|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Always | Often | Sometimes | Seldom | Never / almost never |  |
|  |  |  |  |  | 1a. Do you lag behind the required work-pace? |
|  |  |  |  |  | 1b. Do you have enough time to perform your tasks at work? |
|  |  |  |  |  | 2a. Do you have to “shift into high gear” to get your work done? |
|  |  |  |  |  | 2b. Do you work in “high gear” for the entire day? |
|  |  |  |  |  | 3a. Does your job put you in emotionally demanding situations? |
| To a very great extent | To a great extent | To an average degree  | To some extent | Hardly |  |
|  |  |  |  |  | 5a. Does your job allow you to learn new things? |
|  |  |  |  |  | 5b. Does your job require you to take initiative? |
|  |  |  |  |  | 6a. Is your work significant? |
|  |  |  |  |  | 6b. Do you feel that your work is important? |
|  |  |  |  |  | 8a. Does your workplace inform you in advance about important decisions, changes, or plans for the future? |
|  |  |  |  |  | 8b. Do you receive all the information necessary for you to do your job well? |
|  |  |  |  |  | 9a. Does management recognize and value your work? |
|  |  |  |  |  | 9b. Are you treated fairly at your workplace? |
|  |  |  |  |  | 10b. Do you know exactly what is expected of you at your workplace? |
| Always | Often | Sometimes | Seldom | Never / almost never |  |
|  |  |  |  |  | 12a. How frequently does your supervisor at work listen to your work-related problems? |
|  |  |  |  |  | 12b. How frequently do you receive help and support from your supervisor? |
|  | Very satisfied | Satisfied | Unsatisfied | Very unsatisfied |  |
|  |  |  |  |  | 13. Concerning your job in general: How satisfied are you with what you do? |
|  | Not at All | Yes, but not so much | Yes, somewhat | Yes, definitely  |  |
|  |  |  |  |  | 14a. Do you feel that your job requires so much energy that it has a negative effect on your private life? |
|  |  |  |  |  | 14b. Do you feel that your job requires so much energy that it has a negative effect on your private life? |

**ארבע השאלות הבאות אינן נוגעות לעבודה שלך, אלא לכל החברה שאתה עובד בה.**

**The following four questions do not relate to your own job, but to the entire company where you work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Hardly | To some extent | To an average degree | To a great extent | To a very great extent |
| 15a. Can you trust the information you get from management? |  |  |  |  |  |
| 15b. Does management trust the employees to perform their job well? |  |  |  |  |  |
| 16a. Are disputes settled in a fair manner? |  |  |  |  |  |
| 16b. Is the division of labor fair? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Yes, several times | Yes, every month | Yes, every week | Yes, everyday  | 20. Have you received or witnessed unwanted sexual conduct at your workplace in the last 12 months? |
|  | Customers / clients / patients | My employees | A supervisor or superior | Colleagues | If so, by whom (you may select more than one option) |
| No | Yes, several times | Yes, every month | Yes, every week | Yes, everyday  | 21. Have you received violent threats at your workplace in the last 12 months? |
|  | Customers / clients / patients | My employees | A supervisor or superior | Colleagues | If so, by whom (you may select more than one option) |
| No | Yes, several times | Yes, every month | Yes, every week | Yes, everyday  | 22. Have you suffered from physical violence at your workplace in the last 12 months? |
|  | Customers / clients / patients | My employees | A supervisor or superior | Colleagues | If so, by whom (you may select more than one option) |

**Bullying is a situation in which a person is exposed to unpleasant or degrading behavior, against which they have difficulty defending themselves.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Yes, several times | Yes, every month | Yes, every week | Yes, everyday  | 23. Have you suffered from bullying at the workplace in the last 12 months? |
|  | Customers / clients / patients | My employees | A supervisor or superior | Colleagues | If so, by whom (you may select more than one option) |