

Institute of Psychological Sciences University of Leeds
INSTRUCTIONS FOR COMPLETION



Many thanks for agreeing to take part in this questionnaire study.
Please read the following instructions carefully.

- There are questions on both sides of each page.
- The following questionnaire contains questions about thoughts about working lives, work-family interface, health behaviours and the kinds of things that affect them.
- By completing this questionnaire you contribute to a better scientific understanding of associations between work, family and health. Please take part if you can.
- In the meantime, if you volunteer to participate in this study and in the subsequent diary study, you will receive £ 25 of payment once you have completed and returned them. If you're interested, please give your details at the end of this questionnaire.
- All the information that will be collected about you during the course of the study will be strictly confidential. As a participant, information about you will remain anonymous as you will be allocated an identification number.
- Please complete and return this questionnaire as instructed.
- If you have any problems completing this questionnaire, or if you lose any materials, please contact Madinah Shukri (psmms@leeds.ac.uk).

Questions about you (So that we can match up this questionnaire with the coming one)
1.* What is your name? _____
2. What is your date of birth? (___/___/___)

*Optional

How to fill in this questionnaire:

A. Most of the questions on the following pages can be answered by ticking the box below or alongside the answer that applies to you.

Example: **What is your sex?** (Please tick)

☐

Male

☒

Female

B. Sometimes you are asked to write in a number or the answer in your own words.

Example: **What age were you on your last birthday?** 36

C. There are questions that ask you to indicate what you think about a series of statements with respect to certain types of behaviours. For these questions you will be asked to circle the number on the scale that best corresponds to how you think about the statement, for example:

I intend to brush my teeth twice a day over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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If you *strongly disagreed* with the statement (e.g. that you definitely did not intend to brush your teeth twice a day over the next four weeks) you would circle '1'. If you *strongly agreed* with the statement you would circle '7'. If you *neither agreed nor disagreed* with the statement you would circle '4'.

D. On most pages you should answer ALL the questions but sometimes you will find an instruction telling you to go to another question. By following the instructions carefully you will miss out questions which do not apply to you.

Example: **If you do not drink or have never drunk alcohol since the last year, skip this section and please proceed to QUESTION 37.**

*This study was approved by the Ethics Committee at the Institute of Psychological Sciences, University of Leeds (#09091-18).

SECTION A: GETTING STARTED

The following questions are about you and your current main job. We kindly ask you to answer each question.

1.	What age were you on your last birthday? _____																								
2.	What is your sex? (Please tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female																								
3.	How would you describe your ethnic group? <i>(please tick one box)</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; padding: 5px;">WHITE:</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> British</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Irish</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Other background</td> </tr> <tr> <td style="padding: 5px;">BLACK OR BLACK BRITISH:</td> <td style="padding: 5px;"><input type="checkbox"/> African</td> <td style="padding: 5px;"><input type="checkbox"/> Caribbean</td> <td style="padding: 5px;"><input type="checkbox"/> Other background</td> </tr> <tr> <td style="padding: 5px;">ASIAN OR ASIAN BRITISH:</td> <td style="padding: 5px;"><input type="checkbox"/> Indian</td> <td style="padding: 5px;"><input type="checkbox"/> Pakistani</td> <td style="padding: 5px;"><input type="checkbox"/> Other background</td> </tr> <tr> <td style="padding: 5px;">CHINESE:</td> <td colspan="3" style="padding: 5px;"><input type="checkbox"/> Chinese</td> </tr> <tr> <td style="padding: 5px;">MIXED:</td> <td style="padding: 5px;"><input type="checkbox"/> White & Asian</td> <td style="padding: 5px;"><input type="checkbox"/> White & Black African</td> <td style="padding: 5px;"><input type="checkbox"/> White & Black Caribbean</td> </tr> <tr> <td style="padding: 5px;">OTHER:</td> <td colspan="2" style="padding: 5px;"><input type="checkbox"/> Other ethnic background</td> <td style="padding: 5px;"><input type="checkbox"/> DON'T KNOW</td> </tr> </table>	WHITE:	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other background	BLACK OR BLACK BRITISH:	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other background	ASIAN OR ASIAN BRITISH:	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other background	CHINESE:	<input type="checkbox"/> Chinese			MIXED:	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean	OTHER:	<input type="checkbox"/> Other ethnic background		<input type="checkbox"/> DON'T KNOW
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MIXED:	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Black Caribbean																						
OTHER:	<input type="checkbox"/> Other ethnic background		<input type="checkbox"/> DON'T KNOW																						
4.	Are you: (Please tick one box) <input type="checkbox"/> Married <input type="checkbox"/> Living with partner <input type="checkbox"/> In a relationship <input type="checkbox"/> Single <input type="checkbox"/> Other (widower/widow; separated; divorced)																								
5.	How many children do you have living at home? (Please tick one box) <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+																								
6.	What is your highest educational qualification? <i>(please tick one box)</i> <input type="checkbox"/> GCSEs (or equivalent, e.g. standard grades, O-levels, CSEs) <input type="checkbox"/> A-Levels (or equivalent, e.g. Highers) <input type="checkbox"/> Vocational qualification (e.g. HND) <input type="checkbox"/> Undergraduate university degree <input type="checkbox"/> Postgraduate university degree																								

7.	What is your current employment situation? (Please tick one box) <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Other
8.	What is your main job? Please tick one box to show which best describes the sort of work you do. <input type="checkbox"/> Modern professional occupation (<i>such as: teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer</i>) <input type="checkbox"/> Clerical and intermediate occupations (<i>such as secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse</i>) <input type="checkbox"/> Senior managers or administrators (<i>usually responsible for planning, organising and co-ordinating work and for finance: such as finance manager – chief executive</i>) <input type="checkbox"/> Technical and craft occupations (<i>such as motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver</i>) <input type="checkbox"/> Semi-routine manual and service occupations (<i>such as postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant</i>) <input type="checkbox"/> Routine manual and service occupations (<i>such as HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff</i>) <input type="checkbox"/> Middle or junior managers (<i>such as office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican</i>) <input type="checkbox"/> Traditional professional occupations (<i>such as accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer</i>)
9.	In which sector is your current job? <input type="checkbox"/> Public sector <input type="checkbox"/> Private sector
10.	How many years have you worked in your current job? Years: _____
11.	Apart from your main job, do you have any other paid jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	In total, how many hours a week do you spend working for pay? Please include regular hours overtime. Hours: _____
13.	Do you perform shift work? <input type="checkbox"/> No <input type="checkbox"/> Yes, but without nightshift <input type="checkbox"/> Yes, with nightshift

SECTION B: THOUGHTS ABOUT HEALTH BEHAVIOUR

Below you will find a list of statements relating to **eating five fruit and vegetables a day**.

Please use the following definition: eating at least five portions of fruit AND / OR vegetables daily.

For each question please circle the number on the scale at the point which reflects what you think about the statement.

1. If it were entirely up to me, I am confident that I could eat five fruit and vegetables a day over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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2. In the ***past four weeks*** I have eaten five fruit and vegetables a day:

Never	1	2	3	4	5	6	7	Always
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3. I am likely to eat five fruit and vegetables a day over the next four weeks:

Very unlikely	1	2	3	4	5	6	7	Very unlikely
---------------	---	---	---	---	---	---	---	---------------

4. I will feel regret if I do NOT eat five fruit and vegetables a day over the next four weeks:

Definitely no	1	2	3	4	5	6	7	Definitely yes
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5. Most people important to me think that:

I should NOT	1	2	3	4	5	6	7	I should
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eat five fruit and vegetables a day over the next four weeks.

6. I intend to eat five fruit and vegetables a day over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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7. Eating five fruit and vegetables a day over the next four weeks would be: (Please circle the number per line)

Worthless	1	2	3	4	5	6	7	Valuable
Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Harmful	1	2	3	4	5	6	7	Beneficial
Unpleasant	1	2	3	4	5	6	7	Pleasant

8. I think that most people who are important to me will eat five fruit and vegetables a day over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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9. I have control over whether or not I eat five fruit and vegetables a day over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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Below you will find a list of statements relating to **eating a low-fat diet**.

For example: limiting intake of fatty foods such as cakes, biscuits and crisps; trying to pick low-fat options where possible (e.g. low-fat spreads, skimmed or semi-skimmed milk).

For each question please circle the number on the scale at the point which reflects what you think about the statement.

10. If it were entirely up to me, I am confident that I could eat a low fat diet over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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11. In the ***past four weeks*** I have eaten a low-fat diet:

Never	1	2	3	4	5	6	7	Always
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12. I am likely to eat a low fat diet over the next four weeks:

Very unlikely	1	2	3	4	5	6	7	Very likely
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13. I will feel regret if I do NOT eat a low fat diet over the next four weeks:

Definitely no	1	2	3	4	5	6	7	Definitely yes
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14. Most people important to me think that:

I should NOT	1	2	3	4	5	6	7	I should
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eat a low fat diet over the next four weeks.

15. I intend to eat a low fat diet over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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16. Eating a low-fat diet over the next four weeks would be: (Please circle the number per line)

Worthless	1	2	3	4	5	6	7	Valuable
Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Harmful	1	2	3	4	5	6	7	Beneficial
Unpleasant	1	2	3	4	5	6	7	Pleasant

17. I think that most people who are important to me will eat a low fat diet over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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18. I have control over whether or not I eat a low fat diet over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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Below you will find a list of statements relating to **engaging in the recommended levels of physical activity**.

Please use the following definition: engaging in at least 30 minutes of at least moderate intensity physical activity, at least 5 times a week. NB. Moderate physical activity can include brisk walking, cycling etc.

For each question please circle the number on the scale at the point which reflects what you think about the statement.

19. If it were entirely up to me, I am confident that I could engage in the recommended levels of physical activity over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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20. In the **past four weeks** I have engaged in the recommended levels of physical activity:

Never	1	2	3	4	5	6	7	Always
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21. I am likely to engage in the recommended levels of physical activity over the next four weeks:

Very unlikely	1	2	3	4	5	6	7	Very likely
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22. I will feel regret if I do NOT engage in the recommended levels of physical activity over the next four weeks:

Definitely no	1	2	3	4	5	6	7	Definitely yes
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23. Most people important to me think that:

I should NOT	1	2	3	4	5	6	7	I should
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engage in the recommended levels of physical activity over the next four weeks.

24. I intend to engage in the recommended levels of physical activity over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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25. Engaging in the recommended levels of physical activity over the next four weeks would be: (Please circle the number per line)

Worthless	1	2	3	4	5	6	7	Valuable
Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Harmful	1	2	3	4	5	6	7	Beneficial
Unpleasant	1	2	3	4	5	6	7	Pleasant

26. I think that most people who are important to me will engage in the recommended levels of physical activity over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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27. I have control over whether or not I engage in the recommended levels of physical activity over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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***If you do not currently drink at all or have never drunk alcohol in the last year, please tick here ☐, then skip this section and please proceed to QUESTION 37.**

Below you will find a list of statements relating to **avoid drinking more than the daily recommended limits of alcohol**

Please use the following definition: drinking more than 3-4 units (if you are male) or 2-3 units (if you are female) in one day. NB. Pint of lager=2.5 units, small glass of wine=1.5 units, measure of spirits=1 unit.

For each question please circle the number on the scale at the point which reflects what you think about the statement.

28. If it were entirely up to me, I am confident that I could avoid drinking more than the recommended daily limits of alcohol over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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29. In the **past four weeks** I have drunk more than the recommended daily limits of alcohol:

Never	1	2	3	4	5	6	7	Always
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30. I am likely to avoid drinking more than the recommended daily limits of alcohol over the next four weeks:

Very unlikely	1	2	3	4	5	6	7	Very likely
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31. I will feel regret if I drink more than the recommended daily limits of alcohol over the next four weeks:

Definitely no	1	2	3	4	5	6	7	Definitely yes
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32. Most people important to me think that:

I should NOT	1	2	3	4	5	6	7	I should
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avoid drinking more than the recommended daily limits of alcohol over the next four weeks.

33. I intend to avoid drinking more than the recommended daily limits of alcohol over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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34. Avoiding drinking more than the daily recommended limits of alcohol over the next four weeks would be: (Please circle the number per line)

Worthless	1	2	3	4	5	6	7	Valuable
Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Harmful	1	2	3	4	5	6	7	Beneficial
Unpleasant	1	2	3	4	5	6	7	Pleasant

35. I think that most people who are important to me will avoid drinking more than the recommended daily limits of alcohol over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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36. I have control over whether or not I avoid drinking more than the recommended daily limits of alcohol over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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***If you do not currently smoke at all or have never smoked in the last year please tick here ☐, then, skip this section and proceed to SECTION C.**

Below you will find a list of statements relating to **smoking tobacco**.

For each question please circle the number on the scale at the point which reflects what you think about the statement.

37. If it were entirely up to me, I am confident that I could avoid smoking over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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38. In the ***past four weeks*** I have smoked:

Never	1	2	3	4	5	6	7	Always
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39. I am likely to avoid smoking over the next four weeks:

Very unlikely	1	2	3	4	5	6	7	Very likely
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40. I will feel regret if I smoke over the next four weeks:

Definitely no	1	2	3	4	5	6	7	Definitely yes
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41. Most people important to me think that:

I should NOT	1	2	3	4	5	6	7	I should
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avoid smoking over the next four weeks.

42. I intend to avoid smoking over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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43. Avoiding smoking over the next four weeks would be: (Please circle the number per line)

Worthless	1	2	3	4	5	6	7	Valuable
Not enjoyable	1	2	3	4	5	6	7	Enjoyable
Harmful	1	2	3	4	5	6	7	Beneficial
Unpleasant	1	2	3	4	5	6	7	Pleasant

44. I think that most people who are important to me will avoid smoking over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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45. I have control over whether or not I avoid smoking over the next four weeks:

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
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SECTION C: WORK-FAMILY INTERFACE

The following questions refer to your current life as an employee.

Instruction: Please indicate to what extent you personally agree or disagree with each statement by ticking the appropriate box. Thank you for answering every statement.

		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	After work, I come home too tired to do some of the things I'd like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	On the job I have so much work to do that it takes away from my personal interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My family/friends dislike how often I am preoccupied with my work while I am at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My work takes up time that I'd like to spend with my family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I'm often too tired at work because of the things I have to do at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My personal demands are so great that it takes away from my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My superiors and peers dislike how often I am preoccupied with my personal life while at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My personal life takes up time that I'd like to spend at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: WORKING LIVES

The following questions refer to your current job situation.

Please indicate to what extent you personally agree or disagree with these statements by ticking the appropriate box. Thank you for answering all statements.

		Does not apply at all	Mostly does not apply	Mostly applies	Applies completely
1.	I always have all the information that I need to complete my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	My activities at work are quite easy and repetitive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The conditions at my place of work (temperature, lighting, noise level, my work station and my work equipment) are pretty good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am constantly being interrupted or disturbed by other people at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can decide for myself how I manage my workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I get sufficient feedback about the quality of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Only the management can decide what people have to do here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	In completing my tasks I have to use different skills and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I find it hard to get used to my working hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	My line managers offer only inadequate support for me in completing my tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My performance at work is not fully recognized and appreciated by those around me at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I receive sufficient pay for the work that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I can combine my social and family life with working life quite easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I only get feedback on my performance if it's bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I have to work much too much with people who need services from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Does not apply at all	Mostly does not apply	Mostly applies	Applies completely
16.	I always have enough time to complete my tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I can decide for myself when I complete my tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I am involved in decisions that go beyond my immediate area at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	My job does not make too many physical demands on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	In my work I have to make complex decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	My bosses keep their distance from their co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Working with people who need services from me puts a strain on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	People I work with take a personal interest in me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	People I work with are helpful in getting the work done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	People I work with are competent in doing their jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	My work offers me the opportunity to learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I have sufficient possibilities to develop myself at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	The threat of losing this job is low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, a few more questions about your work.

		Never	Seldom	Sometimes	Often	Always
1.	Is your work emotionally demanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	In your work, are you confronted with things that personally touch you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	In your work, do you have to deal with demanding clients/ customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have to deal with clients/customers who do not treat you with appropriate respect and politeness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	In your work do you deal with clients/ customers who incessantly complain, although you always do everything to help them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Well done! You have now completed the questionnaire. Please make sure that you have answered all questions!

IF YOU VOLUNTEER TO PARTICIPATE IN SUBSEQUENT DIARY STUDY, YOU WILL RECEIVE £ 25 OF PAYMENT ONCE YOU HAVE COMPLETED AND RETURNED THEM.

If you offer to volunteer, please write your name and your address:

Name: _____

Address: _____

e-mail address: _____

phone no.: _____