

Questionnaire

Questionnaire for Stress Management of Construction Workers

Part I Personal Information (Please tick the appropriate answers and fill in the information below.)

1. Age : a) <20 b) 20-29 c) 30-39 d) 40-49 e) >50
2. Gender : a) Male b) Female
3. Education level a) Primary b) Secondary c) High school d) Diploma f) Others: _____
4. Occupation: _____
5. Project type: a) Building construction b) Civil work c) Addition&Alteration d) Others: _____
6. Employment: a) Direct employed b) Subcontract c) Self-employed d) Others: _____
7. Organization: a) Main contractor b) Supplier c) Sub-contractor d) Others: _____
8. Site Size (In term of No. of Construction Worker):
 a) <20 b) 21-49 c) 50-99 d) 101-199 e) 200-499 f) 500-999 g) above 1,000
9. How long have you been with the organization? _____(Years)
10. How long have you been working in this construction industry? _____(Years)
11. Do you smoke? ____ (Y/N). If yes, please specify the number in each day _____
12. Do you drink alcohol? ____ (Y/N). If yes, specify the type of alcohol _____, and volume ____ (ml)
13. Do you gamble? ____ (Y/N). If yes, how many times in each week _____
14. How many leisure-time do you spend on physical activities _____(hrs)
15. How many hours in average do you spend on sleep _____(hrs)
16. Please specify your height _____(cm), and your weight _____(Kg)

Part II The Stressors among CWs (Please tick the number that is fit for you the best: 1-Extremely disagree, 2-Strong disagree, 3-Disagree, 4-Neutral, 5-Agree, 6-Strong agree, 7-Extremely agree.)

Degree of Agreement						
Extremely Disagree	Agree	Extremely Agree				

1) Personal

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1.1 No despair with life and no life with despair. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.2 I expect the best from life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.3 I see the bright shining side of things. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.4 I feel well supported by my friends and/or family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.5 There are trustworthy friend/family members that I can seek help for problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.6 My family members/friends are willing to listen to my work-related problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.7 I accept myself as I am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.8 I am able to accept the thoughts and feelings I have. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.9 I can accept things I cannot change. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.10 When I have distressing thoughts or images, I just notice them and let them go. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.11 When I have distressing thoughts or images I can notice them without reacting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.12 When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.13 I am easily distracted. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.14 I don't pay attention to what I am doing because I am daydreaming, worrying, or otherwise distracted. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.15 When I am working on something, part of my mind is occupied with other topics. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.16 It seems I am "running on automatic" without much awareness of what I'm doing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.17 I'm good at finding the words to describe my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.18 I can easily put my beliefs, opinions, and expectations into words. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1.19 My natural tendency is to put my experiences into words. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2) Interpersonal

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 2.1 The frequency your co-worker yelled, shouted or swore at you | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.2 The frequency your co-worker made insulting or disrespectful remarks about you | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.3 The frequency your co-worker target you with anger outbursts or tempter tantrums | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.4 To what extent are your coworkers in your work group friendly | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.5 To what extent do you trust your co-worker in your work group | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.6 To what extent do you know about your coworkers | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.7 The frequency your coworkers make extra effort to make your work easier or safer | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.8 How often are your co-workers helpful to you in getting your job done. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.9 Supervisors concerns construction workers' safety. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.10 Supervisor well understands the effect of operational issues on safety. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.11 Management consults construction workers about safety issues. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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3) Task

3.1 My job drives out most of my time to relax.	1	2	3	4	5	6	7
3.2 There is constant pressure to work every time.	1	2	3	4	5	6	7
3.3 The time allowed for the tasks are so limit.	1	2	3	4	5	6	7
3.4 My job involves manual materials handling.	1	2	3	4	5	6	7
3.5 My job causes me working in awkward posture.	1	2	3	4	5	6	7
3.6 My job involves lots of repetitive movement.	1	2	3	4	5	6	7
3.7 My job results in my whole body vibration.	1	2	3	4	5	6	7
3.8 I have to refer matters upwards when I can deal with them myself.	1	2	3	4	5	6	7
3.9 My supervisor often deals with me in an autocratic and demanding manner.	1	2	3	4	5	6	7
3.10 I was given insufficient authority to do my job properly.	1	2	3	4	5	6	7
3.11 To what extent you can control how quickly or slowly I can work.	1	2	3	4	5	6	7
3.12 To what extent you can control how much work you should finish.	1	2	3	4	5	6	7
3.13 To what extent you can control the scheduling and duration of breaks	1	2	3	4	5	6	7
3.14 My job is secure.	1	2	3	4	5	6	7
3.15 I can have greater job security if I am working well.	1	2	3	4	5	6	7
3.16 It is certain that I can retain at current job.	1	2	3	4	5	6	7
3.17 My works are so boring and repetitive.	1	2	3	4	5	6	7
3.18 I am given very little job responsibility.	1	2	3	4	5	6	7
3.19 My skills and abilities are not being used well.	1	2	3	4	5	6	7

4) Organizational

4.1 I find the reward I get is relatively low when compared to the external market.	1	2	3	4	5	6	7		
4.2 I often feel that the organization treats us unfairly.	1	2	3	4	5	6	7		
4.3 I find the reward I get does not balance with the effort I put in.	1	2	3	4	5	6	7		
4.4 Provision of safety equipment is sufficient.	1	2	3	4	5	6	7		
4.5 Safety equipment is in good condition.	1	2	3	4	5	6	7		
4.6 Safety equipment is under regularly maintenance.	1	2	3	4	5	6	7		
4.7 The management staffs work to ensure the safety working condition.	1	2	3	4	5	6	7	2	3
4.8 The protection of workers is high priority with supervisors.	1	2	3	4	5	6	7	2	3
4.9 Everyone was expected to follow good safety practices.	1	2	3	4	5	6	7	2	3

5) Physical/ Environmental

5.1 The temperature of the construction site is extreme high.	1	2	3	4	5	6	7
5.2 The air quality is poor on construction site.	1	2	3	4	5	6	7
5.3 The construction site is too noisy.	1	2	3	4	5	6	7
5.4 The construction site is crowded.	1	2	3	4	5	6	7
5.5 The lighting is inappropriate	1	2	3	4	5	6	7
5.6 Construction site is full of hazards.	1	2	3	4	5	6	7
5.7 Equipment and materials are placed in unorganized way.	1	2	3	4	5	6	7
5.8 Provision of safety indicator is insufficient	1	2	3	4	5	6	7
5.9 I try to keep my feelings to myself.	1	2	3	4	5	6	7
5.10 I kept others form knowing how bad things were.	1	2	3	4	5	6	7
5.11 I tried to keep my feelings from interfering with other things too much.	1	2	3	4	5	6	7
5.12 I try to solve the problem with different ways.	1	2	3	4	5	6	7
5.13 I consider several alternatives for handling the problem.	1	2	3	4	5	6	7
5.14 I draw on my past experiences when I was in a similar situation.	1	2	3	4	5	6	7

Part III (a) The objective measurement of stress level among CWs (Please 'Fill in' the number in blank space that best reflects your agreement: 1-Not at all, 2-Very little, 3-Little, 4-Neutral, 5-many, 6-a lot, 7-A great deal of)

1. The number of project deadlines	_____	I am capable of meeting	_____
2. The number of task	_____	I am capable to do	_____
3. The level of difficulty of my work	_____	I am capable of dealing with	_____
4. The quality of work	_____	I am capable of doing	_____
5. The responsibility of my work	_____	I am capable of handling	_____
6. The number of people	_____	I would like to work with	_____

Questionnaire

Part V Performance (Please tick the number that is fit for you the best: 1-Extremely disagree, 2-Strong disagree, 3-Disagree, 4-Neutral, 5-Agree, 6-Strong agree, 7-Extremely agree.)

Degree of Agreement						
Hardly ever do	Occasionally do this			Almost do this		

In the past year, how often have you experienced.....

1.1	I can meet the work requirement easily.	1	2	3	4	5	6	7
1.2	My quality of work is high.	1	2	3	4	5	6	7
1.3	I get things done on time.	1	2	3	4	5	6	7
2.1	I am satisfied with the relationship between my colleagues and me.	1	2	3	4	5	6	7
2.2	I can get along with others at work well.	1	2	3	4	5	6	7
2.3	I often feel less liking for those we are working together with.	1	2	3	4	5	6	7
3.1	I have the intention to leave this company.	1	2	3	4	5	6	7
3.2	I frequently think that this company is not suitable for me.	1	2	3	4	5	6	7
3.3	It is difficult to achieve my personal goal in this company.	1	2	3	4	5	6	7
4.1	I ignore safety regulations to get the job done.	1	2	3	4	5	6	7
4.2	I take chances to get the job done.	1	2	3	4	5	6	7
4.3	I bend the rules to achieve a target.	1	2	3	4	5	6	7
4.4	I voluntarily carry out tasks or activities that improve workplace safety.	1	2	3	4	5	6	7
4.5	I help my coworkers when they are working under risky or hazardous.	1	2	3	4	5	6	7
4.6	I participated in setting health and safety objectives or improvement plans.	1	2	3	4	5	6	7
4.7	I don't think it is my responsibility to be involved in safety initiatives.	1	2	3	4	5	6	7

Part VI Safety and Health Problem (Please fill in the information below.)

- How many near miss have you had within the past 2 years?
 a) None; b) 1; c) 2; d) 3; e) 4+
 - How many accidents have you had within the past 2 years?
 a) None; b) 1; c) 2; d) 3; e) 4+
 - How many days you have been away from work in past one years? Please specify _____
 - How many times you have consulted a doctor for your health problem? Please specify _____
 - Please specify existing health problems (e.g., pain, hypertension, diabetes, coronary heart disease, etc.)
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