

EMDstress Individual Questionnaire

How to complete this questionnaire

- Preferably use a black pen
- You will have to answer by making a cross in a box for most of the questions

For example:

Gender: ☒₁ Female ☐₂ Male ☐₃ Other

- Don't worry about the numbers next to the boxes.
- Unless otherwise indicated, tick one box and one box only, the one that seems to correspond best to the answer you would have given orally.
- In some cases, you may be asked to specify in plain text. Complete in CAPITAL LETTERS.

Example: 12. What is your job title?

Please describe « EMERGENCY MEDICAL DISPATCHER »

- For some questions, you are asked to place yourself on a scale by making a cross in a box between two extremes.

Example: How would you rate your health?

Very good A B C D E F G H Very poor

		X						
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- In some cases, you will be asked for dates. Indicate them in figures. The boxes show the information to be filled in: DD for day, MM for month and YY for year (last two digits only) or only YYYY for the whole year.

Example:

1. Date |_d_|_d_|_|_m_|_m_|_|_y_|_y_|

If the date is 5 January 2012, fill in 0 5 / 0 1 / 2 0 1 2

In some cases, you will have to indicate a period of time concerning your work, if it concerns a past period please indicate the year of the beginning and the year of the end, if it concerns the current period then just put the year of the beginning:

Example 29:

- If yes, from year |_1_|_9_|_9_|_9_| to year |_2_|_0_|_0_|_5_|

That means it started in 1999 and ended in 2005

Or

- If yes, from year |_1_|_9_|_9_|_9_| to year |_|_|_|_|

It started in 1999 and is still going on

To make things easier, answer the questions in the right order and follow our instructions.

This questionnaire will remain strictly confidential

This questionnaire takes approximately 30 minutes to complete. We ask you to complete it as fully as possible. You are free not to answer all the questions, but the value of the results of this survey depends first and foremost on the fact that the information gathered is accurate and that the information collected is as complete as possible.

We would remind you that your answers will be treated as strictly confidential. The scientists who will carry out the analyzes will not be able to have access to your identity.

EMDstress Individual Questionnaire

1. Site name: |_|_|_|_|_|_|
2. Anonymity number (pre-filled): |_|_|_|_|
3. Date |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

General description

4. Age: |__|__|
5. Gender: ☐ Female ☐ Male ☐ Other
6. What is the highest level of education you achieved, with or without a corresponding diploma? _____

Your work history

7. Did you perform any other job(s) before working as a dispatcher? ☐ Yes ☐ No
- a) If yes, in which category (ies)? _____

Your training – as a dispatcher

- [illegible]

Your current job:

12. What is your job title?
Please describe
13. What is your position?
Please describe
14. Are you a public officer? ☐ Yes ☐ No

15. How would you describe your main activity with this job?

- ☐ Mostly handling emergency calls (calls from emergency number)
- ☐ Mostly handling secondary calls (transfers from hospital to hospital)
- ☐ Other: please describe

16. When did you start working as a dispatcher?

- ☐ With any EMS (**name of EMS**) |_d_|_d_|_|_m_|_m_|_|_y_|_y_|
- ☐ With this EMS (**name of your EMS**) |_d_|_d_|_|_m_|_m_|_|_y_|_y_|

17. How many hours per week do you work in your current job at dispatch center?

- i) Average |_|_| hours/week
- ii) Minimum |_|_| hours/week
- iii) Maximum |_|_| hours/week

18. Do you work

- ☐ Full-time? or ☐ Part-time?

19. Do you work the same number of hours each day? ☐ Yes ☐ No

20. Do you work the same number of days each week? ☐ Yes ☐ No

21. Do you work fixed hours? ☐ Yes ☐ No

22. Can you choose your own work hours? ☐ Yes ☐ No

23. Do you clock in (badge, time-keeper, paper registration, etc.)? ☐ Yes ☐ No

24. How long is your average commute time, (one-way)?

- ☐ Less than 1 hour
- ☐ 1 to 2 hours
- ☐ More than 2 hours

25. What means of transport do you most frequently use for your commute? (*Select all that apply*)

- ☐ Personal vehicle
- ☐ Public transport
- ☐ Other

26. Do you have other job(s)? ☐ Yes ☐ No

- i) If yes, how many hours a week do you work at this (these) other job(s) (in average)?
|_|_| hours
- ii) Is it a job related to EMS? ☐ Yes ☐ No

iii) Are you a volunteer worker in an aid or emergency association such as the “Red Cross” in a community based? ☐ Yes ☐ No

27. Are you in physical or phone contact with the public (users, patients, travelers, customers, etc.) every day, or nearly? ☐ Yes ☐ No

☐ Never or nearly never

☐ Rarely

☐ Frequently

☐ Always or nearly

28. Are you in physical or phone contact with the other healthcare providers (doctors, nurses, social workers, etc.) every day, or nearly? ☐ Yes ☐ No

a. If yes, do you experience tense situations in your relations with these callers?

☐ Never, or nearly never

☐ Rarely

☐ Frequently

☐ Always or nearly

Organisational constraints

29. Do you have (or have you had) work and travel times requiring you to go to **bed after midnight** at least 50 days per year? ☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

ii) If yes, do you consider this happens:

☐ Never or almost never (less than <10% per month – or <3 days per month)

☐ Sometime but not often (from 10% to 25% per month from 3 to 7 days per month)

☐ Often (from 25% to 50% per month from 7 to 15 days)

☐ More than one day on two days per week (>50% per month)

30. Do you have (or have you had) work and travel times requiring you to get up **before 5 AM** at least 50 days per year? ☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

ii) If yes, do you consider this happens:

☐ Never or almost never (less than <10% per month – or <3 days per month)

☐ Sometime but not often (from 10% to 25% per month from 3 to 7 days per month)

☐ Often (from 25% to 50% per month from 7 to 15 days)

☐ More than one day on two days per week (>50% per month)

31. Do you have (or have you had) **work and travel times requiring you not to sleep at night** at least 50 days per year? ☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

ii) If yes, do you consider this happens:

☐ Never or almost never (less than <10% per month – or <3 days per month)

☐ Sometime but not often (from 10% to 25% per month from 3 to 7 days per month)

☐ Often (from 25% to 50% per month from 7 to 15 days)

☐ More than one day on two days per week (>50% per month)

32. Do you have (or have you had) **a daily work time (excluding travel) of more than 10 hours** at least 50 days per year? ☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

ii) If yes, do you consider this happens:

☐ Never or almost never (less than <10% per month – or <3 days per month)

☐ Sometime but not often (from 10% to 25% per month from 3 to 7 days per month)

☐ Often (from 25% to 50% per month from 7 to 15 days)

☐ More than one day on two days per week (>50% per month)

33. Do you work (or have you worked) **more than one in two Saturdays** during the year?

☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

34. Do you work (or have you worked) **more than one in two Sundays** during the year?

☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

35. Do you regularly have (or have you had) **less than 48 consecutive hours of rest** per week?

☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

36. Do you have **an alternating times shift-based job** (teams, brigades, rotations, etc.)? ☐ Yes

☐ No

Noise exposure

37. Do you work (or have you worked) in an environment occasionally requiring you to raise your voice to be heard by a person located less than 2 or 3 meters (6 feet) from you?

☐ Yes ☐ No

i) If yes, from year |_|_|_|_| to year |_|_|_|_|

38. Health Status

How would you describe your general health?

Very good	A	B	C	D	E	F	G	H	Very poor
	☐	☐	☐	☐	☐	☐	☐	☐	

39. Your sleep

a) In the last month, indicate how many days:

	Never	1 to 3 days	4 to 7 days	8 to 14 days	15 to 21 days	22 to 31 days
1. You had difficulties falling asleep	☐	☐	☐	☐	☐	☐
2. You woke up several times a night	☐	☐	☐	☐	☐	☐
3. You woke up much too early and were not able to get back to sleep	☐	☐	☐	☐	☐	☐
4. You woke up after a usual night's sleep feeling tired or exhausted	☐	☐	☐	☐	☐	☐

b) In the last week (excluding days off), how long did you sleep on average per night?

- ☐ Less than 5 hours
- ☐ Between 5 hours and less than 6 hours
- ☐ Between 6 hours and less than 7 hours
- ☐ Between 7 hours and less than 8 hours
- ☐ Between 8 hours and less than 9 hours
- ☐ Between 9 hours and less than 10 hours
- ☐ 10 hours and more

40. Epworth Sleepiness Scale

Currently, how likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. It is important that you answer each question as best you can.

Using the following scale, choose the most appropriate number for each situation.

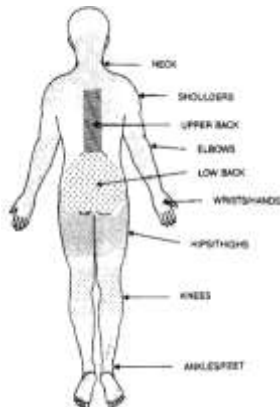
	0 Would never doze	1 Slight chance of dozing	2 Moderate chance of dozing	3 High chance of dozing
1) Sitting and reading	☐	☐	☐	☐
2) Watching TV	☐	☐	☐	☐
3) Sitting, inactive, in a public place (e.g. a theater or a meeting)	☐	☐	☐	☐
4) As a passenger in a car for an hour without a break	☐	☐	☐	☐
5) Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
6) Sitting and talking to someone	☐	☐	☐	☐
7) Sitting quietly after a meal without alcohol	☐	☐	☐	☐
8) In a car, while stopped for a few minutes in traffic or at a light	☐	☐	☐	☐

41.CES-D

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	During the past week			
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1) I was bothered by things that usually don't bother me	☐	☐	☐	☐
2) I did not feel like eating; my appetite was poor	☐	☐	☐	☐
3) I felt that I could not shake off the blues even with help from my family or friends	☐	☐	☐	☐
4) I felt that I was just as good as other people	☐	☐	☐	☐
5) I had trouble keeping my mind on what I was doing	☐	☐	☐	☐
6) I felt depressed	☐	☐	☐	☐
7) I felt that everything I did was an effort	☐	☐	☐	☐
8) I felt hopeful about the future	☐	☐	☐	☐
9) I thought my life had been a failure	☐	☐	☐	☐
10) I felt fearful	☐	☐	☐	☐
11) My sleep was restless	☐	☐	☐	☐
12) I was happy	☐	☐	☐	☐
13) I talked less than usual	☐	☐	☐	☐
14) I felt lonely	☐	☐	☐	☐
15) People were unfriendly	☐	☐	☐	☐
16) I enjoyed life	☐	☐	☐	☐
17) I had crying spells.	☐	☐	☐	☐
18) I felt sad.	☐	☐	☐	☐
19) I felt that people dislike me.	☐	☐	☐	☐
20) I could not get "going".	☐	☐	☐	☐

42. NORDIC Questionnaire MUSCULOSKELETAL DISORDERS



1. Over the past 12 months, have you experienced any problems (aches, pains, discomfort, numbness) in the following areas of the body?

For each area of the body, tick the corresponding box

Neck: ☐ Yes ☐ No

Shoulder: ☐ Yes ☐ No

Elbow / forearm: ☐ Yes ☐ No

Hand / Wrist / Fingers: ☐ Yes ☐ No

Low back: ☐ Yes ☐ No

2. Over the past 12 months, how long in all have you suffered in the following areas of the body?

For each area of the body, tick the box best reflecting your situation

	Less than 24 hours	1 to 7 days	8 to 30 days	More than 30 days	Constantly
Neck	☐	☐	☐	☐	☐
Shoulder	☐	☐	☐	☐	☐
Elbow / forearm	☐	☐	☐	☐	☐
Hand / Wrist / Fingers	☐	☐	☐	☐	☐
Low back	☐	☐	☐	☐	☐

3. If you have suffered from low back pain at least one day over the past 12 months, was this?

- Sciatica with pain extending below the knee: ☐ Yes ☐ No
- Sciatica with pain not extending beyond the knee: ☐ Yes ☐ No
- Lumbago (acute localised lumbar pain): ☐ Yes ☐ No
- Other type of lower back pain: ☐ Yes ☐ No

4. **Over the past 7 days**, have you experienced any problems (aches, pains, discomfort, numbness) in the following areas of the body?

For each area of the body, tick the corresponding box

Neck: ☐ Yes ☐ No

Shoulder: ☐ Yes ☐ No

Elbow / forearm: ☐ Yes ☐ No

Hand / Wrist / Fingers: ☐ Yes ☐ No

Low back: ☐ Yes ☐ No

5. As you are filling out this questionnaire, how would you rate the intensity of this (these) problem(s) according to the scale below?

For each area of the body, tick the corresponding box

Neck: No discomfort or pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Maximum conceivable pain

Shoulder: No discomfort or pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Maximum conceivable pain

Elbow / forearm: No discomfort or pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Maximum conceivable pain

Hand / Wrist / Fingers: No discomfort or pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Maximum conceivable pain

Low back: No discomfort or pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Maximum conceivable pain

43. Work conditions

The following items refer to your present occupation. For each of the following statements, please indicate whether you strongly disagree, disagree, agree, or strongly agree.

	Strongly disagree	Disagree	Agree	Strongly agree
1) I have constant time pressure due to a heavy workload	☐	☐	☐	☐
2) I have many interruptions and disturbances while performing my job	☐	☐	☐	☐
3) I have a lot of responsibility in my job	☐	☐	☐	☐
4) I am often pressured to work overtime	☐	☐	☐	☐
5) My job is physically demanding	☐	☐	☐	☐
6) Over the past few years, my job has become more and more demanding	☐	☐	☐	☐
7) I receive the respect I deserve from my superior or a respective relevant person	☐	☐	☐	☐
8) I experience adequate support in difficult situations	☐	☐	☐	☐
9) I am treated unfairly at work	☐	☐	☐	☐
10) My job promotion prospects are poor	☐	☐	☐	☐
11) I have experienced or I expect to experience an undesirable change in my work situation	☐	☐	☐	☐

	Strongly disagree	Disagree	Agree	Strongly agree
12) My employment security is poor	☐	☐	☐	☐
13) My current occupational position adequately reflects my education and training	☐	☐	☐	☐
14) Considering all my effort and achievements, I receive the respect and prestige I deserve at work	☐	☐	☐	☐
15) Considering all my efforts and achievements, my job promotion prospects are adequate	☐	☐	☐	☐
16) Considering all my efforts and achievements, my salary/income is adequate	☐	☐	☐	☐
17) I get easily overwhelmed by time pressures at work	☐	☐	☐	☐
18) As soon as I get up in the morning, I start thinking about work problems	☐	☐	☐	☐
19) When I get home, I can easily relax and switch off work	☐	☐	☐	☐
20) People close to me say I sacrifice too much for my job	☐	☐	☐	☐
21) Work rarely lets me go, it is still on my mind when I go to bed	☐	☐	☐	☐
22) If I postpone something that I was supposed to do today, I'll have trouble sleeping at night	☐	☐	☐	☐

44. Perceived stress scale

For each question, choose from the following options:

	0 Never	1 Almost never	2 Some- times	3 Fairly often	4 Very often
1) In the last month, how often have you been upset because of something that happened unexpectedly?	☐	☐	☐	☐	☐
2) In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
3) In the last month, how often have you felt nervous or stressed?	☐	☐	☐	☐	☐
4) In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
5) In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
6) In the last month, how often have you found that you could not cope with all the things that you had to do?	☐	☐	☐	☐	☐
7) In the last month, how often have you been able to control irritations in your life?	☐	☐	☐	☐	☐
8) In the last month, how often have you felt that you were on top of things?	☐	☐	☐	☐	☐
9) In the last month, how often have you been angered because of thing that happened that were outside your control?	☐	☐	☐	☐	☐
10) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐