



WORKPLACE STRESS STUDY
01/01/2006 - PR.098337

Thank you participating in Exan Web Health 2006 Workplace Stress Study. Your participation furthers the understanding of workplace stress and enables our medical team to develop educational programs to help people increase their stress resilience.

QUESTIONNAIRE

Procedures: Please complete this survey during a time when you are not rushed and feel relaxed. If you're not sure how to answer some of the questions, please ask for feedback from your partner or a person who knows you well to ensure your responses are as accurate as possible.

Confidentiality commitment: Information submitted will be held in strict confidence by the members of Exan Web Health's medical health team, will not be disclosed to any other persons or organizations, including your employer. Your information will be added to the aggregate report and permanently deleted thereafter.

Submitting your survey: When you have completed the survey after the last question, please click on the "Send" button to confidentially submit your responses.

Receiving a copy of the study report: Once the project is complete, a copy of the final report will be sent to you via your submitted e-mail address.

Phone Contact: Survey participants will be called randomly. If you agree to being called for further question please enter your phone # in the questionnaire section, if you chose to not be contacted please write "do not contact"

Name:

Age:

Gender: female male

Marital Status: married single divorced separated

Country: United States Canada

City/town:

Contact phone #:

day-time evening do not contact

Your city/town population:

Number of children/dependents:

Name of employer:

Occupation:

Weekly hours worked: 20 hrs or less 20 - 30 hrs 30 - 40 hrs
 40 - 50 hrs 50 - 60 hrs 60 - 70 hrs 70+ hrs

Salary: Less than \$50,000 \$50,000-\$79,999
 \$80,000-\$109,999 \$110,000-\$129,000
 Over \$130,000

Time spent commuting to work daily. (total minutes, both ways)

Do you currently experience an illness?

type 1 diabetes	yes <input type="radio"/>	No <input type="radio"/>
type 2 diabetes	yes <input type="radio"/>	No <input type="radio"/>
heart related illnesses	yes <input type="radio"/>	No <input type="radio"/>
cancer	yes <input type="radio"/>	No <input type="radio"/>
cancer survivor	yes <input type="radio"/>	No <input type="radio"/>
depression	yes <input type="radio"/>	No <input type="radio"/>

Other:

Stress is an emotional and mental state in which you experience inflamed emotions and extreme thoughts. Before completing the questionnaire please watch the following two stress modules (14 minutes in total) Based on this definition, please answer the following questions about your personal experience with stress.

Stress module #1 [click here](#)

Stress module #2 [click here](#)

1) How frequently do you experience stress?

- Often
- Regularly
- Occasionally
- Seldom

COMMENTS

2) When you experience stress, at what level do you experience it?

- Low
- Medium
- High

COMMENTS

3) When you experience stress, how uncomfortable do you feel physically on a scale from 1-10, with 1 being the lowest level of physical discomfort, and 10 being the highest?

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

4) When you experience stress rank the emotional discomfort level, with 10 being the highest:

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

5) When you experience stress rank the negative impact it has on your relationships, with 10 being the highest:

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

6) When you experience stress rank the impact it has on your productivity, with 10 being the highest:

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

7) When you experience stress, rank the impact it has on your physical *health, with 10 being the highest:

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

* This can include weakening of the immune systems making you susceptible to colds, flues headaches, inflammation etc. Increased pain/discomfort with a current illness

8) When you experience stress rank the negative impact it has on your creativity/resourcefulness, with 10 being the highest:

low 1 2 3 4 5 6 7 8 9 10 high

COMMENTS

9) Choose one or more categories that your difficult circumstances mostly come from:

- Relationship conflict/issues from home or at work
- Financial issues
- Non people but projects or work related challenges (non people related)
- Physical emotional abuse from another person
- Exposure to difficult / traumatic situations
- Divorce/separation
- Adolescent/Teenagers

Others:

COMMENTS

10) Through my childhood I:

- Experienced physical, emotional or sexual abuse
- I did not experience any serious forms of abuse
- I did but have become aware of it, dealt with it and it no longer has an impact on me
- Not sure

11) Have you engaged in any type of stress education before

- no
- yes

COMMENTS

12) Do you feel your stress is the result of your:

- your difficult events and circumstances you experience
- your stress resilience level being low

COMMENTS

13) Is your lifestyle:

- mostly sedentary
- Low levels of physical activity
- Medium levels of physical activity
- High levels of physical activities:

COMMENTS

14) I would rank my eating habits to be:

- Poor
- Just okay
- Good
- Very good

COMMENTS

15) When faced with difficulties events that seem to be un-resolvable:

- I discuss my problems openly with people who will give me honest feedback that I value.
- I discuss my problems with people who do not provide me with sound objective feedback
- I would like to be able to discuss my problems with people but find it uncomfortable doing so
- I don't believe its helpful discussing my problems with other people

COMMENTS

16) When stressed I tend to:

- Shut down/ become introvert/go numb
- Medicate myself with one or more of the following things:
- Recreational/ pharmaceutical drugs or alcohol/emotional eating
 - Other activities that I know are unhealthy for me

COMMENTS