| 1 | As a staff member, how satisfied are you in general at your workplace?  | Very satisfied<br>10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Very<br>dissatisfied 1 |
|---|---|----------------------|---|---|---|---|---|---|---|---|------------------------|
| 2 | Imagine the perfect place to be an employee. How close to this ideal is your workplace?   | Very close 10        | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Very far 1             |
| 3 | I feel motivated in my job.   | l agree 10           | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | I disagree 1           |
| 4 | I always look forward to going to work.   | l agree 10           | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | I disagree 1           |
| 5 | I find that I can combine my working life with adequate time and energy for my family and private life.                         | l agree 10           | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | l disagree 1           |
| 6 | In my work it is my experience, that the job-demands on one hand and the resources available to me on the other, are balancing. | l agree 10           | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | I disagree 1           |

| 7  | Within this past month, I have experienced symptoms of work-related stress (such as heart palpitations, poor concentration, sleep disturbances etc.) | Not at all   | Rarely | Regularly | Almost<br>every day                               |  |  |
|----|--|--|--------|-----------|---|--|--|
| 8  | Within this past month, my ability to work has been significantly reduced due to one or more of the above symptoms.                                  | Not at all   | Rarely | Regularly | Almost<br>every day                               |  |  |
| 8a | Have you spoken to your manager, occupational health and safety organization or union representative about your stress symptoms?                     | No   | Yes    |           | <del>                                      </del> |  |  |
| 9  | In the past 12 months, I have experienced one or more types of offensive or abusive behavior:  | X Unwanted sexual attention (Yes, in<br>isolated cases / Yes, repeatedly)<br>X Bullying and/or harassment (Yes, in isolated<br>cases / Yes, repeatedly)<br>X Threats (Yes, in isolated cases / Yes, repeatedly)<br>X Violence (Yes, in isolated cases / Yes, repeatedly) |        |           |   |  |  |
| 9a | Have you spoken to your manager, occupational health and safety organization or union representative about the (x)?                                  | Yes  | 6      | N         | 0   |  |  |