



Participant ID:

Participant Initials:

Site:

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WORKPLACE HAZARDS

Display Name- 1 Month: Workplace Hazards

Are you currently employed?

☐ Yes

☐ No

****If No skip to Work Limitations section of survey. After the Work Limitations survey, continue with the Your Job Future section and Skip question 5 within that section. Continue with Employment Opportunities section but skip question 2 of the survey.***

Work Hazards

Please answer each of the following questions as they apply to you.

1. Does your job primarily involve providing direct service to specific groups of people or client populations?

☐ Yes

☐ No

2. How often does your job expose you to verbal abuse and/or confrontations with clients or the general public?

☐ Never

☐ Occasionally

☐ Sometimes

☐ Fairly often

☐ Very often

3. How often does your job expose you to the threat of physical harm or injury?

☐ Never

☐ Occasionally



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☐ Sometimes

☐ Fairly often

☐ Very often

4. How often have you been physically assaulted within the past 12 months while performing your job?

☐ Never

☐ Occasionally

☐ Sometimes

☐ Fairly often

☐ Very often

5. How often does your job personally subject you to potential legal liability?

☐ Never

☐ Occasionally

☐ Sometimes

☐ Fairly often

☐ Very often

Physical Environment

Please indicate whether the following statements about your job are TRUE or FALSE.

1. The level of NOISE in the area(s) in which I work is usually high.

☐ True

☐ False

2. The level of LIGHTING in the area(s) in which I work is usually poor.

☐ True

☐ False



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3. The TEMPERATURE of my work area(s) during the SUMMER is usually comfortable. ☐ True ☐ False

4. The TEMPERATURE of my work area(s) during the WINTER is usually comfortable. ☐ True ☐ False

5. The HUMIDITY in my work area(s) is usually either too high or too low. ☐ True ☐ False

6. The level of AIR CIRCULATION in my work area(s) is good. ☐ True ☐ False

7. The AIR in my work area(s) is clean and free of pollution. ☐ True ☐ False

8. In my job, I am well protected from exposure to DANGEROUS SUBSTANCES. ☐ True ☐ False

9. The overall quality of the PHYSICAL ENVIRONMENT where I work is poor. ☐ True ☐ False

10. My WORK AREA(S) is/are awfully crowded. ☐ True ☐ False

Work Limitations



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We are interested in learning about any work disability you may have had in the last 12 months. Please answer the following questions.

1. Within the past 12 months, has the kind or amount of work you can do been limited by any disability?

☐ Yes

☐ No

*(If you answered "No", skip the remaining questions on this form)

2. Was this disability caused by your job?

☐ Yes

☐ No

3. Was this disability a result of an accident at work?

☐ Yes

☐ No

*(If you answered "No", skip the remaining questions on this form)

4. Have you applied for financial benefits as a result of this disability?

☐ Yes

☐ No

5. Do you currently receive financial benefits as a result of this disability?

☐ Yes

☐ No

Your Job Future

In the future, some jobs will be changing while others will be staying the same. Please answer the following questions, which deal with this topic.

1. How certain are you about what your future career picture

☐ Very uncertain



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looks like?

- ☐ A little uncertain
- ☐ Somewhat certain
- ☐ Fairly certain
- ☐ Very certain

2. How certain are you that opportunities for promotion and advancement will exist in the next few years? (Changed wording)

- ☐ Very uncertain
- ☐ A little uncertain
- ☐ Somewhat certain
- ☐ Fairly certain
- ☐ Very certain

3. How certain are you about whether your job skills will be of use and value five years from now?

- ☐ Very uncertain
- ☐ A little uncertain
- ☐ Somewhat certain
- ☐ Fairly certain
- ☐ Very certain

4. How certain are you about what your responsibilities will be six months from now?

- ☐ Very uncertain
- ☐ A little uncertain
- ☐ Somewhat certain
- ☐ Fairly certain
- ☐ Very certain



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5. If you lost your job, how certain are you that you could support yourself?

- ☐ Very uncertain
☐ A little uncertain
☐ Somewhat certain
☐ Fairly certain
☐ Very certain

Employment Opportunities

The next four questions ask you to evaluate your feelings about your job in relationship to other jobs you might be able to get.

1. How easy would it be for you to find a suitable job with another employer?

- ☐ Very easy
☐ Quite easy
☐ Fairly easy
☐ Not quite so easy
☐ Not at all easy

2. How easy would it be for you to find a job as good as the one you now have with another employer?

- ☐ Very easy
☐ Quite easy
☐ Fairly easy
☐ Not quite so easy
☐ Not at all easy

3. How would you describe the number of available jobs, with all types of employers, for a person with your qualifications?

- ☐ Very available
☐ Quite available
☐ Fairly available



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☐ Not quite so available

☐ Not at all available

4. How likely is it that you would have to move out of your local area to find a suitable job with another employer?

☐ Very likely

☐ Quite likely

☐ Fairly likely

☐ Not quite so likely

☐ Not at all likely

5. How many jobs have you had in the past five years?

Thank You for Completing this Questionnaire!