

The GEM employee questionnaire includes general demographic questions, as well as the WEMBWS, GHQ-12, and EQ-5D(3L) questionnaires, which are not reproduced for copyright reasons. The remaining work, psychosocial and health-related questions are reproduced below.

This section asks you some questions about your health.

10. How is your health in general?

Very good ₁ Good ₂ Fair ₃ Bad ₄ Very bad ₅

11. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

(Include problems related to old age)

Yes, limited a lot ₁ Yes, limited a little ₂ No ₃

The following questions are about your work. This set of questions applies to your paid work. These questions apply whether you work on the hospital site or in the community.

For each please indicate the one answer that best describes your work.

14a. Is your present job?

₁ a permanent post ₂ a temporary post

14b. How many hours do you actually work per average week in your main job, including work brought home?

_____ hours (write in number of hours)

15. Concerning your particular work

a. Do you have to work very fast?

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

b. **Do you have to work very intensively?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

c. **Do you have enough time to do everything?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

d. **Do you have the possibility of learning new things through your work?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

e. **Do you have a choice in deciding HOW you do your work?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

f. **Do you have a choice in deciding WHAT you do at work?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

g. **Does your job provide you with a variety of interesting things?**
₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

h. **How likely are you to lose your job in the near future?**

Highly likely ₁

Likely ₂

Neither likely nor unlikely ₃

Unlikely ₄

Highly unlikely ₅

16. About your position at work, how often do the following statements apply?

a. I have a good deal of say in decisions about work

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

b. My working time can be flexible

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

c. I can decide when to take a break

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

17. About consistency and clarity regarding your job.

a. Do different groups at work demand things from you that you think are hard to combine?

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

b. Do you get sufficient information from line management (your supervisors)?

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

c. Do you get consistent information from line management (your supervisors)?

₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

18. When you are having difficulties at work.

a. How often do you get help and support from your colleagues?

- ₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

b. How often are your colleagues willing to listen to your work related problems?

- ₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

c. How often do you get help and support from your immediate line manager?

- ₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

d. How often is your immediate line manager willing to listen to your problems?

- ₁ Often ₂ Sometimes ₃ Seldom ₄ Never/Almost Never

19. Further aspects of your job...

a. I am clear what is expected of me at work Always Often Sometimes Seldom Never

- ₁ ₂ ₃ ₄ ₅

b. There is friction or anger between colleagues Always Often Sometimes Seldom Never

- ₁ ₂ ₃ ₄ ₅

c. Staff are always consulted about change Always Often Sometimes Seldom Never

- ₁ ₂ ₃ ₄ ₅

d. Relationships at work are strained Always Often Sometimes Seldom Never

- ₁ ₂ ₃ ₄ ₅

People around you

The next few questions are about people you feel close to, including relatives, friends and acquaintances.

22. Here are some comments people have made about their family and friends. For each statement, please say whether it is not true, partly true or certainly true for you.

There are people I know amongst my family and friends...

a. ...who do things to make me happy

Not true

 ₁

Partly true

 ₂

Certainly true

 ₃

b. ...who make me feel loved

Not true

 ₁

Partly true

 ₂

Certainly true

 ₃

c. ...who can be relied on no matter what happens

Not true

 ₁

Partly true

 ₂

Certainly true

 ₃

d. ...who give me support and encouragement

Not true

 ₁

Partly true

 ₂

Certainly true

 ₃

More about your health

23a. Do you smoke cigarettes at all nowadays?

₁ Yes ₂ No

23b. If yes: About how many cigarettes a day do you usually smoke on weekdays?

_____ (write in number)

24. People have very different views about how much is enough or too much to drink.

In the last year:

a. Have you ever felt you should cut down on your drinking?

₁ Yes ₂ No

b. Have people annoyed you by criticizing your drinking?

₁ Yes ₂ No

c. Have you ever felt bad or guilty about your drinking?

₁ Yes ₂ No

d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

₁ Yes ₂ No

25a. Did you use any health and social care services over the past month?

₁ Yes ₂ No

25b. If yes, please specify:

If yes, give number of visits:

General practitioner:

₁ Yes ₂ No

_____ (write in number)

Nurse:

₁ Yes ₂ No

_____ (write in number)

Social worker:

₁ Yes ₂ No

_____ (write in number)

Other (for instance cardiologist, physiotherapist, please specify):

₁ Yes ₂ No

_____ (write in number)

₁ Yes ₂ No

_____ (write in number)

₁ Yes ₂ No

_____ (write in number)

26a. Did you use any hospital services over the past month?

₁ Yes ₂ No

26b. If yes, please specify:

If yes, give number of visits or days:

Inpatient ward: ₁ Yes ₂ No _____ (write in number of days)

Outpatient services: ₁ Yes ₂ No _____ (write in number of visits)

Accident and Emergency: ₁ Yes ₂ No _____ (write in number of visits)

Day hospital: ₁ Yes ₂ No _____ (write in number of visits)

Other (please specify):

_____ ₁ Yes ₂ No _____ (write in number)

_____ ₁ Yes ₂ No _____ (write in number)

_____ ₁ Yes ₂ No _____ (write in number)

27a. Has your health or the way you have been feeling caused you to take time off work in the past three months?

₁ Yes ₂ No ₃ Prefer not to say

27b. If yes, how many days in the past three months have you taken off work?

(Please include weekends falling within a period of sickness.)

_____ number of days

₉₉₉ prefer not to say

28a. Did you take any medication in the past month?

₁ Yes ₂ No ₃ Prefer not to say

28b. If yes, please list medicines taken.

Where possible, please use medicine labels and/or prescriptions.

Medication (trade name) Total number of days
per month

1 _____ (write in number)

2 _____ (write in number)

3 _____ (write in number)

4 _____ (write in number)

5 _____ (write in number)

6 _____ (write in number)