
Welcome to SDU's Workplace Assessment and Well-Being Survey 2021

This questionnaire is divided into 4 parts:

Workplace Assessment of the Psychological Working Environment and Well-Being

The first part is about your possible remote work

The second part is about your psychological working environment and your well-being

The third part is about how you see the risk of infection

Workplace Assessment of the Physical Working Environment

The fourth part is about your physical working environment

Confidentiality and anonymity

Your answers will go directly to Rambøll, which stores data for the University of Southern Denmark. Rambøll will keep all your answers confidential.

Rambøll will submit anonymised quantitative reports to SDU on the basis of the answers received to both the Workplace Assessment of the Psychological Working Environment and Well-Being and the Workplace Assessment of the Physical Working Environment. These reports will be made available on Sharepoint for SDU's employees.

Rambøll will submit free text answers to SDU.

Free text answers from the Workplace Assessment of the Psychological Working Environment and Well-Being are represented in anonymised reports. Free text answers from the Workplace Assessment of the Physical Working Environment will be connected with respondent names in the non-anonymous reports.

All free text reports will be made available to the unit's health and safety group as well as the monitoring group. The purpose of the monitoring group is to detect problems across

the organisation and contribute with support in particularly problems that need to be resolved. Find out more about the monitoring group and its tasks at www.sdunet.dk/apvtrivsel.

of the Workplace Assessment and Well-Being Survey
How to navigate through the questionnaire

You can navigate by clicking "previous" and "next" at the bottom of the screen (not the arrow keys in your browser).

You can temporarily exit the questionnaire and complete it at a later time. Your answers will be saved each time you press "Next". To resume the questionnaire, click on the link in the e-mail you received.

You will have the opportunity to have your answers sent to your e-mail.

To complete the questionnaire, click "Finish" on the last page.

You can change the language of the survey at any given time.

Thank you for taking the time to complete the questionnaire.

Language

What language do you prefer?

- (1) ☐ Danish
- (2) ☐ English

Part 1: Remote work

The questions in this first part of the questionnaire concern your well-being and working environment in connection with the remote work you are doing at the moment.

To gain better knowledge of remote work, we will ask you the following:

Extent of remote work

Psychological working environment in connection with remote work

Physical working environment in connection with remote work

Wishes for the extent of remote work

Remote work is work performed from a place other than your workplace at SDU. Remote work is usually performed from home. Remote work is often performed using a PC or another communications connection. Work during stationing abroad, work-related trips and mobile work with changing workplaces are not included.

1. How often do you currently work remotely?

- (1) ☐ I don't work remotely
- (2) ☐ Occasionally
- (3) ☐ 1 day a week
- (4) ☐ 2 days a week
- (5) ☐ 3 days a week
- (6) ☐ 4 days a week
- (7) ☐ 5 days a week

Psychological working environment in connection with remote work

Work tasks in connection with remote work

	Yes	No	Don't know/Not relevant
2. Taking all things into consideration, do you find that you have a good framework for performing your tasks when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) ☐ (1) ☐ (99) ☐

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
3. Are you able to perform your tasks in a good and efficient way when working remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
4. Do you have the necessary skills to use your IT equipment and programs when working remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
5. Do you have the necessary skills in relation to conducting meetings, teaching, etc. online in connection with working remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Collaboration in connection with remote work

	Yes	No	Don't know/Not relevant
6. Taking all things into consideration, do you find that you are part of a satisfactory collaboration when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) ☐ (1) ☐ (99) ☐

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
7. Do you find that you are involved in discussions about the development and operation of your unit when you work remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
8. Do you get the necessary knowledge, feedback and professional back-and-forth from your management when you work remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
9. Do you get the necessary collegial feedback from your colleagues when working remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
10. Do you feel that you are part of the collegial community when you work remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Well-being in connection with remote work

	Yes	No	Don't know/Not relevant
11. Taking all things into consideration, do you feel comfortable in your work when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
12. Do you find that there is a sensible balance between your work life and your private life when you work remotely?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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Physical working environment in connection with remote work

The arrangement of the remote workplace

	Satisfactory	Not satisfactory	Don't know/Not relevant
13. Taking all things into consideration, how would you describe your physical working conditions when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
14. Do you have good lighting conditions?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
15. Is it possible for you to air out the room?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
16. Is it possible for you to work undisturbed and concentrated when you need to?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Ergonomic working conditions in connection with remote work

	Satisfactory	Not satisfactory	Don't know/Not relevant
17. Taking all things into consideration, how do you find the ergonomic working conditions when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
18. Is it possible for you to have good working postures?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
19. Are you able to vary your working postures during the day?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
20. Is it possible for you to take breaks during the working day?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Online working environment in connection with remote work

	Satisfactory	Not satisfactory	Don't know/Not relevant
21. Taking all things into consideration, how would you describe the online working environment when you work remotely?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
22. Do you have a good internet connection?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
23. Do you have the necessary IT equipment?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
24. Do you have access to the necessary IT programs?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Remote work - comments

25. What advantages of working remotely have you experienced so far?

26. What disadvantages of working remotely have you experienced so far?

Wishes for the extent of remote work

27. How often in the future would you like to work remotely?

- (1) ☐ I don't want to work remotely
- (2) ☐ Occasionally
- (3) ☐ 1 day a week
- (4) ☐ 2 days a week
- (5) ☐ 3 days a week
- (6) ☐ 4 days a week
- (7) ☐ 5 days a week
- (99) ☐ Don't know

Part 2: Well-being and psychological working environment

The questions in this second part of the questionnaire are about your well-being and your working environment in general in connection with your work.

To gain better knowledge of your well-being and your working environment, we will ask you the following:

Job satisfaction

Work tasks

Cooperation

Management

Well-being

Offensive behaviour

Job satisfaction

	Yes	No	Don't know/Not relevant
1. Taking all things into consideration, are you satisfied with your work?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
2. Do you feel motivated and engaged in your work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
3. Do you feel that there are available to you opportunities for development that reflect your abilities and wishes?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
4. Do you feel that there is a sensible balance between your work and your private life?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Work tasks

	Yes	No	Don't know/Not relevant
5. Taking all things into consideration, do you think your work is meaningful?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) ☐ (1) ☐ (99) ☐

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
6. Is your workload appropriate?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
7. Do the tasks you carry out match your qualifications?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
8. In relation to your work, do you know what is expected of you?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
9. Are you able to influence how you carry out your work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Cooperation

	Yes	No	Don't know/Not relevant
10. Taking all things into consideration, is cooperation with your colleagues satisfactory?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
11. In cooperative work, do you and your colleagues make use of each other's various competences?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
12. Do you take on your share of responsibility for ensuring things function correctly?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
13. Are any disagreements dealt with in an open and honest manner?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
14. Is it possible for you to have a say when performing tasks in the working communities of which you are a part?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
15. Do you find that you are treated with respect in the	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
working communities of which you are part?					

Management

Here you will be asked if you think that the management performed corresponds to what you need in order to perform your work tasks and thrive at the workplace. When you think of management, you need to think of personnel management/administration management and professional management/research management. The managerial tasks may be performed by different people, and if you are involved in different projects, for example, your specific managers may also change over time.

In the Workplace Assessment and Well-Being Survey, the individual managers are not evaluated. Instead, you are asked about your overall view on the performance of managerial tasks.

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
16. Is it clear to you which managers make up your management at present?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Management

	Yes	No	Don't know/Not relevant
17. Taking all things into consideration, do you find that the management ensures a good framework for you to perform your tasks?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
18. Taking all things into consideration, do you find that the management ensures a good framework for your well-being at the workplace?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Direction

	Yes	No	Don't know/Not relevant
19. Do you find that your management sets a clear direction?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
19a. Do you see a connection between the direction set by the management and the tasks you perform?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
19b. Do you find that the management creates common and engaging ambitions for the performance of tasks?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
19c. Do you find that the management communicates about decisions, changes and future plans?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
19d. Do you find that the management helps you prioritise and coordinate your tasks?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Interaction (Communication and collaboration)

	Yes	No	Don't know/Not relevant
20. Do you find that your management supports communication and collaboration?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
20a. Do you find that the management encourages different skills in the performance of tasks?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
20b. Do you find that the management promotes collegial collaboration within your unit?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
20c. Do you find that the management supports cross-disciplinary collaboration with others outside your unit?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
20d. Do you find that the management ensures employee involvement in relevant decisions?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
20e. Do you find that the management shares knowledge and provides professional back-and-forth?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Commitment

	Yes	No	Don't know/Not relevant
21. Do you find that your management creates a good framework for commitment?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
21a. Do you find that the management motivates you to use and develop your skills?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
21b. Do you find that the management handles conflicts and dissatisfaction in a proper way?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
21c. Do you find that the management communicates openly and meaningfully?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Leadership

	Yes	No	Don't know/Not relevant
22. Do you find that your management assumes managerial responsibility?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
22a. Do you think there is a clear and distinct leadership?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
22b. Do you find that the management shows integrity and credibility?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Well-being

	Yes	No	Don't know/Not relevant
23. Taking all things into consideration, do you feel comfortable in your work?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	Never	Rarely	Occasionally	Often	Don't know/Not relevant
24. Do you feel lonely at work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
25. Do you feel you suffer from stress in relation to your work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Stress is defined here as a condition which may be experienced when the pressures on a person and the demands made on him or her are greater than the resources available to that person or than that person is able to mobilise.

Well-being

25a. You have answered that you often feel you suffer from stress in relation to your work.

What do you think might be causing this? (you may tick more than one option)

- (1) ☐ Excessive workload over an indefinite period of time
- (2) ☐ Too low, too high or unclear requirements
- (3) ☐ Insufficient influence on your own work
- (4) ☐ Insufficient collegial or managerial support and feedback
- (5) ☐ Risk of traumatic events at work, e.g. violence or bullying
- (6) ☐ High emotional demands at work
- (7) ☐ Physical conditions, e.g. noise, poor interior or indoor climate
- (8) ☐ Collaboration or role conflicts
- (9) ☐ Changes, reorganisation or unpredictability at work
- (10) ☐ Other factors and any comments: _____

Please note that your response is submitted anonymously to your health and safety group and the monitoring group of the Workplace Assessment and Well-Being Survey.

Offensive behaviour

	Yes, daily or almost daily	Yes, weekly	Yes, monthly	Yes, less often	No	Don't know/Not relevant
26. Have you experienced bullying in relation to your work within the last 12 months?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

Bullying occurs when a person is exposed to unpleasant or negative actions in their work repeatedly over a period of time. To be able to characterise something as bullying, the person who experiences it must feel it is hard to defend themselves.

Offensive behaviour

	Managers	Colleagues	Other employees	Students	Other	Don't know/Not relevant
26a. Who bullied you? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

	At SDU's premises	Outside of SDU's premises	Via phone, SMS, email or letter	Via social media (Facebook, Instagram, Twitter, LinkedIn etc.)	Other
26b. Where did the bullying take place? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Offensive behaviour

	No	Yes, manager	Yes, staff represent ative	Yes, health and safety represent ative	Yes, colleagu e	Yes, Human Resource Service	Yes, other	Don't know/Not relevant
26c. Have you talked to anyone at your workplace about the bullying you were exposed to?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>
(You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>

	Yes	No, I didn't need help	No, I didn't get help even though I needed it	Don't know/Not relevant
26d. Has anyone at your workplace done anything to help you?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>

Offensive behaviour

	Yes, daily or almost daily	Yes, weekly	Yes, monthly	Yes, less often	No	Don't know/Not relevant
27. Have you experienced unwanted sexual attention in relation to your work within the last 12 months?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

Unwanted sexual attention includes any verbal or non-verbal behaviour of a sexual nature that is perceived as offensive.

Offensive behaviour

	Managers	Colleagues	Other employees	Students	Other	Don't know/Not relevant
27a. From whom did you experience unwanted sexual attention?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
(You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

	At SDU's premises	Outside of SDU's premises	Via phone, SMS, email or letter	Via social media (Facebook, Instagram, Twitter, LinkedIn etc.)	Other
27b. Where did the unwanted sexual attention take place?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
(You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Offensive behaviour

	No	Yes, manager	Yes, staff represent ative	Yes, health and safety represent ative	Yes, colleagu e	Yes, Human Resource Service	Yes, other	Don't know/Not relevant
27c. Have you talked to anyone at your workplace about the unwanted sexual attention you were exposed to?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>
(You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>

	Yes	No, I didn't need help	No, I didn't get help even though I needed it	Don't know/Not relevant
27d. Has anyone at your workplace done anything to help you?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>

Offensive behaviour

	Yes, daily or almost daily	Yes, weekly	Yes, monthly	Yes, less often	No	Don't know/Not relevant
28. Have you experienced physical violence in relation to your work within the last 12 months?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

Physical violence is attacks on the body, e.g. assaults, attempted strangulation, stabbing, kicking, punching, pushing, tripping up, restraining, throwing objects, pinching, biting, scratching or spitting.

Offensive behaviour

	Managers	Colleagues	Other employees	Students	Other	Don't know/Not relevant
28a. From whom did you experience physical violence? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

	At SDU's premises	Outside of SDU's premises	Other
28b. Where did the physical violence take place? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>

Offensive behaviour

	No	Yes, manager	Yes, staff represent ative	Yes, health and safety represent ative	Yes, colleagu e	Yes, Human Resource Service	Yes, other	Don't know/Not relevant
28c. Have you talked to anyone at your workplace about the physical violence you were exposed to? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>

	Yes	No, I didn't need help	No, I didn't get help even though I needed it	Don't know/Not relevant
28d. Has anyone at your workplace done anything to help you?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>

Offensive behaviour

	Yes, daily or almost daily	Yes, weekly	Yes, monthly	Yes, less often	No	Don't know/Not relevant
29. Have you experienced psychological violence in relation to your work within the last 12 months?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

Psychological violence is threats of violence and other offensive behaviour, such as threats to life, threats of vandalism to the workplace, threats relating to employees' family or friends or threats relating to employees' property. Threats can also be expressed without words, e.g. with clenched fists or in the form of drawings.

Offensive behaviour

	Managers	Colleagues	Other employees	Students	Other	Don't know/Not relevant
29a. From whom did you experience psychological violence?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

(You may tick more than one option)

(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
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	At SDU's premises	Outside of SDU's premises	Via phone, SMS, email or letter	Via social media (Facebook, Instagram, Twitter, LinkedIn etc.)	Other
29b. Where did the psychological violence take place?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

(You may tick more than one option)

(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
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Offensive behaviour

	No	Yes, manager	Yes, staff represent ative	Yes, health and safety represent ative	Yes, colleagu e	Yes, Human Resource Service	Yes, other	Don't know/Not relevant
29c. Have you talked to anyone at your workplace about the psychological violence you were exposed to?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>
(You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(99) <input type="checkbox"/>

	Yes	No, I didn't need help	No, I didn't get help even though I needed it	Don't know/Not relevant
29d. Has anyone at your workplace done anything to help you?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(99) <input type="checkbox"/>

Offensive behaviour

	Yes, daily or almost daily	Yes, weekly	Yes, monthly	Yes, less often	No	Don't know/Not relevant
30. Have you experienced discrimination in relation to your work within the last 12 months?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

Discrimination is negative differential treatment based on gender, race, colour, religion or beliefs, politics, sexual orientation, age, disability or national, social or ethnic origin.

Offensive behaviour

30a. What type of discrimination were you exposed to?
(you can select more than one answer)

Discrimination due to:

Offensive behaviour

	Managers	Colleagues	Other employees	Students	Other	Don't know/Not relevant
30b. From whom did you experience discrimination? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(99) <input type="checkbox"/>

	At SDU's premises	Outside of SDU's premises	Via phone, SMS, email or letter	Via social media (Facebook, Instagram, Twitter, LinkedIn etc.)	Other
30c. Where did the discrimination take place? (You may tick more than one option)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Offensive behaviour

☐ No
 ☐ Yes, manager
 ☐ Yes, staff representative
 ☐ Yes, health and safety representative
 ☐ Yes, colleague
 ☐ Yes, Human Resource Service
 ☐ Yes, other
 ☐ Don't know/Not relevant

30d. Have you talked to anyone at your workplace about the discrimination you were exposed to?

(1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (99) ☐

(You may tick more than one option)

(1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) ☐ (7) ☐ (99) ☐

☐ Yes
 ☐ No, I didn't need help
 ☐ No, I didn't get help even though I needed it
 ☐ Don't know/Not relevant

30e. Has anyone at your workplace done anything to help you?

(1) ☐ (2) ☐ (3) ☐ (99) ☐

(1) ☐ (2) ☐ (3) ☐ (99) ☐

Supplementary questions formulated by your unit

Klinisk Institut og Institut for Molekylær Medicin

Supplementary questions concerning “NytSUND” and the relocation process:

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/not relevant
1. Does the “NytSUND” relocation process influence your well-being at work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
2. As an employee, have you been included adequately in the “NytSUND” relocation process?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
3. Has the “NytSUND” relocation information provided to you been satisfactory?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Supplementary questions formulated by your unit

Institut for Fysik, Kemi og Farmaci

	Yes	No	Don't know/Not relevant
1. Taking all things into consideration, are you satisfied with the department's organization?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/not relevant
2. Do you find that the current organization invites collaboration across sections?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
3. Do you find, with the current organization, that you yourself invite to community within your section?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
4. Do you feel that you are contributing to the social community at the Department?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Supplementary questions formulated by your unit

Set of Values

Biologisk institut

In July all employees were invited to participate in the process of improving and updating the Department's set of values. In the following questions we kindly ask you to assess your association to the Department and your psychological safety at the Department by evaluating the following statements. Your assessment of both elements is important and relevant for both the APV and in the ongoing work with the Departments set of values.

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/not relevant
1. Do you feel closely associated to the Department?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
2. Do you feel closely associated to your research group/subunit?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
3. Do you experience a strong sense of solidarity at the Department?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
4. Do you experience that the Department has a safe environment where you can speak straight?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Supplementary questions formulated by your unit

Institut for Biokemi og Molekylær Biologi

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/not relevant
To what extent can you meet your deadlines in a non-stressful manner?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
Do you contribute to an improvement of the working environment and well-being?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
Do you see direct line management contribute to improve the working environment and well-being of your group?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
Do you feel your work is being recognised and made visible?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
Are you satisfied with the degree of clarification about your career prospects?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Other comments

If you have any general comments or proposals concerning employee well-being and the psychological working environment in your workplace, please make them here.

Your comments may, of course, be both positive and negative, but please present them as a constructive contribution to the follow-up work.

Please note that Rambøll will submit the free text answers in unedited but anonymised form – i.e. without connection with the answers you have otherwise given in the questionnaire – to SDU, specifically to your unit's health and safety group and to the monitoring group of the Workplace Assessment and Well-Being Survey 2021.

Part 3: Risk of infection

The questions in this third part of the questionnaire are about your perception of the risk of infection.

To gain better knowledge of the risk of infection, we will ask you the following:

Own opportunities for infection control

Collaboration on infection control

In this context, risk of infection is understood as a risk in your daily life of exposure to infectious diseases caused by microorganisms or other infectious matter that can be transmitted from, to or between humans. Risk of exposure to biological material for research purposes is not included here.

1. Taking all things into consideration, do you find that your unit takes effective measures against the spread of infection?

(4) ☐ Yes

(1) ☐ No

(99) ☐ Don't know/Not relevant

Own opportunities for infection control

2. During the working day at campus, do you have a good opportunity to:

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
2a. keep the necessary distance to others?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
2b. limit infection via contact points?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
2c. Wash your hands frequently or use hand sanitiser?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
2d. Use personal protective equipment against the risk of infection where necessary?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

3. Do you know what to do in relation to your workplace if you get symptoms of an infectious disease?

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Collaboration on infection control

	Yes	No	Don't know/Not relevant
4. Taking all things into consideration, do you find that you are good at showing consideration for each other and respecting each other's boundaries in relation to preventing the risk of infection at work?	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
	(4) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

	To a high degree	To some degree	To a lesser degree	To almost no degree	Don't know/Not relevant
5. Do you do your best to limit the risk of infection for you and the colleagues, students, etc. with whom you work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>
6. Do you feel safe coming to work?	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(2) <input type="checkbox"/>	(1) <input type="checkbox"/>	(99) <input type="checkbox"/>

Transition from confidential to non-confidential survey

Your answers so far – about remote work, your psychological working environment and well-being as well as the risk of infection – are confidential in relation to Rambøll's data management and anonymous to SDU.

Your answers to the rest of the questionnaire – concerning your physical working environment – remain confidential (as per Rambøll's data processing) and anonymous in relation to SDU, except for responses provided in free text boxes. The latter responses are linked to your name and submitted in a free-text report to your unit's health and safety group as well as the monitoring group of the 2021 Workplace Assessment and Well-Being Survey.

Click 'Next' to proceed to the Workplace Assessment of the Physical Working Environment.

Workplace Assessment of the Physical Working Environment

The questions in this last part of the questionnaire are about your physical working environment.

To gain better knowledge of your physical working environment, we will ask you about your perception of the conditions in the following areas:

Arrangement of your workplace
Work station
Classroom
Workplace indoor climate
Ergonomic factors
Working in laboratories and workshops
Chemical substances
Biological agent/GMO
Laboratory animals
Laser, powerful magnets
Machinery and equipment
Accidents and emergency measures

If you answer 'Satisfactory', this indicates that you find the working environment condition is 100% satisfactory. If you answer 'Not satisfactory' to a working environment condition, this indicates that something is more or less unsatisfactory. You then have the option to elaborate on what is wrong and to propose solutions in writing.

A few personal details

Your name

Which of the following job functions do you have? (You may tick more than one option)

The questionnaire is adapted to the job functions that you tick off below

- (1) ☐ I work in front of a computer for more than two hours a day in an office, at a counter or in connection with experimental work etc. (Questions about your work station)
- (2) ☐ I teach in a classroom (Questions about the classroom)
- (3) ☐ I work in one or more of the following areas: Chemical substances, biological materials, laboratory animals, other laboratory facilities/experimental installation, teaching workshop (Questions about chemical substances, biological agents/GMO, laboratory animals, laser and power magnets)
- (4) ☐ I handle or can come into contact with chemicals and work in a trade, in transport, warehousing and storage etc. (Questions about chemical substances, biological agents/GMO, laboratory animals, laser and power magnets)
- (5) ☐ I have none of the above job functions

Arrangement of your workplace

Base your response on all of your workplaces (e.g. office, laboratory, technical room, workshop, classroom) at SDU.

You are answering questions about the following factors:

The position of the workplace in relation to other activities

Amount of space in and around the workplace

Rearranging the workplace

Lighting

Noise

Ventilation

How would you describe the arrangement of your workplace(s)?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Arrangement of your workplace

You have indicated that the arrangement of your workplace(s) is not satisfactory. Tick relevant reasons:

- (1) ☐ Unsuitable positioning of workplace in relation to workflow, shared areas, meeting room, copy room, etc.
- (2) ☐ Unsuitable positioning of workplace in relation to other activities in the room
- (3) ☐ Unsuitable positioning of workplace in relation to windows, daylight, lighting and ventilation
- (4) ☐ Inadequate space in and around the workplace
- (5) ☐ Insufficient options for rearranging the workplace
- (6) ☐ Inadequate workplace lighting
- (7) ☐ Glare or reflections from lighting/windows
- (8) ☐ Annoying noise from indoor surroundings or from outdoor areas
- (9) ☐ Noise from technical equipment is irritating
- (10) ☐ Annoying noise from people
- (11) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Arrangement of your workplace

Comment field for: Unsuitable positioning of workplace in relation to workflow, shared areas, meeting room, copy room, etc.

Describe the problem

State room number

Comment field for: Unsuitable positioning of workplace in relation to other activities in the room

Describe the problem

State room number

Comment field for: Unsuitable positioning of workplace in relation to windows, daylight, lighting and ventilation

Describe the problem

State room number

Comment field for: Inadequate space in and around the workplace

Describe the problem

State room number

Comment field for: Insufficient options for rearranging the workplace

Describe the problem

State room number

Comment field for: Inadequate workplace lighting

Describe the problem

State room number

Comment field for: Glare or reflections from lighting/windows

Describe the problem

State room number

Comment field for: Annoying noise from indoor surroundings or from outdoor areas

Describe the problem

State room number

Comment field for: Noise from technical equipment is irritating

Describe the problem

State room number

Comment field for: Annoying noise from people

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Specifically related to your work station

You are answering questions about the following factors:

Monitor: positioning, height, tilt function, light, glare and reflection

Chair and desk: adjustment

Keyboard and mouse: amount of space, functionality

Instructions

If you have computer work more than 2 hours a day or 1 day a week: How would you describe the arrangement of your workstation at SDU?

- (4) ☐ Satisfactory
- (1) ☐ Not satisfactory
- (99) ☐ Don't know/Not relevant

Arrangement of your work station

You have indicated that something is not satisfactory in the arrangement of your work station. Tick relevant reasons:

- (1) ☐ The monitor cannot be positioned approx. an arm's length away from the user
- (2) ☐ The screen cannot be adjusted in height or angle
- (3) ☐ Keyboard or mouse is used without lower arm support
- (4) ☐ Keyboard or mouse does not work as it should
- (5) ☐ Separate screen or separate keyboard missing
- (6) ☐ Glare or reflections from lighting/windows
- (7) ☐ Desk lamp missing
- (8) ☐ Problems with or lack of information about settings for chair/desk
- (9) ☐ Instructions on settings and use of equipment is lacking
- (10) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Arrangement of your work station

Comment field for: The monitor cannot be positioned approx. an arm's length away from the user

Describe the problem

State room number

Comment field for: The screen cannot be adjusted in height or angle

Describe the problem

State room number

Comment field for: Keyboard or mouse is used without lower arm support

Describe the problem

State room number

Comment field for: Keyboard or mouse does not work as it should

Describe the problem

State room number

Comment field for: Separate screen or separate keyboard missing

Describe the problem

State room number

Comment field for: Glare or reflections from lighting/windows

Describe the problem

State room number

Comment field for: Desk lamp missing

Describe the problem

State room number

Comment field for: Problems with or lack of information about settings for chair/desk

Describe the problem

State room number

Comment field for: Instructions on settings and use of equipment are lacking

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Specifically related to your classroom

Base your response on all of the environments you teach in.

You are answering questions about the following factors:

Arrangement: Amount of space, technical equipment, teaching boards, screen, desk and chairs

Lighting: Sunlight, artificial light, reflections

Noise from equipment, acoustics

Indoor climate: temperature and air quality

Cleaning

How would you rate the classroom design and layout in relation to your teaching requirements?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Arrangement of the classroom

You have indicated that something about the design and layout of the classroom is not satisfactory. Tick relevant reasons:

- (1) ☐ Classroom spaces are unsatisfactory
- (2) ☐ Teacher's chair/table cannot be adjusted
- (3) ☐ Blackboard/screen/projector is not positioned appropriately
- (4) ☐ Power points are not positioned appropriately
- (5) ☐ Table arrangement does not support the teaching form
- (6) ☐ Lighting arrangement is not appropriate
- (7) ☐ Glare or reflections from lighting/windows
- (8) ☐ The acoustics are distracting
- (9) ☐ Noise from technical equipment is irritating
- (10) ☐ Uncomfortable temperature/air quality
- (11) ☐ The level of cleaning is not adequate
- (12) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Arrangement of the classroom

Comment field for: Classroom spaces are unsatisfactory

Describe the problem

State room number

Comment field for: Teacher's chair/table cannot be adjusted

Describe the problem

State room number

Comment field for: Blackboard/screen/projector is not positioned appropriately

Describe the problem

State room number

Comment field for: Power points are not positioned appropriately

Describe the problem

State room number

Comment field for: Table arrangement does not support the teaching form

Describe the problem

State room number

Comment field for: Lighting arrangement is not appropriate

Describe the problem

State room number

Comment field for: Glare or reflections from lighting/windows

Describe the problem

State room number

Comment field for: The acoustics are distracting

Describe the problem

State room number

Comment field for: Noise from technical equipment is irritating

Describe the problem

State room number

Comment field for: Uncomfortable temperature/air quality

Describe the problem

State room number

Comment field for: The level of cleaning is not adequate

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Workplace indoor climate

Base your response on all of your workplaces (e.g. office, laboratory, technical room, workshop, classroom) at SDU.

You are answering questions about the following factors:

Temperature

Draughts

Air quality

Neatness and tidiness

Cleaning

How would you describe the indoor climate of your workplace(s)?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Workplace indoor climate

You have indicated that something is not satisfactory in the workplace indoor climate.

Tick relevant reasons:

- (1) ☐ Uncomfortable temperature in summer and/or winter
- (2) ☐ No possibility for adjusting temperature for individual needs
- (3) ☐ Sunshade is missing or defective
- (4) ☐ The air is unpleasantly dry or humid, static electricity
- (10) ☐ Possible harmful substances in the air, e.g. asbestos, PCB
- (5) ☐ There are problems with drafts
- (6) ☐ There are problems with smells
- (7) ☐ There is a lack of order and tidiness
- (8) ☐ The level of cleaning is not adequate
- (9) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Workplace indoor climate

Comment field for: Uncomfortable temperature in summer and/or winter

Describe the problem

State room number

Comment field for: No possibility for adjusting temperature for individual needs

Describe the problem

State room number

Comment field for: Sunshade is missing or defective

Describe the problem

State room number

Comment field for: The air is unpleasantly dry or humid, static electricity

Describe the problem

State room number

Comment field for: Possible harmful substances in the air, e.g. asbestos, PCB

Describe the problem

State room number

Comment field for: There are problems with drafts

Describe the problem

State room number

Comment field for: There are problems with smells

Describe the problem

State room number

Comment field for: There is a lack of order and tidiness

Describe the problem

State room number

Comment field for: The level of cleaning is not adequate

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Ergonomic factors

Base your response on all of your workplaces (e.g. office, laboratory, technical room, workshop, classroom, fieldwork) at SDU.

You are answering questions about the following factors:

Work postures: physically demanding, knowledge of ergonomics

Variation: monotony, precision work

Lifting and carrying: frequency, weight of load

Pulling and pushing: frequency, weight of load

How would you describe the ergonomics of your workplace(s)?

- (4) ☐ Satisfactory
(1) ☐ Not satisfactory
(99) ☐ Don't know/Not relevant

Ergonomic factors

You have indicated that something is not satisfactory in the ergonomics of your workplace. Tick relevant reasons:

- (1) ☐ Lack of knowledge about good and varied work postures
- (2) ☐ Sedentary work with little possibility of changing work posture
- (3) ☐ Standing at work with little possibility of changing work posture
- (4) ☐ Prolonged periods of monotonous, static working movements
- (5) ☐ Prolonged periods of precision work requiring great concentration
- (6) ☐ Physically demanding work postures, e.g. twisting and stretching
- (7) ☐ Heavy or frequent lifting, carrying, pulling or pushing
- (8) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Ergonomic factors

Comment field for: Lack of knowledge about good and varied work posture

Describe the problem

State room number

Comment field for: Sedentary work with little possibility of changing work posture

Describe the problem

State room number

Comment field for: Standing at work with little possibility of changing work posture

Describe the problem

State room number

Comment field for: Prolonged periods of monotonous, static working movements

Describe the problem

State room number

Comment field for: Prolonged periods of precision work requiring great concentration

Describe the problem

State room number

Comment field for: Physically demanding work postures, e.g. twisting and stretching

Describe the problem

State room number

Comment field for: Heavy or frequent lifting, carrying, pulling or pushing

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Working with chemical substances

Base your response on all of your work duties (e.g. laboratory work, trade work, service duties).

You are answering questions about the following factors:

Instructions at work

Preparation and planning of work

Personal protective equipment

Work process ventilation

Storage, handling, labelling and disposal

Material safety data sheets (MSDS)

Hazardous explosive atmospheres (ATEX)

How would you describe the working conditions at your workplace(s) in relation to working with chemical substances?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Working with chemical substances

You have indicated that something is not satisfactory in your work with chemical substances. Tick relevant reasons:

- (1) ☐ Unsatisfactory work organisation, e.g. in considering substitution
- (2) ☐ Unsatisfactory instructions
- (3) ☐ Inadequate labelling of chemical containers
- (4) ☐ Inadequate safety signs
- (5) ☐ Lack of access to instructions in use of chemicals in Kemibrug
- (6) ☐ Personal protective devices are absent, unsuitable or are not used
- (7) ☐ Inadequate work process ventilation
- (8) ☐ Unsafe storage
- (9) ☐ Unsafe treatment
- (10) ☐ Inadequacies in the handling of chemical waste or in knowledge about it
- (11) ☐ Insufficient focus on safety, e.g. regarding the workplace environment for pregnant women
- (12) ☐ Safety measures regarding risks of explosive atmospheres, ATEX, are not complied with
- (13) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Working with chemical substances

Comment field for: Unsatisfactory work organisation, e.g. in considering substitution

Describe the problem

State room number

Comment field for: Unsatisfactory instructions

Describe the problem

State room number

Comment field for: Inadequate labelling of chemical containers

Describe the problem

State room number

Comment field for: Inadequate safety signs

Describe the problem

State room number

Comment field for: Lack of access to instructions in use of chemicals in Kemibrug

Describe the problem

State room number

Comment field for: Personal protective devices are absent, unsuitable or are not used

Describe the problem

State room number

Comment field for: Inadequate work process ventilation

Describe the problem

State room number

Comment field for: Unsafe storage

Describe the problem

State room number

Comment field for: Unsafe treatment

Describe the problem

State room number

Comment field for: Inadequacies in the handling of chemical waste or in knowledge about it

Describe the problem

State room number

Comment field for: Insufficient focus on safety, e.g regarding the workplace environment for pregnant women

Describe the problem

State room number

Comment field for: Safety measures regarding risks of explosive atmospheres, ATEX, are not complied with

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Working with biological agents/GMO in laboratories

Base your response in all the laboratories you use.

You are answering questions about the following factors:

Instruction at work

Preparation and planning of work

Personal protective equipment

Work process ventilation

Storage, handling, labelling and disposal

Mandatory notification to the Danish Working Environment Authority

Safety instructions

How would you describe the working conditions in your workplace(s) in relation to biological agents/GMO?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Working with biological agents/GMO in laboratories

You have indicated that something is not satisfactory in your work with biological agents/GMO. Tick relevant reasons:

- (1) ☐ Unsatisfactory work organisation, e.g. in considering substitution
- (2) ☐ Unsatisfactory instructions
- (3) ☐ Inadequate labelling of containers with biological material
- (4) ☐ Inadequate safety signs
- (5) ☐ Personal protective devices are absent, unsuitable or are not used
- (6) ☐ Inadequate work process ventilation
- (7) ☐ Negligent storage
- (8) ☐ Negligent handling
- (9) ☐ Inadequacies in the handling of biological waste or in knowledge about it
- (10) ☐ Insufficient focus on safety, e.g. regarding the workplace environment for pregnant women
- (11) ☐ Projects with biological material/GMO (class 1 and 2) are not registered with the Danish Working Environment Authority
- (12) ☐ Safety measures for working in classified laboratories are not complied with
- (13) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Working with biological agents/GMO in laboratories

Comment field for: Unsatisfactory work organisation, e.g. in considering substitution

Describe the problem

State room number

Comment field for: Unsatisfactory instructions

Describe the problem

State room number

Comment field for: Inadequate labelling of containers with biological material

Describe the problem

State room number

Comment field for: Inadequate safety signs

Describe the problem

State room number

Comment field for: Personal protective devices are absent, unsuitable or are not used

Describe the problem

State room number

Comment field for: Inadequate work process ventilation

Describe the problem

State room number

Comment field for: Negligent storage

Describe the problem

State room number

Comment field for: Negligent handling

Describe the problem

State room number

Comment field for: Inadequacies in the handling of biological waste or in knowledge about it

Describe the problem

State room number

Comment field for: Insufficient focus on safety, e.g. regarding the workplace environment for pregnant women

Describe the problem

State room number

Comment field for: Projects with biological material/GMO (class 1 and 2) are not registered with the Danish Working Environment Authority

Describe the problem

State room number

Comment field for: Safety measures for working in classified laboratories are not complied with

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Working with laboratory animals

You are answering questions about the following factors:

Instruction at work

Preparation and planning of work

Personal protective equipment and working clothes

Work process ventilation

Instructions related to animals and medicines

Waste

Mandatory notification to the Danish Working Environment Authority

How would you describe the conditions relating to work with laboratory animals at your workplace?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Working with laboratory animals

You have indicated that something is not satisfactory as regards the conditions to the work with laboratory animals. Tick relevant reasons:

- (1) ☐ Unsatisfactory work organisation
- (2) ☐ Inadequate information about health risks, e.g. allergy, asthma and risks of infection
- (3) ☐ Inadequate instruction in safe behaviours
- (4) ☐ Inadequate measures for the management of injury caused by bites and stings
- (5) ☐ Lack of space and facilities
- (6) ☐ Personal protective devices are absent, unsuitable or are not used
- (7) ☐ Inadequate work process ventilation
- (8) ☐ Inadequacies in the handling of biological waste or in knowledge about it
- (9) ☐ Projects using GMO trial animals are not registered with the Danish Working Environment Authority
- (10) ☐ Safety measures for working in classified laboratories are not complied with
- (11) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Working with laboratory animals

Comment field for: Unsatisfactory work organisation

Describe the problem

State room number

Comment field for: Inadequate information about health risks, e.g. allergy, asthma and risks of infection

Describe the problem

State room number

Comment field for: Inadequate instruction in safe behaviours

Describe the problem

State room number

Comment field for: Inadequate measures for the management of injury caused by bites and stings

Describe the problem

State room number

Comment field for: Lack of space and facilities

Describe the problem

State room number

Comment field for: Personal protective devices are absent, unsuitable or are not used

Describe the problem

State room number

Comment field for: Inadequate work process ventilation

Describe the problem

State room number

Comment field for: Inadequacies in the handling of biological waste or in knowledge about it

Describe the problem

State room number

Comment field for: Projects using GMO trial animals are not registered with the Danish Working Environment Authority

Describe the problem

State room number

Comment field for: Safety measures for working in classified laboratories are not complied with

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Radiation or powerful magnetic fields (e.g. laser, isotopes or NMR scanner)

Base your response on all of your relevant work duties (e.g. laboratory work, trade work, service duties).

You are answering questions about the following factors:

Instruction at work

Preparation and planning of work

Arrangement of the workspace

Personal protective equipment

Storage, handling, labelling and disposal

How would you describe the conditions relating to your work with radiation or powerful magnetic fields?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Radiation or powerful magnetic fields (e.g. laser, isotopes or NMR scanner)

You have indicated that something is not satisfactory with the conditions relating to your work with radiation or powerful magnetic fields. Tick relevant reasons:

- (1) ☐ Inadequate instruction regarding the hazards of working with radiation or powerful magnets
- (2) ☐ Inadequate access to work safety instructions
- (3) ☐ Lack of knowledge of safe limits
- (4) ☐ Inadequate safety measures against the risk of effects from radiation or powerful magnetic fields incorporated into the arrangement of the workroom
- (5) ☐ Inadequate preparation and planning of the work to be carried out
- (6) ☐ Inadequate screening of reflected rays from laser
- (7) ☐ Personal protective devices are absent, unsuitable or are not used
- (8) ☐ Problems in storage/sorting/disposal of isotope waste or of knowledge about it
- (9) ☐ Lack of registration of users of radioactive isotopes
- (10) ☐ Lack of attention given to the risk of pollution by isotopes from laboratory animals (urine, waste, exhalation)
- (11) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Radiation or powerful magnetic fields (e.g. laser, isotopes or NMR scanner)

Comment field for: Inadequate instruction regarding the hazards of working with radiation or powerful magnets

Describe the problem

State room number

Comment field for: Inadequate access to work safety instructions

Describe the problem

State room number

Comment field for: Lack of knowledge of safe limits

Describe the problem

State room number

Comment field for: Inadequate safety measures against the risk of effects from radiation or powerful magnetic fields incorporated into the arrangement of the workroom

Describe the problem

State room number

Comment field for: Inadequate preparation and planning of the work to be carried out

Describe the problem

State room number

Comment field for: Inadequate screening of reflected rays from laser

Describe the problem

State room number

Comment field for: Personal protective devices are absent, unsuitable or are not used

Describe the problem

State room number

Comment field for: Problems in storage/sorting/disposal of isotope waste or of knowledge about it

Describe the problem

State room number

Comment field for: Lack of registration of users of radioactive isotopes

Describe the problem

State room number

Comment field for: Lack of attention given to the risk of pollution by isotopes from laboratory animals (urine, waste, exhalation)

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Machinery, tools and technical equipment

Base your response on all of your workplaces (e.g. office, laboratory, technical room, workshop, field work).

You are answering questions about the following factors:

Instruction in the use, maintenance and cleaning of machinery and equipment

Safety data sheets for technical equipment

Personal protective equipment

Safety guard

Noise

How would you describe the safety of work with machinery, tools or other technical equipment in your workplace(s)?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Machinery, tools and technical equipment

You have indicated that something is not satisfactory as regards safety in working with machinery, tools or other technical equipment. Tick relevant reasons:

- (1) ☐ Inadequate instruction in the use, maintenance and cleaning of machinery and equipment
- (2) ☐ Lack of user manuals and safety data folders for machines etc.
- (3) ☐ Machinery, tools and equipment are not well-suited to the work that has to be carried out
- (4) ☐ Unsuitable positioning of machinery, etc. in relation to the work that has to be carried out
- (5) ☐ Personal protective devices are absent, unsuitable or are not used
- (6) ☐ Inadequate safety guard
- (7) ☐ High level of noise (normal conversation impossible)
- (8) ☐ Unnecessary noise
- (9) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Machinery, tools and technical equipment

Comment field for: Inadequate instruction in the use, maintenance and cleaning of machinery and equipment

Describe the problem

State room number

Comment field for: Lack of user manuals and safety data folders for machines etc.

Describe the problem

State room number

Comment field for: Machinery, tools and equipment are not well-suited to the work that has to be carried out

Describe the problem

State room number

Comment field for: Unsuitable positioning of machinery, etc. in relation to the work that has to be carried out

Describe the problem

State room number

Comment field for: Personal protective devices are absent, unsuitable or are not used

Describe the problem

State room number

Comment field for: Inadequate safety guard

Describe the problem

State room number

Comment field for: High level of noise (normal conversation impossible)

Describe the problem

State room number

Comment field for: Unnecessary noise

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Work-related sickness absence, accidents and emergency preparations

Base your response on all of your workplaces (e.g. office, classroom, laboratory, technical room, workshop, fieldwork) at SDU.

You are answering questions about the following factors:

Work-related sickness absence

Reporting and prevention of accidents and potential accidents

Knowledge of or training in relevant emergency response procedures

Escape routes

How would you describe the ways in which work-related sickness absence and accidents are prevented and averted?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Work-related sickness absence, accidents and emergency preparations

You have indicated that something is not satisfactory with regard to preventing and averting work-related sickness absence and accidents at work. Tick relevant reasons:

- (1) ☐ There are particular features on the workplace environment that can contribute to work-related absence
- (2) ☐ There are particular risks of work-related accidents against which preventive measures have not been taken
- (3) ☐ It is a particular situation that can develop into something critical because necessary measures are inadequate
- (4) ☐ Knowledge of an accident that has occurred but has not been reported
- (5) ☐ There is a lack of emergency equipment or of knowledge about/training in its correct use, e.g. fire extinguishers, first aid equipment, laboratory spill kits
- (6) ☐ Emergency exits are impeded or inadequately signed
- (10) ☐ No risk assessment is carried out prior to the commencement of the work
- (7) ☐ There is not sufficient focus on safety in day-to-day work
- (8) ☐ Inadequate familiarity with the local emergency management plan
- (9) ☐ Other

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Work-related sickness absence, accidents and emergency preparations

Comment field for: There are particular features on the workplace environment that can contribute to work-related absence

Describe the problem

State room number

Comment field for: There are particular risks of work-related accidents against which preventive measures have not been taken

Describe the problem

State room number

Comment field for: It is a particular situation that can develop into something critical because necessary measures are inadequate

Describe the problem

State room number

Comment field for: Knowledge of an accident that has occurred but has not been reported

Describe the problem

State room number

Comment field for: There is a lack of emergency equipment or of knowledge about/training in its correct use, e.g. fire extinguishers, first aid equipment, laboratory spill kits

Describe the problem

State room number

Comment field for: Emergency exits are impeded or inadequately signed

Describe the problem

State room number

Comment field for: No risk assessment is carried out prior to the commencement of the work

Describe the problem

State room number

Comment field for: There is not sufficient focus on safety in day-to-day work

Describe the problem

State room number

Comment field for: Inadequate familiarity with the local emergency management plan

Describe the problem

State room number

Comment field for: Other

Describe the problem

State room number

Supplementary questions formulated by your unit

Working with volunteers and test persons

Institut for Idræt og Biomekanik

Think of all working areas (e.g. laboratories, test facilities, field test).

You respond to the risk assessment in relation to the following conditions:

Studies / tests in relation to test persons / target group

Efforts in relation to risk for test persons / target group

Work instructions

How do you, as a project / test manager experience your own knowledge in relation to risk assessment for test persons / target group?

(4) ☐ Satisfactory

(1) ☐ Not satisfactory

(99) ☐ Don't know/Not relevant

Supplementary questions formulated by your unit

Working with volunteers and test persons

You have marked that your knowledge is “not satisfactory” in the work with test persons / target group. Please mark out the relevant reasons:

- (1) ☐ Description of test persons / target group (e.g. elderly, children, chronic illness)
- (2) ☐ Risk assessment in relation to the target group
- (3) ☐ Risk assessment related to conducting the specific test
- (4) ☐ Special considerations of the target group on the basis of risk assessment (e.g. help with getting up, walking aid, asthma)
- (5) ☐ Emergency management plan (e.g. acute help, emergency alarm) when working in laboratories and test rooms with a specific target group
- (6) ☐ Emergency management plan (e.g. acute help, emergency alarm) when doing field work with a target group

In the comments fields that appear on the next page, provide more details about each of the problems you have identified above, stating room number and your proposed solution.

Supplementary questions formulated by your unit

Comment field for: Description of test persons / target group (e.g. elderly, children, chronic illness)

Describe the problem

State room number

Comment field for: Risk assessment in relation to the target group

Describe the problem

State room number

Comment field for: Risk assessment related to conducting the specific test

Describe the problem

State room number

Comment field for: Special considerations of the target group on the basis of risk assessment (e.g. help with getting up, walking aid, asthma)

Describe the problem

State room number

**Comment field for: Emergency management plan (e.g acute help, emergency alarm)
when working in laboratories and test rooms with a specific target group**

Describe the problem

State room number

**Comment field for: Emergency management plan (e.g. acute help, emergency alarm)
when doing field work with a target group**

Describe the problem

State room number

Other comments

If you have any general comments or proposals concerning the physical working environment, you are welcome to write them here.

Your comments may, of course, be both positive and negative, but please present them as a constructive contribution to follow-up work.


Please note that the comments are submitted unedited and with information about your name to your health and safety group and to the monitoring group of the Workplace Assessment and Well-being Survey 2021.

You have now answered all of the questions in the questionnaire

Should you wish to make corrections before completing the questionnaire, you can go back by using the navigation arrows.

If you wish to receive a confirmation e-mail from Rambøll with a link to your answers, then please tick the box below.

(1) ☐ I would like to receive a confirmation e-mail with a link to my answers

If you wish to print your answers please click here: 

The results of the study will be reported in week 46.

Thank you very much for participating in SDU's Workplace Assessment and Well-Being Survey 2021.

To complete the questionnaire, click "Finish".