Occupational health condition survey

Thank you for participating in this survey. It take about 3 minutes to finish this anonymize questionnaire, your information will be kept to confidential, you can choose participants chose “agree” to continue or “disagree” to quit.

1. Gender: \*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○male  | ○famle  |  |  |  |  |  |  |

2. Age： \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Marital status \*

|  |
| --- |
| ○unmarried |
| ○married |

4. Level of hospital \*

|  |
| --- |
| ○tertiary |
| ○secondary |
| ○primary |
|  |

5. Your professional title \*

|  |
| --- |
| ○senior |
| ○intermediate |
| ○primary |
|  |
|  |
|  |

6. educational level \*

|  |
| --- |
| ○Associate degree or below |
| ○Bachelor’s degree |
| ○Master’s degree or above |
|  |

7. Normally, how many hours you work in the hospital ? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Your work schedule? \*

|  |
| --- |
| ○shift  |
| ○none-shift |

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

9. When have you usually gone to bed? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How long (in minutes) has it taken you to fall asleep each night? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What time have you usually gotten up in the morning? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How many hours of actual sleep did you get at night? \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.

|  |
| --- |
| During the past month, how often have you had trouble sleeping because you |

\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | ＜1/week | 1-2/week | ≥3/week |
| Can not get to sleep within 30 mins | ○ | ○ | ○ | ○ |
| Wake up in the middle of the night or in the early morning. | ○ | ○ | ○ | ○ |
| Have to get up to use the bathroom | ○ | ○ | ○ | ○ |
| Can not breathe comfortably | ○ | ○ | ○ | ○ |
| Cough or snore loudly | ○ | ○ | ○ | ○ |

14.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | ＜1/week | 1-2/week | ≥3/week |
| Feel too cold | ○ | ○ | ○ | ○ |
| Feel too hot | ○ | ○ | ○ | ○ |
| Have bad dreams | ○ | ○ | ○ | ○ |
| Have pain | ○ | ○ | ○ | ○ |
| Other reasons：describe  | ○ | ○ | ○ | ○ |

15.

|  |
| --- |
| During the past month, how would you rate your sleep quality overall? |

 \*

|  |
| --- |
| ○very good |
| ○fairly good |
| ○fairly bad |
| ○very bad |

16.

|  |
| --- |
| During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep? |

|  |
| --- |
| ○None |
| ○＜1/week |
| ○1-2/week |
| ○≥3/week |

17. During the past month, do you feel sleepy?

|  |
| --- |
| ○None |
| ○＜1/week |
| ○1-2/week |
| ○≥3/week |

18.

|  |
| --- |
| During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done? |

|  |
| --- |
| ○None |
| ○＜1/week |
| ○1-2/week |
| ○≥3/week |

19. How often were you troubled by the following two things during the past two weeks\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | ≤7days | ≥7days | Almost everyday |
| Lack of interest doing things | ○ | ○ | ○ | ○ |
| Low mood, feel depressed or hopeless | ○ | ○ | ○ | ○ |

The Chinese version of the Maslach Burnout Inventory-General Survey

20. 1-3\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | Several times a year or less | Once a month or less | Several times a month | Once a week | Several times a week | everyday |
| 1.work make me tired | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 2.I feel exhausted after work | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. Ifeel tired when I have to get up and

face work. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

21. 4-6\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | Several times a year or less | Once a month or less | Several times a month | Once a week | Several times a week | everyday |
| 4.It’s a pressure for me to work all day. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 5.work makes me almost collapsed  | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 6.I am losing interest when I started my job. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

22. 7-9 \*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | Several times a year or less | Once a month or less | Several times a month | Once a week | Several times a week | everyday |
| 1. I am not as enthusiastic as before toward work.
 | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I doubt the meaning of my work.
 | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 9.I care less about whether my work is contributory. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

23. 10-12\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | Several times a year or less | Once a month or less | Several times a month | Once a week | Several times a week | everyday |
| 10I can solve problems in my work efficiently | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 11.I think I contribute to my hospital. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 1. I think I am good at my job.
 | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

24. 13-15[矩阵量表题] \*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | Several times a year or less | Once a month or less | Several times a month | Once a week | Several times a week | everyday |
| 13.I feel happy after finished some tasks in my work. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 14.I have done many valuable job. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 15.I am confident I can finish all kinds of job. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

25. Have you ever used any kind of mental health services, such as mental health outpatient services or psychotherapies, when you felt that your health was suffering due to stress, insomnia or other reasons?\*

|  |
| --- |
| ○Yes |
| ○No |