

## WORK QUESTIONNAIRE

What is your job title?

Give a brief description of your duties

Please answer questions below based on a typical working day / week...

### WORKING HOURS

I work set hours

I start work at:

I finish work at:

I work (please circle):

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

I work shifts

A typical shift is:  hours

I work (please circle): Days / Nights / Both

I work:  hours per week

### TRAVELLING TO WORK

I travel between:

and:

Please map out your journey:

Examples

Start → Walk (7min) → Bus (15min) → Train (30min) → Walk (4min) → End

**Morning journey**

START	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min →	
	→	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min →
	→	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min END

**Evening journey (if different from morning)**

START	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min →	
	→	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min →
	→	<input type="text"/>	<input type="text"/>	min →	<input type="text"/>	<input type="text"/>	min END

**PHYSICAL ACTIVITY DURING YOUR WORKING DAY**

**Your work environment (please circle all the relevant statements)**

I work in my own office

I work in a shared office

I have to do stairs to access my office

How many flights  How many times a day

There is lift access

My 'workplace' is unpredictable e.g. I work across different sites, peoples homes etc.  
Please describe:

**How many hours do you spend**

Sitting  Standing  Walking

Please complete all the boxes that you answer yes to:

**I travel as part of my job (not including travel to and from work): Yes / No**

**What mode of transport do you used when travelling at work (please circle):**

I drive: Own car / Company car

I use public transport:

Tube / Train / Bus / Walking / Bicycle / Motorcycle / Other:

**Do you travel (please circle):** Alone      With a colleague      With others (e.g. clients)

**How many hours per day do you spend doing this:**

**I move objects / items around (this could be anything e.g. equipment, files etc.): Yes / No**

**Describe objects / items:**

**Do you use machinery to move items around: Yes / No**

**If yes, please describe:**

**How many hours per day to you spend doing this:**

**I use a computer: Yes / No**

**How often do use a computer:**

Every day for most of the day / Every day but only for short periods / Weekly

**What programmes do you use?**

Word / Excel / Outlook / Power Point / Other:

**What is your typing speed?**

Wp/m

### MENTAL EFFORT

**Please tick all the statements relevant to your job:**

- I have to concentrate for periods of time. How long at a time:  min
- I have to multi-task
- My work is time pressured / I work towards strict guidelines
- I have to learn new skills every day
- I have to solve complex problems every day
- I have to be very organised

## INTERACTIONS WITH OTHERS

**Please tick the statements relevant to your job**

- I mostly work as part of a team
- I mostly work on my own
- I spend some time working on my own and some time working with others

I communicate with colleagues

- face-to-face
- phone
- internet

- I have to manage colleagues

I deal with clients

- on daily basis
- occasionally
- never

I communicate with clients

- face-to-face
- phone
- internet