

2019 Netherlands Working

Conditions

Survey (NEA)

for Employees



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1 Personal data

Thank you for your willingness to participate in the Netherlands Working Conditions Survey.

For this research, it is important for you to complete the questions yourself.

a	What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
b	What is your age?	<input type="text"/> <input type="text"/> years
c	Do you currently have paid work as an employee? This includes working for even one hour a week or for a short period.	<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 20; Conclusion
d	Are you currently following an educational programme with a duration of six months or longer?	<input type="checkbox"/> Yes → Go to 1f <input type="checkbox"/> No
e	In the past four weeks, have you followed or completed an educational programme with a duration of six months or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f Which of the following educational programmes have you followed after completing primary school?
If you are currently following an educational programme with a duration longer than six months, this should be counted as well.
Multiple answers allowed.

<input type="checkbox"/> I have not followed any educational programme. → Go to 2; Your employment	<input type="checkbox"/> Another vocational educational and training programme (secondary technical school, secondary economic and administrative education, business certificate, practical bookkeeping certificate)
<input type="checkbox"/> Continued regular primary education	<input type="checkbox"/> A higher professional educational programme (higher technical school, higher economic and administrative education, teacher training)
<input type="checkbox"/> Lower vocational education or secondary special education (lower technical school, lower economic and administrative education, preparatory vocational education, home economics, trade school)	<input type="checkbox"/> An abridged higher professional educational programme
<input type="checkbox"/> Preparatory vocational secondary education or pre-vocational special education (including the theoretical learning track)	<input type="checkbox"/> Post-higher professional education or an associate degree
<input type="checkbox"/> Junior general secondary education (universal primary education, advanced universal primary education)	<input type="checkbox"/> A first-year university certificate
<input type="checkbox"/> Senior general secondary education (female secondary education)	<input type="checkbox"/> A university Bachelor's degree
<input type="checkbox"/> University-preparatory education, gymnasium or athenaeum (general secondary education, lyceum)	<input type="checkbox"/> Master's, doctoral, post-doctoral or PhD research
<input type="checkbox"/> Level 1 senior secondary vocational education	

f Which of the following educational programmes have you completed with a diploma?
A diploma can also be a certificate, degree or declaration.
Multiple answers allowed.

<input type="checkbox"/> I have not completed any of these educational programmes with a diploma.	<input type="checkbox"/> Another vocational educational and training programme (secondary technical school, secondary economic and administrative education, business certificate, practical bookkeeping certificate)
<input type="checkbox"/> Continued regular primary education	<input type="checkbox"/> A higher professional educational programme (higher technical school, higher economic and administrative education, teacher training)
<input type="checkbox"/> Lower vocational education or secondary special education (lower technical school, lower economic and administrative education, preparatory vocational education, home economics, trade school)	<input type="checkbox"/> An abridged higher professional educational programme
<input type="checkbox"/> Preparatory vocational secondary education or pre-vocational special education (including the theoretical learning track)	<input type="checkbox"/> Post-higher professional education or an associate degree
<input type="checkbox"/> Junior general secondary education (universal primary education, advanced universal primary education)	<input type="checkbox"/> A first-year university certificate
<input type="checkbox"/> Senior general secondary education (female secondary education)	<input type="checkbox"/> A university Bachelor's degree
<input type="checkbox"/> University-preparatory education, gymnasium or athenaeum (general secondary education, lyceum)	<input type="checkbox"/> Master's, doctoral, post-doctoral or PhD research
<input type="checkbox"/> Level 1 senior secondary vocational education	

2 Employment

<p>a Are your paid tasks as an employee associated with only one job or with more than one job?</p> <p>Jobs for a small number of hours are counted as well.</p>	<p><input type="checkbox"/> One job as an employee</p> <p><input type="checkbox"/> More than one job as an employee</p>
<p>b Are you self-employed in addition to your work as an employee?</p> <p>For example: in your own company or as a freelancer.</p> <p>If you are listed on the payroll of your own company, please enter 'No'.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

IMPORTANT:
Please do not complete the following question (2c) unless you hold more than one job as an employee or through self-employment.

<p>c What is your <u>most important</u> reason for holding more than one job?</p>	<p><input type="checkbox"/> The variety of tasks or contacts</p> <p><input type="checkbox"/> The ability to work more hours in order to make ends meet</p> <p><input type="checkbox"/> Earning money to be able to afford extras</p> <p><input type="checkbox"/> Self-development in multiple areas</p>	<p><input type="checkbox"/> Long-term prospects for continued employment</p> <p><input type="checkbox"/> Maintaining income certainty (from paid employment)</p> <p><input type="checkbox"/> Other (please specify):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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This questionnaire concerns your job as an employee. Do you hold more than one job as an employee? Please complete the questionnaire for the job on which you spend the most time (on average) as an employee.

<p>d Are you currently employed with a permanent contract?</p>	<p><input type="checkbox"/> Yes → Go to 2g</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Partly permanent, partly temporary → Go to 2g</p> <p><input type="checkbox"/> Not applicable (none of the above)</p>
<p>e Have any agreements been made with you concerning the possibility of a permanent contract on condition of satisfactory performance?</p>	<p><input type="checkbox"/> Yes → Go to 2g</p> <p><input type="checkbox"/> No/not applicable</p>
<p>f Have you been hired for a defined or pre-specified period?</p>	<p><input type="checkbox"/> Yes, for less than 1 month</p> <p><input type="checkbox"/> Yes, for 1–3 months</p> <p><input type="checkbox"/> Yes, for 3–6 months</p> <p><input type="checkbox"/> Yes, for 6 months to 1 year</p> <p><input type="checkbox"/> Yes, for 1 year or longer</p> <p><input type="checkbox"/> No</p>

g	Are you working as an on-call or substitute employee, as a temporary agency worker, through the Sheltered Employment Act or the Participation Act, or none of these?	<input type="checkbox"/> On-call or substitute employee → Go to 2i <input type="checkbox"/> Temporary agency worker → Go to 2i <input type="checkbox"/> Sheltered Employment Act or Participation Act → Go to the blue bar on p. 5 <input type="checkbox"/> None of the above
h	Have you been seconded by your employer to one or more other companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important: Please do not complete the following question (2i) unless you currently *do not* hold a permanent position or you are working as an *on-call employee, substitute employee or temporary worker*.

i	What is your <u>most important reason</u> for currently not holding a permanent position or for working as an on-call/substitute/temporary agency worker?	<input type="checkbox"/> I need flexibility <input type="checkbox"/> I have no need for certainty <input type="checkbox"/> I am new to my current employer <input type="checkbox"/> I have been unable to find a permanent job
j	Have you been hired for a set number of hours? If you do not know the exact answer, please estimate. Please round to whole hours.	<input type="checkbox"/> Yes, for <input type="text"/> <input type="text"/> hours per week → Go to 2l <input type="checkbox"/> No <input type="checkbox"/> Not applicable, not employed
k	On average, how many hours do you work? You can choose to report this as hours per week, month or year, or as classroom hours per week. If you do not know the exact answer, please estimate. Please round to whole hours.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year <input type="checkbox"/> Classroom hours per week
l	How many days per week do you usually work? In other words: across how many days per week are your working hours distributed?	<input type="text"/> days per week
m	Do you work in fixed or rotating shifts? By shift work, we mean that the work is performed in two or more different shifts.	<input type="checkbox"/> Yes, usually <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
n	Do you sometimes have shifts in which you must be accessible, available or on-call?	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No

The following four questions concern your usual working hours. Please do not count overtime.		Yes, regularly	Yes, sometimes	No
o1	Do you sometimes work evenings (i.e. between 7:00 PM and 12:00 midnight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o2	Do you sometimes work nights (i.e. between 12:00 midnight and 6:00 AM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o3	Do you sometimes work on Saturday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o4	Do you sometimes work on Sunday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p	Do you regularly or occasionally work overtime?	<input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No → Go to 2r		
q	How many hours of overtime do you usually work per week? This refers to both paid and unpaid overtime. Please do not count commuting time, but do count overtime at home. Please round to whole hours.	<input type="text"/> <input type="text"/> hours per week		
r	Where do you usually work for your employer?	<input type="checkbox"/> At my own home address → Go to 2t <input type="checkbox"/> At a fixed address of your employer <input type="checkbox"/> At different locations		
s	Do you also work at home for your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 2u <input type="checkbox"/> Not applicable; unable to work at home. → Go to 2u		
t	On average, how many hours <u>per week</u> do you work at home for your employer? Please round to whole hours.	<input type="text"/> <input type="text"/> hours per week		
u	Do you sometimes work from home or another location outside of your company, through a connection to your company's network?	<input type="checkbox"/> No <input type="checkbox"/> Yes, less than four hours per week <input type="checkbox"/> Yes, four or more hours per week		
v	Since when have you been working for your current employer? If you do not know exactly, please estimate.	<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		
w	Since which month and since which year have you been working in your current position? If you do not know exactly, please estimate.	<input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year		

3 Your company

a For what type of company or institution do you work?

If you are currently seconded or a temporary worker, this question refers to the company to which you have been seconded or sent as a temporary worker.

If you are working at more than one company/institution, this question refers to the company/institution for which you work the most hours.

- | | |
|---|--|
| <input type="checkbox"/> Production/Factory | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Construction company | <input type="checkbox"/> Government institution |
| <input type="checkbox"/> Transport or transportation company | <input type="checkbox"/> Financial institution |
| <input type="checkbox"/> Store (or online shop)/Wholesaler/Market stand | <input type="checkbox"/> IT company |
| <input type="checkbox"/> Hospitality company | <input type="checkbox"/> Private household |
| <input type="checkbox"/> Healthcare or nursing facility | <input type="checkbox"/> Other |

b What are the most important activities of this company/institution?

Please try to make the description as specific as possible.

Not:	But:
Consulting	Academic career counselling, public relations consulting, legal consulting in the area of labour law
Maintenance	Computer maintenance, landscape maintenance, heating-system maintenance
Rental	Rental of passenger vehicles, rental of commercial buildings, rental of machines and equipment

The following questions concern the company/institution where you are currently working

c About how many people are employed in your company or institution?

Does your company have more than one location? If so, please state only the number of employees at the location where you work.

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 to 4 | <input type="checkbox"/> 100 to 249 |
| <input type="checkbox"/> 5 to 9 | <input type="checkbox"/> 250 to 499 |
| <input type="checkbox"/> 10 to 19 | <input type="checkbox"/> 500 to 999 |
| <input type="checkbox"/> 20 to 49 | <input type="checkbox"/> 1000 or more |
| <input type="checkbox"/> 50 to 99 | |

d Have any of the following changes taken place in your company (branch/location) in the past 12 months?

Multiple answers allowed.

- | | |
|---|--|
| <input type="checkbox"/> A major restructuring | <input type="checkbox"/> Merger with another company |
| <input type="checkbox"/> Takeover <u>by</u> another organisation | <input type="checkbox"/> Contracting out of support services |
| <input type="checkbox"/> Takeover <u>of</u> another organisation | <input type="checkbox"/> Relocation of business activities outside the country |
| <input type="checkbox"/> Downsizing <u>without</u> forced layoffs | <input type="checkbox"/> Automation of business activities |
| <input type="checkbox"/> Downsizing <u>with</u> forced layoffs | <input type="checkbox"/> None of the above |

4 Your occupation

a Which occupation or which position do you practice?

Please try to make the description as specific as possible (e.g. by stating a specialisation or level).

Not:	But:
Manager	Automation manager, care manager, financial manager
Nurse	Psychiatric nurse, Level 4 nurse, emergency room nurse
Mechanic	Auto mechanic, electrotechnical mechanic, machinery mechanic

b	In your occupation or position, do you supervise employees or staff members? How many people?	<input type="checkbox"/> Yes, 1–4 employees <input type="checkbox"/> Yes, 5–9 employees <input type="checkbox"/> Yes, 10–19 employees <input type="checkbox"/> Yes, 20–49 employees <input type="checkbox"/> Yes, 50–99 employees <input type="checkbox"/> Yes, 100 or more employees <input type="checkbox"/> No → Go to 4g
c	Is supervision your only task or do you also perform the same tasks as the staff members or employees you supervise?	<input type="checkbox"/> Supervision is my only task → Go to 4g <input type="checkbox"/> In addition to supervision, I perform the same tasks as staff members/employees
d	What do the majority of your tasks consist of?	<input type="checkbox"/> Supervision → Go to 4g <input type="checkbox"/> Other tasks
e	Are you authorised to take decisions on staffing matters (e.g. hiring staff members or raising wages)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Are you authorised to take decisions concerning the organisation's financial or strategic policy (e.g. the budget or the multi-annual plan)?	<input type="checkbox"/> Yes → Go to 5; Your working conditions <input type="checkbox"/> No → Go to 5; Your working conditions

a | What are the most important tasks that you perform (possibly in addition to supervision)?

Please try to make the description as specific as possible.

Not:	But:
Consulting	Consultation with private parties about mortgages, counselling secondary students about further studies, legal consultation with companies.
Administration	Bookkeeping, maintaining student records, billing, data entry.
Care	Caring for children, caring for elderly people in the home situation, caring for people with disabilities.

5 Your working conditions

Are you required to perform hazardous work? If so, what are the greatest hazards in your work?

>>Multiple answers allowed.<<

- Not applicable: no hazardous work
- Falling from high places
- Tripping, slipping
- Entrapment
- Cuts, puncture wounds
- Collisions, crashes
- Accidents with hazardous substances
- Confrontation with violence and harassment
- Burns
- Suffocation
- Other hazards

For each hazard selected:

How often do you perform hazardous work in which (\$1: you could fall from high places \$2: you could trip or slip \$3: you could become trapped \$4: you could incur cuts or puncture wounds \$5: collisions or crashes could occur \$6: you could have an accident with a hazardous substance \$7: a confrontation with violence could occur \$8: you could burn yourself \$9: suffocation could occur \$10: 'another hazard' could occur)?

- Almost never
- Sometimes
- Often
- Always

		Yes, regularly	Yes, sometimes	No
c1	Do you perform work in which you must exert a large amount of force (e.g. lifting, pushing, pulling or carrying) or does your work require using tools or devices with which you must exert a large amount of force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c2	In your work, do you use tools, devices or equipment that causes vibrations or shaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c3	Do you regularly work in uncomfortable positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c4	Do you perform work that requires you to make repetitive movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c5	Is there so much noise in your workplace that you must raise your voice to be understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Sometimes	Often	Always
d1	Do you work with water or watery solutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d2	During your work, do substances come into contact with your skin (e.g. glue, paint, cleaning products, medicines or pesticides)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d3	During your work, do you inhale substances? For example: fumes from solvents, exhaust gases, welding fumes, grain powders or powders from stone or concrete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d4	Do you come into contact with people, animals or materials that could be infectious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes, regularly	Yes, sometimes	No
e1	Are you free to determine how you will perform your own work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e2	Are you free to determine the order of your tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e3	Are you able to regulate your own working pace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e4	In your work, do you have to come up with your own solutions for doing certain things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e5	Are you able to take leave whenever you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e6	Are you able to determine for yourself the hours that you work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Sometimes	Often	Always
f1	Do you have to work very fast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f2	Do you have to do a large amount of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f3	Do you have to work especially hard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Sometimes	Often	Always
g1	Does your work bring you into contact with emotionally difficult situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g2	Is your work emotionally demanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g3	Do you get emotionally involved in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Sometimes	Often	Always
h1	Does your work require intensive thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h2	Does your work require you to stay completely focused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h3	Does your work require a great deal of attention from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NOTE: Not included in the 2019 Netherlands Working Conditions Survey.	Never	Sometimes	Often	Always
i1	Is your work varied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i2	Does your job require you to learn new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i3	Does your job require creativity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J	<p>On average, how many hours <u>per day</u> do you work with a screen for your work?</p> <p>Examples of screens include desktop computers, laptops, notebooks, tablets and smartphones.</p> <p>Please round to whole hours.</p>	<input type="text"/> <input type="text"/> hours per day
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	<p>On average, how many hours do you spend sitting during a working day?</p> <p>Please round to whole hours.</p>	
k1	<p>During your work (including working from home)</p> <p>For example: at a desk, on the production line or on/in a vehicle.</p>	<input type="text"/> <input type="text"/> hours per day
k2	<p>During your commute</p> <p>For example: in the car or in public transport. Do not count time sitting on a bicycle.</p>	<input type="text"/> <input type="text"/> hours per day
k3	<p>During your free time (do not count commuting time)</p>	<input type="text"/> <input type="text"/> hours per day

6 Customers and colleagues

The following questions concern your customers and colleagues.

	Please indicate the extent to which you agree with the following statements.	Completely disagree	Disagree	Agree	Completely agree	Not applicable
a1	My supervisor pays attention to the well-being of the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2	My supervisor pays attention to what I say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a3	My co-workers take a personal interest in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a4	My co-workers are friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Please indicate the extent to which you have personally experienced each of the following in the <u>past 12 months</u> :	No, never	Yes, a few times	Yes, often	Yes, very often
b1	Inappropriate sexual attention from customers (or patients, students, passengers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2	Inappropriate sexual attention from supervisors or co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b3	Intimidation by customers (or patients, students, passengers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b4	Intimidation by supervisors or co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b5	Physical violence by customers (or patients, students, passengers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b6	Physical violence by supervisors or co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b7	Bullying by customers (or patients, students, passengers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b8	Bullying by supervisors or co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c1	<p><u>In the past 12 months</u>, have you personally experienced discrimination in your work?</p> <p>Multiple answers allowed.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes, due to my gender <input type="checkbox"/> Yes, due to my skin colour <input type="checkbox"/> Yes, due to my religious convictions <input type="checkbox"/> Yes, due to my sexual orientation/preference <input type="checkbox"/> Yes, due to my age <input type="checkbox"/> Yes, for other reasons → Go to c2
c2	For which other reasons?	

7 Occupational accidents

The following questions concern occupational accidents.

a	<p>In the <u>past 12 months</u>, have you been involved in an occupational accident (i.e. an occurrence during the course of your work that caused you physical injury or mental harm)?</p> <p>Occupational accidents while commuting do <u>not</u> count.</p> <p>Occupational accidents with <u>exclusively</u> natural causes (e.g. heart attack or stroke) do not count.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 8; Occupational Health and Safety Measures
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The following questions concern the absences from work that you have had due to the occupational accidents in the past 12 months.

With absence from work, we mean all full days from the beginning to the end of the period of absence, including any days off or weekends falling within that period. The day of the accident does not count.

b	<p>In the past 12 months, have you had any occupational accidents for which you <u>were not absent from work, or were absent for less than one day?</u></p>	<input type="checkbox"/> Yes, <input type="text"/> <input type="text"/> number of accidents <input type="checkbox"/> No
c	<p>In the past 12 months, have you had any occupational accidents for which you were absent from work for <u>1, 2 or 3 days?</u></p>	<input type="checkbox"/> Yes, <input type="text"/> <input type="text"/> number of accidents <input type="checkbox"/> No
d	<p>In the past 12 months, have you had any occupational accidents for which you were absent from work for <u>four or more days?</u></p>	<input type="checkbox"/> Yes, <input type="text"/> <input type="text"/> number of accidents <input type="checkbox"/> No -> Go to 7p
e	<p>The following questions concern the <u>most</u> recent occupational accident that has led to a period of absence from work of <u>at least four</u> days.</p> <p>How many full days were you absent from work due to this accident?</p> <p>Please count all full days from the beginning to the end of the period of absence, including any days off or weekends falling within that period.</p> <p>The day of the accident does <u>not</u> count.</p>	<input type="checkbox"/> 4, 5 or 6 days <input type="checkbox"/> 7–13 days <input type="checkbox"/> 14–20 days <input type="checkbox"/> 21 days to 1 month <input type="checkbox"/> 1 or 2 months <input type="checkbox"/> 3 or 4 months <input type="checkbox"/> 6 months or longer
f	<p>On which date did this accident occur?</p> <p>If you do not know the exact answer, please estimate.</p>	<input type="text"/> day <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year
g	<p>In which city or town in the Netherlands did the accident occur?</p> <p>For example, Amsterdam, Eindhoven or Utrecht.</p>	<input type="text"/> <input type="checkbox"/> The accident occurred abroad.

During the accident, were you at your usual work address/location or at a temporary or mobile workplace?

Your usual work address/location is the office, store or property of your employer where you are usually located for your work.

The following are examples of temporary or mobile workplaces:

- A temporary work location (e.g. a construction site)
- Travel for work
- Working at a place other than your usual work location, work address or location

- Permanent work address/location
- Temporary or mobile workplace
- Other

i | Where did the accident occur?

- At or in a space for production, maintenance or repairs, or a location for storage or loading/unloading
- At or in a construction site, construction project, mine or above-ground mine
- At or in a location for agriculture, livestock farming or aquaculture, or a forested area, garden or zoo
- At or in an office, educational institution, library, store or restaurant
- At or in a healthcare facility, clinic, hospital or nursing home
- At or in a residence

- At or in a vehicle, or on the street, on a railway or at an airport
- At or in a sports location (e.g. gymnasium, swimming pool or stadium)
- In the air at high altitude (do not count construction sites)
- Underground (do not count construction sites)
- On the water (do not count construction sites)
- Under water or under positive pressure
- Other

j | What type of injury did you incur due to this accident?

- A bruise or wound (e.g. cut, puncture wound, stab wound, scrape or bite wound)
- Burns or injury due to chemical burns
- Broken bone(s)
- Dislocation of joints or body parts
- Bruised, sprained, pulled or torn muscles or body parts
- Loss of one or more body parts, eyes or ears
- Poisoning or infection
- Internal injury or concussion
- Injury due to temporary lack of air or suffocation
- Injury due to immersion or being submerged/buried under something

- Injury due to noise, vibrations or differences in pressure
- Injury due to excessively high or low temperatures (e.g. sunstroke, frostbite or hypothermia)
- Injury due to electrical shock
- Injury due to radiation
- Shock due to wounding or injury
- Shock due to a traumatic experience
- Psychological damage
- Multiple injuries of similar severity
- Other

k | On which part of your body did you experience the most severe injury due to the accident?

<input type="checkbox"/> Head or face <input type="checkbox"/> Brain <input type="checkbox"/> Neck or cervical vertebrae <input type="checkbox"/> Back or dorsal vertebrae <input type="checkbox"/> Collarbone <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm or elbow <input type="checkbox"/> Wrist <input type="checkbox"/> One or more fingers <input type="checkbox"/> Hand	<input type="checkbox"/> Torso, ribs, abdomen or organs <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Ankle <input type="checkbox"/> One or more toes <input type="checkbox"/> Foot <input type="checkbox"/> Hip or pelvis <input type="checkbox"/> The entire body or multiple places on the body <input type="checkbox"/> Other
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l | What were you doing at the time that the accident occurred?

<input type="checkbox"/> I was on or in a vehicle or industrial truck <input type="checkbox"/> I was working with a machine (e.g. operating, starting, switching off, filling, emptying or checking) <input type="checkbox"/> I was working with hand tools (e.g. cooking or cleaning) <input type="checkbox"/> I was working with an object without hand tools (e.g. securing something or someone, binding, hanging or throwing) <input type="checkbox"/> I was lifting, pulling, pushing or relocating something or someone by hand	<input type="checkbox"/> I was moving without using machines, vehicles, tools or objects (e.g. walking or running) <input type="checkbox"/> I was standing or sitting still without using machines, vehicles, tools or objects (e.g. on a chair, ladder or platform) <input type="checkbox"/> Other
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m | How did the injury occur?

Please select only the most important cause.

<input type="checkbox"/> Cut myself /bumped into something <input type="checkbox"/> Struck by an object <input type="checkbox"/> Trapped or crushed <input type="checkbox"/> Fall from high place (e.g. stepladder, ladder, scaffold) <input type="checkbox"/> Slipping, tripping or other type of fall <input type="checkbox"/> Threatened, bitten, kicked by a person or an animal	<input type="checkbox"/> Contact with electricity, heat, cold, hazardous substances, noise <input type="checkbox"/> Physical strain (e.g. heavy lifting, improper movement) <input type="checkbox"/> Psychological strain (e.g. due to intimidation or stress) <input type="checkbox"/> Traffic accident on a public road <input type="checkbox"/> Other
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n | Did you receive medical assistance due to the accident?

Multiple answers allowed.

<input type="checkbox"/> Yes, at work <input type="checkbox"/> Yes, in the first-response (emergency) department of the hospital <input type="checkbox"/> Yes, in a hospital or other clinic, but I did not have to stay overnight	<input type="checkbox"/> Yes, in a hospital or other clinic, where I stayed at least one night <input type="checkbox"/> Yes, somewhere else <input type="checkbox"/> No, I did not receive any medical assistance
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o | Have you had another accident since this accident?

This refers to an accident resulting in your being absent from work for 0, 1, 2 or 3 days.

<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 8; Occupational Health and Safety Measures
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p	<p>The following questions concern the <u>most recent accident</u> that has led to a period of absence from work of <u>0, 1, 2 or 3 days</u>.</p> <p>How many full days were you absent from work due to this accident?</p> <p>Please count all full days from the beginning to the end of the period of absence, including any days off or weekends falling within that period. The day of the accident does <u>not</u> count.</p>	<input type="checkbox"/> 0 days or less than 1 day <input type="checkbox"/> 1, 2 or 3 days
q	<p>On which date did this accident occur?</p> <p>If you do not know the exact answer, please estimate.</p>	<input type="text"/> <input type="text"/> day <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year

r	<p>What type of injury did you incur due to this accident?</p> <p>In case of multiple injuries, please select only the <u>most severe injury</u>.</p>	
	<input type="checkbox"/> A bruise or wound (e.g. cut, puncture wound, stab wound, scrape or bite wound) <input type="checkbox"/> Burns or injury due to chemical burns <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Dislocation of joints or body parts <input type="checkbox"/> Bruised, sprained, stretched or torn muscles or body parts <input type="checkbox"/> Loss of one or more body parts, eyes or ears <input type="checkbox"/> Poisoning or infection <input type="checkbox"/> Internal injury or concussion <input type="checkbox"/> Injury due to temporary lack of air or suffocation <input type="checkbox"/> Injury due to immersion or being submerged/buried under something	<input type="checkbox"/> Injury due to noise, vibrations or differences in pressure <input type="checkbox"/> Injury due to excessively high or low temperatures (e.g. sunstroke, frostbite or hypothermia) <input type="checkbox"/> Injury due to electrical shock <input type="checkbox"/> Injury due to radiation <input type="checkbox"/> Shock due to wounding or injury <input type="checkbox"/> Shock due to a traumatic experience <input type="checkbox"/> Psychological damage <input type="checkbox"/> Multiple injuries of similar severity <input type="checkbox"/> Other

s	<p>How did the injury occur?</p> <p>Please select only the most important cause.</p>	
	<input type="checkbox"/> Cut myself /bumped into something <input type="checkbox"/> Struck by an object <input type="checkbox"/> Trapped or crushed <input type="checkbox"/> Fall from high place (e.g. stepladder, ladder, scaffold) <input type="checkbox"/> Slipping, tripping or other type of fall <input type="checkbox"/> Threatened, bitten, kicked by a person or an animal	<input type="checkbox"/> Contact with electricity, heat, cold, hazardous substances, noise <input type="checkbox"/> Physical strain (e.g. heavy lifting, improper movement) <input type="checkbox"/> Psychological strain (e.g. due to intimidation or stress) <input type="checkbox"/> Traffic accident on a public road <input type="checkbox"/> Other

t Did you receive medical assistance due to the accident?

Multiple answers allowed.

- | | |
|---|--|
| <input type="checkbox"/> Yes, at work | <input type="checkbox"/> Yes, in a hospital or other clinic, where I stayed at least one night |
| <input type="checkbox"/> Yes, in the first-response (emergency) department of the hospital | <input type="checkbox"/> Yes, somewhere else |
| <input type="checkbox"/> Yes, in a hospital or other clinic, but I did not have to stay overnight | <input type="checkbox"/> No, I did not receive any medical assistance |

8 Occupational Health and Safety Measures

The following questions concern occupational health and safety measures.

	Do you think that it is necessary for your company or institution to take any measures (or to take any additional measures) with regard to the following matters?	<u>Not</u> necessary; it is not an issue here	<u>Not</u> necessary; the existing measures are sufficient	<u>Necessary</u> ; the measures that have been taken are not sufficient	<u>Necessary</u> ; no measures have been taken to date
a1	Psychological workload, work-related stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2	Emotionally demanding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a3	Prolonged work with computer screens Examples of computer screens include desktop computers, laptops, tablets and smartphones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a4	Physically demanding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a5	Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a6	Intimidation, aggression or violence by customers (or patients, students, passengers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a7	Intimidation, aggression or violence by supervisors or co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a8	Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a9	Safety, occupational accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a10	Viruses, bacteria, fungi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 Safety culture

The following questions concern safe and healthy working.

	To what extent do you agree with the following statements?	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
a1	At my work, employees receive information about how to work in a safe and healthy manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2	At my work, people adhere to the rules for working in a safe and healthy manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a3	My supervisor (or supervisors) makes every effort to prevent work that is unsafe and unhealthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a4	I draw it to the attention of colleagues if they are working in an unsafe or unhealthy manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a5	I hear about it if I am working in an unsafe or unhealthy manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Is there someone at your work you can speak to about work that is unsafe or unhealthy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

10 Your health

The following questions concern your health.

A	How is your health in general?	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
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	In the past 12 months have you had trouble (pain, discomfort) with your:	No, never	A few times, but of short duration	A few times, for a long time	Multiple times, but always of short duration	Multiple times, for a long time
b1	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2	Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b3	Arms/elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b4	Wrists/hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b5	Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b6	Hips/legs/knees/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Please indicate the extent to which each of the following statements applies to you.	Never	Several times per year	Monthly	Several times per month	Every week	Several times per week	Every day
c1	I feel emotionally exhausted because of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c2	I feel worn out at the end of a working day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c3	I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c4	Working with people the whole day is stressful for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c5	I feel burned out because of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c	<p>In <u>the past 12 months</u>, has your employer given you the opportunity to participate in a preventive examination of your health or your vitality?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, but I have not made use of the opportunity <input type="checkbox"/> Yes, and I have participated</p>
h	<p>Do you think that any adjustments (or any additional adjustments) are needed in your workplace or your tasks in relation to your health?</p> <p>Multiple answers allowed.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, in terms of assistive devices or furnishings <input type="checkbox"/> Yes, in terms of working hours <input type="checkbox"/> Yes, in terms of the amount of work <input type="checkbox"/> Yes, in terms of the position or job profile <input type="checkbox"/> Yes, in terms of training or job profile <input type="checkbox"/> Yes, in terms of training or re-education <input type="checkbox"/> Yes, in terms of the accessibility of the building <input type="checkbox"/> Yes, other adjustments</p>
d	<p>Do you have the opportunity to consult with an occupational health physician?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 9f <input type="checkbox"/> I don't know → Go to 9f</p>
e	<p>Are you able to decide for yourself whether to consult the occupational health physician?</p> <p>If you decide this for yourself, but someone else makes the appointment for you, you may enter 'Yes'.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, that is decided by my supervisor or employer <input type="checkbox"/> I don't know</p>
f	<p>Have you <u>ever</u> contacted an occupational health physician because of your health?</p>	<p><input type="checkbox"/> Yes, in the past 12 months <input type="checkbox"/> Yes, longer than a year ago <input type="checkbox"/> No</p>
g	<p>In the past 12 months, have you requested a second opinion from a different occupational health physician?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Did you need a second opinion?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

11 Sickness absenteeism

The following questions concern sickness absenteeism.

We understand absenteeism in terms of the following: working fewer hours or days than normal, due to illness, accident or other health-related reason.

You have previously noted that you have had one or more occupational accidents. If you were absent from work because of this, it should be counted as well.

Normal maternity leave is not regarded as sickness absenteeism.

a	Have you ever been absent from work due to sickness in <u>the past 12 months</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 12; The most recent time that you were absent from work due to sickness (possibly more than one year ago)
b	How often have you been absent from work due to sickness in <u>the past 12 months</u> ?	<input type="text"/> <input type="text"/> times
c	Taking everything together, how many working days do you estimate that you have been absent from work due to sickness in <u>the past 12 months</u> ? Count only the days on which you would normally have worked. Partial sickness absenteeism and therapeutic working count as sickness absenteeism.	<input type="text"/> <input type="text"/> <input type="text"/> days

12 The most recent time that you were absent from work due to sickness (possibly more than one year ago)

The following questions concern the most recent time that you were absent from work due to sickness (possibly more than one year ago)

a	<p>What type of complaints were you experiencing the most recent time that you were absent from work due to sickness?</p> <p>Please select only the most important complaints.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Back problems <input type="checkbox"/> Complaints relating to the neck, shoulders, arms, wrists, hands <input type="checkbox"/> Complaints relating to the hips, legs, knees, feet <input type="checkbox"/> Complaints relating to the cardiovascular system <input type="checkbox"/> Psychological problems, emotional exhaustion, burnout <input type="checkbox"/> Exhaustion or concentration problems <input type="checkbox"/> Conflict at work <input type="checkbox"/> Complaints relating to the respiratory system 	<ul style="list-style-type: none"> <input type="checkbox"/> Complaints relating to the abdomen, stomach or intestines <input type="checkbox"/> Skin problems <input type="checkbox"/> Complaints relating to the ears or eyes <input type="checkbox"/> Influenza or a cold <input type="checkbox"/> Headache <input type="checkbox"/> Complaints relating to pregnancy <input type="checkbox"/> Other complaints <input type="checkbox"/> Not applicable; I have never been absent from work due to sickness. → Go to 13; Chronic illness or condition
b	<p>How many days were you absent from work during your <u>most recent absence</u> from work due to sickness?</p> <p>Count only the days on which you would normally have worked. Partial sickness absenteeism and therapeutic working count as sickness absenteeism.</p>
<p><input type="text"/> <input type="text"/> <input type="text"/> days</p>	
c	<p>Do you think that these complaints were due to the work that you were doing?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, primarily as a result of my work <input type="checkbox"/> Yes, partly as a result of my work <input type="checkbox"/> No, not a result of my work. → Go to 13; Chronic illness or condition <input type="checkbox"/> I don't know. → Go to 13; Chronic illness or condition
d	<p>What do you think was the most important reason that led (either in part or in whole) to the onset of these complaints?</p> <p>Please select only the most important reason.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Psychological workload, work-related stress <input type="checkbox"/> Work involving excessive emotional demands <input type="checkbox"/> Work involving excessive physical demands <input type="checkbox"/> Performing the same actions for long periods, working at a computer for long periods <input type="checkbox"/> Work that is too difficult 	<ul style="list-style-type: none"> <input type="checkbox"/> Problems with management, employer <input type="checkbox"/> Problems with co-workers or subordinates <input type="checkbox"/> Problems with customers (or patients, students, passengers, etc.) <input type="checkbox"/> Dangerous work/company accident <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Other
e	<p><u>The most recent time that you were absent from work due to sickness</u>, was an absenteeism check conducted by your employer, the</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>occupational health service, or another organisation?</p> <p>For example: home visit, call, telephone contact or written contract (e.g. 'personal medical statement' form)</p>	
f	<p><u>During your most recent absence due to sickness</u>, did you have contact with your general practitioner or a specialist?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → Go to 13; Chronic illness or condition</p>
g	<p>Did the general practitioner or specialist ask whether your absence from work due to sickness was related to your work?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

13 Chronic Illness or Condition

The following questions concern long-term illnesses, conditions and disabilities.

- a | Have you had one or more of the following long-term illnesses, conditions or disabilities? If so, please indicate which ones.

Multiple answers allowed.

<input type="checkbox"/> No <input type="checkbox"/> Problems with arms or hands (including arthritis, rheumatism, RSI) <input type="checkbox"/> Problems with legs or feet (including arthritis, rheumatism) <input type="checkbox"/> Problems with the back or neck (including arthritis, rheumatism, RSI) <input type="checkbox"/> Migraine or severe headache <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Asthma, bronchitis, emphysema <input type="checkbox"/> Stomach or intestinal disorders	<input type="checkbox"/> Diabetes <input type="checkbox"/> Severe skin diseases <input type="checkbox"/> Psychological problems/conditions <input type="checkbox"/> Hearing problems <input type="checkbox"/> Epilepsy <input type="checkbox"/> Life-threatening illnesses (e.g. cancer, AIDS) <input type="checkbox"/> Problems with eyesight <input type="checkbox"/> Other
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- b | Are you impeded in the performance of your work by your illness, condition or disability?

- Not impeded
 Mildly impeded
 Heavily impeded

- c | Is your illness, condition or disability the result of the work that you were doing?

- Yes, primarily as a result of my work
 Yes, partly as a result of my work
 No, not a result of my work
 I don't know

14 Performance and Employability

The following questions concern your performance and employability.

To what extent do you agree with the following statements?

	Completely disagree	Disagree	Agree	Completely agree
I can easily meet the <u>physical</u> demands that my work places on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily meet the <u>psychological</u> demands that my work places on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could easily obtain a new job/position with my <u>current</u> employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could easily obtain a new job/position with <u>another</u> employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would continue to work for my <u>current</u> employer, even if I could do the same work for the same pay elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 Terms and conditions of employment

The following questions concern your terms and conditions of employment.

	How <u>satisfied</u> are you with the following aspects of your current job?	Not satisfied	Satisfied	Very satisfied
a1	Interesting work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2	Opportunities to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a3	Good supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a4	Good pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a5	Good job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a6	Possibility of working part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a7	Possibility of determining my own working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a8	Possibility of working from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a9	Commuting time/distance to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a10	Permanent contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a11	Existence of labour unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a12	Existence of collective labour agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a13	The existence of personnel representative bodies (e.g. works council or employee participation council)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a14	The existence of a pension scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	How <u>important</u> do you consider the following aspects of a job?	Not important	Important	Very important
b1	Interesting work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2	Opportunities to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b3	Good supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b4	Good pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b5	Good job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b6	Possibility of working part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b7	Possibility of determining my own working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b8	Possibility of working from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b9	Commuting time/distance to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b10	Permanent contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b11	Existence of labour unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b12	Existence of collective labour agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b13	The existence of personnel representative bodies (e.g. works council or employee participation council)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b14	The existence of a pension scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c	Does your company have a works council, employee participation council or other personnel representative body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
c	Are you a member of a labour union?	<input type="checkbox"/> Yes-> Go to 16 <input type="checkbox"/> No
	Why are you not a member of a labour union?	<input type="checkbox"/> I think that membership is too expensive <input type="checkbox"/> I have never seriously considered becoming a member <input type="checkbox"/> Labour unions do not have (or no longer have) any influence on my terms and conditions of employment <input type="checkbox"/> Labour unions do not advocate well for my interests <input type="checkbox"/> Other

16 Training and development

		Yes	No
a1	Have you changed your position within your company in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
a2	Has your position been expanded in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
a3	Have you been promoted in your company in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
a4	Have you been demoted from a higher position to a lower position in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
b	How well do your knowledge and skills correspond to your current work?	<input type="checkbox"/> I have less knowledge and skills than I need for my work <input type="checkbox"/> They correspond well <input type="checkbox"/> I have more knowledge and skills than I need for my work	
c	Does your supervisor encourage the development of new knowledge and skills?	<input type="checkbox"/> No <input type="checkbox"/> Yes, to a limited extent <input type="checkbox"/> Yes, to a large extent	
d	In <u>the past two years</u> , have you taken an educational programme or course for your work?	<input type="checkbox"/> No → Go to 16f <input type="checkbox"/> Yes	
e	What was the most important objective of this educational programme or course?	<input type="checkbox"/> To be able to do my current job better <input type="checkbox"/> To be able to cope with future changes in my current job <input type="checkbox"/> To enhance my prospects for work in the future	
f	Do you currently have a need for an educational programme or course? Multiple answers allowed.	<input type="checkbox"/> No <input type="checkbox"/> Yes, in order to be able to do my current job better <input type="checkbox"/> Yes, in order to be able to cope with future changes in my current job <input type="checkbox"/> Yes, in order to enhance my prospects for work in the future	

17 Work and home

The following questions concern work and home.

		No, never	Yes, a few times	Yes, often	Yes, very often
a1	Do you miss or neglect activities with your family or relatives because of your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2	Do you miss or neglect work because of your responsibilities towards your family and relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 Your further career

The following questions concern your further career.

		Yes	No
a1	Are you at risk for losing your job?	<input type="checkbox"/>	<input type="checkbox"/>
a2	Are you concerned about keeping your job?	<input type="checkbox"/>	<input type="checkbox"/>
a3	<u>In the past year</u> , have you considered looking for work somewhere other than with your current employer?	<input type="checkbox"/>	<input type="checkbox"/>
a4	<u>In the past year</u> , have you actually taken any action to find other work?	<input type="checkbox"/>	<input type="checkbox"/>
a5	If it were up to you, would you still be working for this company <u>five years from now</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

<p>b Until which age <u>would you like</u> to continue working?</p>	<p>Until I am <input type="text"/> <input type="text"/> years old <input type="checkbox"/> I don't know</p>
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<p>c Until which age do you think that you will be able—both physically and mentally—to continue doing your current work?</p>	<p>Until I am <input type="text"/> <input type="text"/> years old <input type="checkbox"/> I don't know</p>
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Attention:
Please do not complete the following questions (18d and 18e) unless you are 45 years of age or older.

d1 | Under which circumstances would you be willing to work until a later age than you would currently like?

[Multiple answers allowed.](#)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lighter work (physical and/or psychological) <input type="checkbox"/> Fewer hours or fewer working days per week <input type="checkbox"/> Re-education/re-training <input type="checkbox"/> More challenge or fulfilment in the work <input type="checkbox"/> If retirement were to become financially unattractive <input type="checkbox"/> Employer/colleagues support my continuing to work longer | <ul style="list-style-type: none"> <input type="checkbox"/> Family/friends support my decision to continue working longer <input type="checkbox"/> Fewer care duties for my family or other loved ones <input type="checkbox"/> Better health <input type="checkbox"/> Other circumstances <input type="checkbox"/> I don't know <input type="checkbox"/> Not applicable; I do not want to continue working longer under any circumstances |
|---|--|

d2 | Which other circumstances?

e1 | Under which circumstances would you be capable of working until a later age than you currently expect to be able to do?

Multiple answers allowed.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lighter work (physical and/or psychological) <input type="checkbox"/> Fewer hours or fewer working days per week <input type="checkbox"/> Re-education/re-training <input type="checkbox"/> Employer/colleagues support my continuing to work longer <input type="checkbox"/> Fewer care duties for my family or other loved ones | <ul style="list-style-type: none"> <input type="checkbox"/> Better health <input type="checkbox"/> Other circumstances <input type="checkbox"/> I don't know <input type="checkbox"/> Not applicable; I will not continue working longer under any circumstances. |
|--|---|

e2 Which other circumstances?

19 Satisfaction

a	Taking everything together, how satisfied are you with your working conditions?	<input type="checkbox"/> Highly dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Not dissatisfied/not satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Highly satisfied
b	Taking everything together, how satisfied are you with your work?	<input type="checkbox"/> Highly dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Not dissatisfied/not satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Highly satisfied

This is the end of the questionnaire. Thank you very much for your cooperation.
If you still have questions about the questionnaire, you may enter them in this space.

a	<p>This study is being conducted by Statistics Netherlands and TNO.</p> <p>There is a possibility that Statistics Netherlands or TNO will want to contact you in the future for a similar study. Would this be acceptable to you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	<p>As noted in the letter accompanying this questionnaire, completing and returning the questionnaire makes you eligible to win VVV Gift Certificates valued at €250.</p> <p>Some people would prefer not to receive a prize. If this is the case for you, you may note that in the space next to this box.</p>	<input type="checkbox"/> Yes, I would like to win the VVV Gift Certificates valued at €250. <input type="checkbox"/> No, I would not like to win a prize.

Thank you very much for your cooperation.