
HARVARD MEDICAL SCHOOL
DEPARTMENT OF HEALTH CARE POLICY



[COMPANY]
HEALTH AND WORK SURVEY

Welcome to the [Company] Health and Work Survey. The survey takes approximately 10 minutes to complete. We appreciate your participation.

Background: [Company] is collaborating with researchers from the HPQ Data Consortium™ in a study on the health and quality of life of working people. This survey includes questions about your physical and mental health and about the work you do.

Confidentiality: Your responses to this survey will be kept confidential and only researchers at the HPQ Data Consortium will see them. Your identity will remain anonymous and your answers will only be reported in the aggregate. Information on individuals will not be shared with [Company]. To further protect your privacy, we have obtained a [Certificate of Confidentiality](#) from the National Institutes of Health. This helps avoid disclosure of your information without your express consent. However, if there were a risk of serious harm to yourself or others, we would attempt to get appropriate help. This on-line survey is a **secure website** run by the HPQ Data Consortium, a research organization located in Ann Arbor, Michigan.

The barcode at the bottom right of this page is an identification number used by DataStat to monitor survey responses so as not to send reminders to people who have already responded.

If you want to know more about this survey, you may contact the HPQ Data Consortium, toll free at 1-800-837-6322.

A. YOUR HEALTH

Survey Instructions

Please be sure to fill the response circle COMPLETELY.
Use only **BLACK** or **BLUE INK** or **DARK PENCIL** to complete the survey.

<p>Correct</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Incorrect</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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	Excellent	Very Good	Good	Fair	Poor
A1. In general, how would you rate <u>your overall health</u> now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A2. In general, how would you rate your overall <u>mental</u> health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A3. Do you have any of the following conditions? If your answer is **YES**, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the **NO** response option.

	NO, I don't have this condition	YES, but <u>never</u> received professional treatment	YES, <u>previously</u> received (but don't currently receive) professional treatment	YES, and I <u>currently</u> receive professional treatment
A3a. Arthritis or rheumatism?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3b. Chronic back/neck pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3c. Migraine headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3d. Other frequent or severe headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3e. Any other chronic pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3f. High blood pressure or hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3g. Congestive heart failure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3h. Coronary heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3i. High blood cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A4. Do you have any of the following conditions? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	NO, I don't have this condition	YES, but <u>never</u> received professional treatment	YES, <u>previously</u> received (but don't currently receive) professional treatment	YES, and I <u>currently</u> receive professional treatment
A4a. An ulcer in your stomach or intestine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4b. Irritable bowel disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4c. Chronic heartburn or GERD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4d. Seasonal allergies or hay fever?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4e. Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4f. Chronic bronchitis or emphysema?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4g. Chronic Obstructive Pulmonary Disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4h. Urinary or bladder problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4i. Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4j. Obesity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4k. Chronic sleeping problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4l. Chronic fatigue or low energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4m. Osteoporosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4n. Skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4o. Any other kind of cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4p. Anxiety disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4q. Depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4r. Any other emotional problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A4s. Substance problems (drugs or alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A5. During the past 4 weeks (28 days), how much were you bothered by each of the following conditions?

	Not at all	A little	Some	A lot
A5a. Feeling tired or having low energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5b. Trouble sleeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5c. Headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5d. Back or neck pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5e. Pain in your arms, legs, or joints (knees, hips, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5f. Muscle soreness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5g. Water eyes, runny nose, or stuffy head?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5h. Cough or sore throat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5i. Fever, chills, or other cold/flu symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5j. Constipation, loose bowels, or diarrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A5k. Nausea, gas, or indigestion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A6. During the past 4 weeks (28 days), how much of the time did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
A6a. ...so sad nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6b. ...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6c. ...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6d. ...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6e. ...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A6f. ...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey Instructions

To record a response of "0 times," follow this example	→	Number of times (000-365)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
To record a response of "8 times," follow this example	→	Number of times (000-365)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="8"/>
To record a response of "26 times," follow this example	→	Number of times (000-365)	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="6"/>

A7.(Women Only) During the past 4 weeks (28 days), were you pregnant?

- Yes
- No
- Not Sure
- I am male

A8. In the past 12 months, did you have a work related accident, injury, or poisoning that required medical attention?

- Yes
- No → **Go to Question A9**

A8a. How many days of work did you miss in the past 12 months because of a work related accident, injury, or poisoning? (If less than 1 day, enter 000.)

Number of days (000-365)

A9. How many times did you see each of the following types of professionals in the past 12 months? Include only visits regarding your own health, not visits when you took someone else to be examined.

Example: If you visited a dentist 2 times in the past year and an optician once, your answer to **A9c** would be 3.

	Number of times (000-365)
A9a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam (not counting pregnancy related care)	<input type="text"/> <input type="text"/> <input type="text"/>
A9b. (Women Only) A doctor, hospital, or clinic for pregnancy related care (If male, enter 000.)	<input type="text"/> <input type="text"/> <input type="text"/>
A9c. A dentist or optician for a routine check-up or exam	<input type="text"/> <input type="text"/> <input type="text"/>
A9d. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected)	<input type="text"/> <input type="text"/> <input type="text"/>
A9e. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery	<input type="text"/> <input type="text"/> <input type="text"/>
A9f. A psychiatrist, psychologist, or other mental health professional	<input type="text"/> <input type="text"/> <input type="text"/>

A10. How many nights did you stay in a hospital during the past 12 months (not including nights associated with childbirth)?

Number of nights (000-365)

A10a. (Women Only) How many nights did you stay in a hospital during the past 12 months for nights associated with childbirth? (If male, enter 000.)

Number of nights (000-365)

B. YOUR WORK

B1. Please choose the category that best describes your main job. If none of the categories fits you exactly, please respond with the closest category to your experience. (Select only one.)

- Executive, administrator, or senior manager
(e.g., CEO, sales VP, plant manager)
- Professional
(e.g., engineer, accountant, systems analyst)
- Technical support
(e.g., lab technician, legal assistant, computer programmer)
- Sales
(e.g., sales representative, stockbroker, retail sales)
- Clerical and administrative support
(e.g., secretary, billing clerk, office supervisor)
- Service occupation
(e.g., security officer, food service worker, janitor)
- Precision production and crafts worker
(e.g., mechanic, carpenter, machinist)
- Operator or laborer
(e.g., assembly line worker, truck driver, construction worker)

**B2. How many people do you personally supervise on your job?
(If more than 97, enter 97.)**

Number of people (00-97)

**B3. About how many hours altogether did you work in the past 7 days?
(If more than 97, enter 97.)**

Number of hours (00-97)

**B4. How many hours does your employer expect you to work in a typical 7-day week?
(If it varies, estimate the average. If more than 97, enter 97.)**

Number of hours (00-97)

B5. Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you...

	Number of days (00-28)
B5a. ...miss an entire work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.)	<input type="text"/> <input type="text"/>
B5b. ...miss an entire work day for any other reason (including vacation)?	<input type="text"/> <input type="text"/>
B5c. ...miss part of a work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's health.)	<input type="text"/> <input type="text"/>
B5d. ...miss part of a work day for any other reason (including vacation)?	<input type="text"/> <input type="text"/>
B5e. ...come in early, go home late, or work on your day off?	<input type="text"/> <input type="text"/>

B6. About how many hours altogether did you work in the past 4 weeks (28 days)? (See examples below.)

Number of hours in the past 4 weeks (28 days)

Examples for Calculating Hours Worked in the Past 4 Weeks

40 hours per week for 4 weeks = 160 hours

35 hours per week for 4 weeks = 140 hours

40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours

40 hours per week for 4 weeks with 3 4-hour partial days missed = 148 hours

35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours

B7. Did you have any of the following experiences at work in the past 4 weeks (28 days)?

	Yes	No
B7a. Any special work success or achievement?	<input type="radio"/>	<input type="radio"/>
B7b. Any special work failure?	<input type="radio"/>	<input type="radio"/>
B7c. An accident that caused either damage, work delay, a near miss, or a safety risk?	<input type="radio"/>	<input type="radio"/>

B7d. If you answered "Yes" to any of the questions B7a, B7b, or B7c, please describe what happened.

B8. The next questions are about the time you spent during your hours at work in the past 4 weeks (28 days). Select the one response for each question that comes closest to your experience.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
B8a. How often was your performance <u>higher</u> than most workers on your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8b. How often was your performance <u>lower</u> than most workers on your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8c. How often did you do no work at times when you were supposed to be working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8d. How often did you find yourself not working as <u>carefully</u> as you should?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8e. How often was the <u>quality</u> of your work lower than it should have been?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8f. How often did you not concentrate enough on your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B8g. How often did health problems limit the kind or amount of work you could do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B9. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

Worst Performance											Top Performance
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B10. Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?

Worst Performance											Top Performance
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B11. Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

Worst Performance											Top Performance
0	1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B12. How would you compare your overall job performance on the days you worked during the past 4 weeks (28 days) with the performance of most other workers who have a similar type of job? (Select only one.)

- You were a lot better than other workers
- You were somewhat better than other workers
- You were a little better than other workers

- You were about average

- You were a little worse than other workers
- You were somewhat worse than other workers
- You were a lot worse than other workers

C. DEMOGRAPHICS

C1. How old are you?

YEARS OLD (00-99)

C2. Are you male or female?

- Male
- Female

C3. What is your current marital status?

- Married or Cohabiting
- Separated
- Divorced
- Widowed
- Never Married

C4. How many children do you have?

- None
- One
- Two
- Three
- Four or more

C5. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

C6. What is your height?

Feet (0-9) Inches (00-11) (Please round to the nearest inch)

C7. How much do you weigh?

Pounds (Please round to the nearest pound 000-999)

C8. What is your annual income from your job, before taxes?

- | | | |
|---|---|---|
| <input type="radio"/> \$1 - \$999 | <input type="radio"/> \$11,000 - \$11,999 | <input type="radio"/> \$30,000 - \$34,999 |
| <input type="radio"/> \$1,000 - \$1,999 | <input type="radio"/> \$12,000 - \$12,999 | <input type="radio"/> \$35,000 - \$39,999 |
| <input type="radio"/> \$2,000 - \$2,999 | <input type="radio"/> \$13,000 - \$13,999 | <input type="radio"/> \$40,000 - \$44,999 |
| <input type="radio"/> \$3,000 - \$3,999 | <input type="radio"/> \$14,000 - \$14,999 | <input type="radio"/> \$45,000 - \$49,999 |
| <input type="radio"/> \$4,000 - \$4,999 | <input type="radio"/> \$15,000 - \$15,999 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$5,000 - \$5,999 | <input type="radio"/> \$16,000 - \$16,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$6,000 - \$6,999 | <input type="radio"/> \$17,000 - \$17,999 | <input type="radio"/> \$100,000 - \$149,999 |
| <input type="radio"/> \$7,000 - \$7,999 | <input type="radio"/> \$18,000 - \$18,999 | <input type="radio"/> \$150,000 - \$199,999 |
| <input type="radio"/> \$8,000 - \$8,999 | <input type="radio"/> \$19,000 - \$19,999 | <input type="radio"/> \$200,000 - \$299,999 |
| <input type="radio"/> \$9,000 - \$9,999 | <input type="radio"/> \$20,000 - \$24,999 | <input type="radio"/> \$300,000 - \$499,999 |
| <input type="radio"/> \$10,000 - \$10,999 | <input type="radio"/> \$25,000 - \$29,999 | <input type="radio"/> \$500,000 - \$999,999 |
| | | <input type="radio"/> \$1,000,000 or more |

Thank You! You have just completed the [Company] Health and Work Survey. We appreciate your interest and participation in the study, and we thank you for your time and patience.

Please return the completed survey in the postage-paid envelope to:

**DataStat Inc.
3975 Research Park Drive
Ann Arbor, MI 48108**