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

5A and 5B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

6A. Is your work meaningful?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

6B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

6A and 6B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

7A. Do you feel that your place of work is of great importance to you?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

7B. Would you recommend a good friend to apply for a position at your workplace?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

7A and 7B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

8A. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

8B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

8A and 8B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

9A. Is your work recognised and appreciated by the management?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

9B. Are you treated fairly at your workplace?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

9A and 9B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

10A. Does your work have clear objectives?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

10B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

10A and 10B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

11A. To what extent would you say that your immediate superior gives high priority to job satisfaction?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

11B. To what extent would you say that your immediate superior is good at work planning?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

11A and 11B. Total number of points: _____
(Between 0 and 8 points)

| Always | Often | Some- times | Seldom | Never/ hardly ever |
|--------|-------|----------------|--------|--------------------------|
|--------|-------|----------------|--------|--------------------------|

12A. How often is your nearest superior willing to listen to your problems at work?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

12B. How often do you get help and support from your nearest superior?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

12A and 12B. Total number of points: _____
(Between 0 and 8 points)

| Very satisfied | Satisfied | Un- satisfied | Very unsatisfied |
|-------------------|-----------|------------------|---------------------|
|-------------------|-----------|------------------|---------------------|

13. Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 2 | 1 | 0 |

13. Number of points: _____
(Between 0 and 3 points)

The next two questions are about the way your work affects your private life and family life.

| Yes, certainly | Yes, to a certain degree | Yes, but only very little | No, not at all |
|-------------------|--------------------------------|---------------------------------|-------------------|
|-------------------|--------------------------------|---------------------------------|-------------------|

14A. Do you feel that your work drains so much of your energy that it has a negative effect on your private life?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 2 | 1 | 0 |

14B. Do you feel that your work takes so much of your time that it has a negative effect on your private life?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 2 | 1 | 0 |

14A and 14B. Total number of points: _____
(Between 0 and 6 points)

The next four questions are not about your own job but about *the whole company* you work at.

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

15A. Can you trust the information that comes from the management?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

15B. 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"/> |
| 4 | 3 | 2 | 1 | 0 |

15A and 15B. Total number of points: _____
(Between 0 and 8 points)

| To a very large extent | To a large extent | Some-what | To a small extent | To a very small extent |
|------------------------|-------------------|-----------|-------------------|------------------------|
|------------------------|-------------------|-----------|-------------------|------------------------|

16A. Are conflicts resolved in a fair way?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

16B. Is the work distributed fairly?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

16A and 16B. Total number of points: _____
(Between 0 and 8 points)

The following five questions are about your *own* health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you are in general.

The questions are about your health and well-being during the last four weeks:

| | | | | |
|-----------|-----------|------|------|------|
| Excellent | Very good | Good | Fair | Poor |
|-----------|-----------|------|------|------|

17. In general, would you say your health is:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

17. Number of points: _____
(Between 0 and 4 points)

| | | | | |
|--------------|--------------------------|------------------|--------------------------|------------|
| All the time | A large part of the time | Part of the time | A small part of the time | Not at all |
|--------------|--------------------------|------------------|--------------------------|------------|

18A. How often have you felt worn out?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

18B. How often have you been emotionally exhausted?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

18A and 18B. Total number of points: _____
(Between 0 and 8 points)

| | | | | |
|--------------|--------------------------|------------------|--------------------------|------------|
| All the time | A large part of the time | Part of the time | A small part of the time | Not at all |
|--------------|--------------------------|------------------|--------------------------|------------|

19A. How often have you been stressed?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

19B. How often have you been irritable?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 3 | 2 | 1 | 0 |

19A and 19B. Total number of points: _____
(Between 0 and 8 points)

| | | | | |
|------------|-------------|--------------|------------------|----|
| Yes, daily | Yes, weekly | Yes, monthly | Yes, a few times | No |
|------------|-------------|--------------|------------------|----|

20. Have you been exposed to undesired sexual attention at your workplace during the last 12 months?

| | | | |
|------------|--------------------|--------------|----------------------------|
| Colleagues | Manager/supervisor | Subordinates | Clients/customers/patients |
|------------|--------------------|--------------|----------------------------|

If yes, from whom? (You may tick off more than one)

| | | | | |
|------------|-------------|--------------|------------------|----|
| Yes, daily | Yes, weekly | Yes, monthly | Yes, a few times | No |
|------------|-------------|--------------|------------------|----|

21. Have you been exposed to threats of violence at your workplace during the last 12 months?

| | | | |
|------------|--------------------|--------------|----------------------------|
| Colleagues | Manager/supervisor | Subordinates | Clients/customers/patients |
|------------|--------------------|--------------|----------------------------|

If yes, from whom? (You may tick off more than one)

| | | | | |
|------------|-------------|--------------|------------------|----|
| Yes, daily | Yes, weekly | Yes, monthly | Yes, a few times | No |
|------------|-------------|--------------|------------------|----|

22. Have you been exposed to physical violence at your workplace during the last 12 months?

| | | | |
|------------|--------------------|--------------|----------------------------|
| Colleagues | Manager/supervisor | Subordinates | Clients/customers/patients |
|------------|--------------------|--------------|----------------------------|

If yes, from whom? (You may tick off more than one)

Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it.

| | | | | |
|---------------|----------------|-----------------|---------------------|----|
| Yes, daily | Yes, weekly | Yes, monthly | Yes, a few times | No |
|---------------|----------------|-----------------|---------------------|----|

23. Have you been exposed to bullying at your workplace during the last 12 months?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | |
|------------|--------------------|--------------|----------------------------|
| Colleagues | Manager/supervisor | Subordinates | Clients/customers/patients |
|------------|--------------------|--------------|----------------------------|

If yes, from whom? (You may tick off more than one)

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

There are no more questions.

At this page you may write more about your working conditions, stress, health, etc.
