

Please ensure all questions are answered, as incomplete forms cannot be processed.

Please fill in the appropriate box below and sign your name.

Take a stress check.

Do not take a stress check.

Signature

Signature

A Answer the following questions about your job by marking in pencil the answer that best applies to your situation.(Example:)

こちらは英語翻訳のサンプルとなります。
「職業性ストレス簡易調査票」
にかいてください。
※この紙には、かかないでください

- | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|---|
| Very much so | Moderately so | Somewhat | Not at all | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have an extremely large amount of work to do |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I can't complete work in the required time |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have to work as hard as I can |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have to pay very careful attention |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My job is difficult in that it requires a high level of knowledge and technical skill |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I need to be constantly thinking about work throughout the working day |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My job requires a lot of physical work |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I can work at my own pace |
| 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I can choose how and in what order to do my work |
| 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I can reflect my opinions on workplace policy |
| 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My knowledge and skills are rarely used at work |
| 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are differences of opinion within my department |
| 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My department does not get along well with other departments |
| 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The atmosphere in my workplace is friendly |
| 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My working environment is poor (e.g. noise, lighting, temperature, ventilation) |
| 16 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This job suits me well |
| 17 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My job is worth doing |

B Please answer the following questions about your health over the past month by marking in pencil the answer that best describes your situation. (Example:)

- | | | | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|---|-----------------------------|--------------------------|--------------------------|--------------------------|--|
| Almost never | Sometimes | Often | Almost always | | Almost never | Sometimes | Often | Almost always | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been very active | 16 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt gloomy |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been full of energy | 17 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been unable to handle work |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been lively | 18 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt sad |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt angry | 19 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt dizzy |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been inwardly annoyed or aggravated | 20 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have experienced joint pains |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt irritable | 21 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have experienced headaches |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt extremely tired | 22 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have had a stiff neck and / or shoulders |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt exhausted | 23 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have had lower back pain |
| 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt weary or listless | 24 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have had eyestrain |
| 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt tense | 25 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have experienced heart palpitations or shortness of breath |
| 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt worried or insecure | 26 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have experienced stomach and / or intestine problems |
| 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have felt restless | 27 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have lost my appetite |
| 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been depressed | 28 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have experienced diarrhea and / or constipation |
| 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have thought that doing anything was a hassle | 29 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I haven't been able to sleep well |
| 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have been unable to concentrate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

C Please answer the following satisfaction questions by marking with a pencil the number that most closely matches your situation. (Example:)

- | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| How freely can you talk with the following people? | Extremely | Very much | Somewhat | Not at all | How reliable are the following people when you are troubled? | Extremely | Very much | Somewhat | Not at all | How well will the following people listen to you when you ask for advice on personal matters? | Extremely | Very much | Somewhat | Not at all |
| 1 Superiors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Superiors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Superiors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Spouse, family, friends, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Spouse, family, friends, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Spouse, family, friends, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D Please answer the following satisfaction questions by marking with a pencil the number that most closely matches your situation. (Example:)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 I am satisfied with my job | Satisfied | Somewhat satisfied | Somewhat dissatisfied | Dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 I am satisfied with my personal life | Satisfied | Somewhat satisfied | Somewhat dissatisfied | Dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |