

POHS⁺ Questionnaire

Periodic occupational health survey (POHS)

Sustainable employability analysis (SEA)

Occupational health survey youth (OHS-Y)

Entry-survey (ES)

POHS⁺ Questionnaire

Periodic occupational health survey (POHS)
Sustainable employability analysis (SEA)
Occupational health survey youth (OHS-Y)



THE QUESTIONS ON THIS LIST FORM PART OF THE OCCUPATIONAL HEALTH SURVEYS. A PREVENTATIVE MEDICAL SURVEY, WITHIN WHICH YOU TAKE STOCK TOGETHER WITH THE OCCUPATIONAL HEALTH PHYSICIAN. ARE YOU IN GOOD SHAPE? OR ARE THERE RISKS FOR YOU IN THE FUTURE? WHAT TO IMPROVE? HOW TO LIVE A HEALTHIER LIFE? WHICH WORK ACTIVITIES WOULD SUIT YOU BETTER? THE OCCUPATIONAL HEALTH PHYSICIAN WILL PROVIDE YOU WITH A PERSONAL ADVISORY REPORT ONCE ALL THE DETAILS HAVE BEEN PROCESSED. THIS REPORT WILL INCLUDE YOUR TEST RESULTS AND THE POINTS OF ADVICE.

The questionnaire features a general section and a section with questions about your health, work and career. Filling in the questionnaire will take an average of 20 minutes.

Instructions for filling in the questionnaire

- Read each question carefully and choose the answer which suits you best.
- Don not think about it for too long, go with your instinct.
- Some questions will include an explanation or instructions.
- Write down your profession or job for question 5b.
- You can skip the black underlined questions if you usually work at the site office or in the office.
- A few of the questions will link into other questions. Only answer these if this is requested when answering the previous question.

Your privacy is protected

The occupational health physician will only use your answers for the survey and the subsequent advice you are issued with. The occupational health physician cannot share information with your employer or others without your express permission. The occupational health services will store the questionnaire in your medical file. This file also includes all other information resulting from medical tests, lab tests, preventative consultations and workplace investigations.

The occupational health services will provide Volandis with details of the questionnaire, a number of the test results and the conclusions drawn by the occupational health physician. This will be done without sharing any of your personal details like name, date of birth, address and notes made by the occupational health physician.

The occupational health services and Volandis are committed to protecting your privacy together with 'ZorgTTP'. They are specialists in optimally protecting sensitive personal data. Volandis uses the data for scientific and statistical research. Attention is paid to diseases and health complaints which are related to working in the construction industry. Specifically with respect to our three pillars: work safely, have fun and look ahead. You will never be personally recognisable.

Questions

You can contact the occupational health services for the following:

- Planning occupational health survey or consultation.
- The location of an appointment.
- Changing or cancelling an appointment.
- Questions for the occupational health physician or doctor's assistant.
- The medical file and your privacy.

Call or chat with Volandis' helpdesk for:

- An explanation about the preventative care collective labour agreement package
- Information about work risks and prevention in the construction industry (Volandis website)
- Information about the POHS⁺ Questionnaire
- An explanation about the sustainable employability analysis (SEA) in the construction industry
- The meeting with the SEA-advisor
- The privacy of data at Volandis

Telephone number for Volandis' helpdesk: 0341 - 499 299
Email address: info@volandis.nl Website: www.volandis.nl

Occupational health services details (to be completed by the occupational health services)

Occupational health services name: _____

Occupational health services number: _____ (Vollandis Specifications, table 1)

Survey date: _____

Personal data (to be completed by the occupational health services)

BTER employee registration number (10 digits): _____ (Birth year-month-day + 4 digits)

Personal data (to be completed by you)

1. What is your surname (maiden name)? _____ A001
2. What is your gender? male female A002
3. What is your date of birth? _____ (day-month-year) A003
4. Are you married or co-habiting? no yes A004

General work details

5. What is your job or profession? _____ A005
6. What is the highest level of education you have completed with a diploma?
 - I have not followed or completed a course. A006a
 - Primary education (primary school, special education) A006b
 - VMBO, MAVO (vocational education, MBO-1, technical school, LTS) A006c
 - HAVO, VWO, MBO-2, -3 and -4 (BOL, BBL, MTS, staff training) A006d
 - HBO and university (Bachelor, short HBO, HTI, HTS) A006e
 - HBO and university (Master, post HBO, TU-engineer, post doctoral) A006f
 - Scientific education (PhD, doctoral degree) A006g
7. Where do you usually work? A007
 - Construction site A007a
 - Workshop A007b
 - Site office or office (You can skip the black underlined questions if this applies) A007c
 - Both the construction site/workshop and site office or office A007d

8. How many years have you been working in the current sector of industry? _____ (Round off to whole years!) A008
9. How many years have you been working in your current profession? _____ (Round off to whole years!) A009
10. How many years have you been working for your current employer? _____ (Round off to whole years!) A010
11. On average, how many hours do you work weekly? _____ (Including overtime) A011
12. On average, how many days do you work weekly? _____ (Including overtime) A012
13. On average, how many hours do you spend commuting weekly? _____ (Round off to whole years!) A013
14. How often do you work nights or shifts? never sometimes often always A014

Questions about your health

15. In general, how is your health? A015
- very poor
 - poor
 - moderate
 - good
 - very good
16. Have you felt any pain or stiffness in your shoulder, arm, wrist or hand during the past year? no yes G016
- If YES,** how often have you felt pain or stiffness in your:
- | | | | | | |
|--------------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|-------|
| a. shoulder | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016a |
| b. upper arm | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016b |
| c. elbow | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016c |
| d. lower arm | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016d |
| e. wrist | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016e |
| f. hand or fingers | <input type="radio"/> never | <input type="radio"/> sometimes | <input type="radio"/> often | <input type="radio"/> always | G016f |

17. Have you felt any pain or stiffness in your hip, leg, knee or foot during the past year? no yes [G017](#)
- If YES**, how often have you felt pain or stiffness in your:
- a. hip never sometimes often always [G017a](#)
- b. upper leg never sometimes often always [G017b](#)
- c. knee never sometimes often always [G017c](#)
- d. lower leg never sometimes often always [G017d](#)
- e. ankle never sometimes often always [G017e](#)
- f. foot or toes never sometimes often always [G017f](#)
18. How often have you felt pain or stiffness in your neck during the past year? never sometimes often always [G018](#)
19. How often have you felt pain or stiffness in your back during the past year? never sometimes often always [G019](#)
20. How often have you had vision or eye complaints during the past year?
For example, poor vision (even when wearing glasses or contact lenses), tired or burning eyes. never sometimes often always [G020](#)
21. How often have you had trouble hearing during the past year? never sometimes often always [G021](#)
22. How often have you had airway complaints during the past year?
Such as coughing, wheezing, shortness of breath, tightness... never sometimes often always [G022](#)
23. How often have you had chest pain, angina or tightness during the past year? never sometimes often always [G023](#)
24. How often have you felt dizzy during the past year? never sometimes often always [G024](#)
25. Have you suffered from rough and flaking hands or fingers during the past year? no yes [G025](#)
- a. **If YES**, have you suffered from skin cracks in your hands or fingers? no yes [G025a](#)
26. Do you have any allergic disease? no yes [G026](#)

27. How many days have you been off work because of a health problem during the past year? G027
Due to disease, admission to hospital or medical examination.
- 0 days G027a
- 1-9 days G027b
- 10-24 days G027c
- 25-99 days G027d
- 100-365 days G027e
28. Have you had an accident whilst working in the past year? no yes G028
An industrial accident, a traffic accident during your work or commute...
- a. **If YES**, were you not able to work for one or more days as a result of this accident? no yes G028a
29. Have you recently been able to enjoy your regular daily activities?
 never rather seldom sometimes often always G029
30. Have you recently been active and fit? never rather seldom sometimes often always G030
31. Have you recently felt yourself to be full of hope for the future?
 never rather seldom sometimes often always G031

The following questions are about the past 4 weeks.

How often...

32. Have you felt restless or hurried? never sometimes often always G032
33. Have you felt emotionally exhausted? never sometimes often always G033
34. Have you felt tired? never sometimes often always G034
35. Have you slept badly? never sometimes often always G035
36. Have you felt physically exhausted? never sometimes often always G036
37. Did you find it difficult to relax after work? never sometimes often always G037

38. Do you **currently** suffer from a disease or injury which has been diagnosed or treated by a doctor? Please indicate how many diseases or disorders you suffer from in the list below. Choose 'none' if nothing has been diagnosed.

Number of conditions

- | | | |
|---|--|-------|
| a. Injury from accidents. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038a |
| b. Musculoskeletal diseases.
For example your back, neck, shoulder, arm, wrist, hand, hip, leg, knee or foot. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038b |
| c. Cardiovascular diseases.
For example, high blood pressure, a heart attack, angina during exercise or a reduced heart function. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038c |
| d. Respiratory diseases.
For example, respiratory tract infections (such as a throat infection, bronchitis, pneumonia, TB), asthma, COPD, emphysema. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038d |
| e. Mental disorders.
For example, depression, being anxious or tense, insomnia, stressed/burnout, PTSS. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038e |
| f. Neurological and sensory diseases.
For example, hearing impairment, diseases of the ear or eye, a stroke, nerve pain, migraine or epilepsy. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038f |
| g. Digestive diseases.
For example, gallstones, diseases of the liver, pancreas, stomach or intestines. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038g |
| h. Genitourinary diseases.
For example, bladder or urinary tract infection, prostate disease, kidney disease, venereal disease. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038h |
| i. Skin diseases.
For example, allergic skin rash, eczema. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038i |
| j. Tumours.
For example, a benign or malignant tumour or cancer. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038j |
| k. Metabolic diseases.
For example, obesity, diabetes, thyroid disease. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038k |
| l. Blood diseases.
For example, anaemia, leukaemia. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038l |
| m. Congenital disorders or diseases. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038m |
| n. Other disorders or diseases. | <input type="radio"/> none <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | G038n |

39. Is your illness or injury a hindrance to your current job?

G039

(Choose the answer which best fits your situation!)

- There is no hindrance; I do not have a disease, illness or injury.
- I am able to do my job, but it causes some symptoms.
- I must sometimes slow down my workplace, or change my.
- I must often slow down my workplace, or change my work.
- Because of my disease, I feel I am able to do only part-time work.
- In my opinion I am unable to work at all.

40. Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability?

(By 'work ability' we mean the extent to which you are able to work from both a physical and mental point of view.)

- 1 2 3 4 5 6 7 8 9 10

G040

0 = I am unable to work at all

10 = My work ability is at its best.

41. How do you rate your current workability with respect to the physical (physical in vet) demands of your work?

- very poor poor moderate good very good

G041

42. How do you rate your current work ability with respect to the **mental** demands of your work?

- very poor poor moderate good very good

G042

43. Do you believe that you will be able to do your current job two years from now?

(Assuming your current health status!)

- unlikely no certain relative certain

G043

44. How many days a week do you exercise moderately intensively?

_____ (Choose from 0-7)

Such as walking, cycling, gardening, domestic chores, physically heavy work...

G044

45. How many hours a week do you exercise moderately intensively?

_____ (Round off to whole hours!)

(Use question 44 as the basis)

G045

46. How many times a week do you exercise very intensively?

Such as running, cycling, football, indoor sports, weight training, physically heavy work...

G046

47. Do you smoke? G047
- no, I have never smoked
 - no, I stopped smoking
 - yes, I smoke

If **STOPPED** or **YES**:

- a. How many cigarettes/cigars on average do you (or did you) smoke per day? _____ G047a
- b. How many years have you smoked? _____ G047b

48. How many units of alcohol (beer, wine, spirits) on average do you drink per week? _____ G048

Questions about your work

49. Do you have any health complaints which have resulted from, or have been made worse by, your work activities? W049
- no yes

Do you have to deal with any of the following in your work:

50. Noise (resulting in you having to speak louder) never sometimes often always W050
51. Draughts never sometimes often always W051
52. Heat never sometimes often always W052
53. Cold never sometimes often always W053
54. Wetness never sometimes often always W054
55. Too little light never sometimes often always W055
56. Exposure to dust never sometimes often always W056
57. Exposure to smoke, vapour or gas never sometimes often always W057
58. Exposure to chemicals never sometimes often always W058
59. Sitting for long periods of time never sometimes often always W059

60. Standing for long periods of time never sometimes often always W060
61. Working in the same position never sometimes often always W061
62. Stooping never sometimes often always W062
63. Working in a kneeling or squatting position never sometimes often always W063
64. Lifting, pushing, pulling or carrying heavy loads never sometimes often always W064
65. Repeated movements never sometimes often always W065
66. (Mechanical) body vibrations or shocks during the work activities
 For example, whilst working in a loader, digger, forklift, truck... never sometimes often always W066
67. Tools or equipment which vibrate or hit your hand or arm never sometimes often always W067

The following questions are about you and your work

68. Do you use gloves during your work activities? never sometimes often always W068
69. Do you use hearing protection when there is noise during work? never sometimes often always W069
70. Do you use respiratory protection during your work if you work with dust, smoke, gas/vapour or chemicals? never sometimes often always W070
71. Do you have access to the required personal safety equipment? never sometimes often always W071
72. Are there any unsafe situations at your workplace? never sometimes often always W072
73. Have sufficient technical and organisational measures been introduced at your workplace to provide safe working conditions? no yes W073
74. Do you work under time pressure? never sometimes often always W074

75. Do you have too much work to do? never sometimes often always W075
76. Do you have to work extra hard to get something finished? never sometimes often always W076
77. Do you have to think intensively during your work? never sometimes often always W077
78. Do you need to concentrate whilst carrying out your work? never sometimes often always W078
79. Can you make your own decisions regarding how you carry out your work?
 never sometimes often always W079
80. Do you decide on your work pace? never sometimes often always W080
81. Do you decide on the order of your activities? never sometimes often always W081
82. Have you had to deal with harassment or intimidation at work during the past year?
 never sometimes often always W082
83. Is there a good atmosphere between you and your colleagues? never sometimes often always W083
84. Is there good co-operation between the colleagues at work? never sometimes often always W084
85. Do you feel part of a community at your place of work? never sometimes often always W085
86. Do you feel like your work and private life have a good balance?
 never sometimes often always W086
87. Is your work varied? never sometimes often always W087
88. Does your job require you to learn new things? never sometimes often always W088
89. Does your job demand creativity? never sometimes often always W089
90. Does your work give you the opportunity to develop your knowledge and skills?
 never sometimes often always W090

91. How do your knowledge and skills link into your work?

W091

- I have **less** knowledge and skills than I need for my work.
- They link together effectively.
- I have **more** knowledge and skills than I need for my work.

92. How satisfied are you with your work, everything considered?

W092

- very dissatisfied
- dissatisfied
- neutral
- satisfied
- very satisfied

What do you think about the following statements?

93. I do my job, because I enjoy doing new things.

W093

- completely disagree
- disagree a little
- neutral
- agree a little
- completely agree

94. I do my job, because I feel satisfied when I do my work well.

W094

- completely disagree
- disagree a little
- neutral
- agree a little
- completely agree

95. I often wonder whether I should continue with this job.

W095

- completely disagree
- disagree a little
- neutral
- agree a little
- completely agree

The following questions are about your work situation

96. Is your immediate superior willing to listen to your problems at work? W096
 never sometimes often always
97. Do you get sufficient help and support from your immediate superior? W097
 never sometimes often always
98. Do you have sufficient opportunities to discuss your work? never sometimes often always W098
99. Is the work usually well organised? never sometimes often always W099
100. Can the daily management team effectively resolve conflicts? W100
 not or hardly at all to a limited extent to an important extent to a very important extent
101. In general, trust employees there management? W101
 not or hardly at all to a limited extent to an important extent to a very important extent
102. Is your work being recognised and valued by the daily management team? W102
 not or hardly at all to a limited extent to an important extent to a very important extent
103. Does your salary match your efforts at work? W103
 not or hardly at all to a limited extent to an important extent to a very important extent
104. Are you being treated fairly at work? W104
 not or hardly at all to a limited extent to an important extent to a very important extent
105. Do you have good prospects at work? W105
 not or hardly at all to a limited extent to an important extent to a very important extent
106. Are you worried about becoming unemployed? W106
 not or hardly at all to a limited extent to an important extent to a very important extent
107. Are you worried about new technology making you redundant? W107
 not or hardly at all to a limited extent to an important extent to a very important extent

108. Are you worried that your job will change as a result of a reorganisation or merger? W108

not or hardly at all to a limited extent to an important extent to a very important extent

109. Have you had to deal with one or several of the following changes over the past year? W109

(Several answers are possible.)

- Changes in technology, like the machines or ICT you use W109a
- Changes in the way you do your job, or how you are managed W109b
- Changes in the products/services which you help to produce or supply W109c
- Changes in the amount of contact you have with customers W109d
- None of these changes W109e

If there have been CHANGES:

a. What will you need in order to be able to adjust in line with these changes?

(Several answers are possible.)

- Education, training or a course W109aa
- Guidance or coaching W109ab
- Change to my workplace W109ac
- Change to my job content W109ad
- Time to adjust W109ae
- Something else W109af
- I don't need any measures W109ag

Did you have the following at your disposal during the past year...

110. A good lunch room or canteen? never sometimes often always W110

111. Good sanitary facilities (toilet and wash basin)? never sometimes often always W111

112. A good washing and changing room? never sometimes often always W112

Does your current job allow you to...

113. Work part-time? no yes W113

114. Decide on your own working hours? no yes W114

The following questions are about you and your career.

115. Have you changed jobs in your company during the past 2 years? no yes [L115](#)
116. Have you discussed your performance levels with your manager or Personnel Officer during the past year?
Possibly during a performance appraisal? no yes [L116](#)
117. Have you discussed your future development within the company with your manager or Personnel Officer during
the past year? no yes [L117](#)
118. Do you think you will move to another company within the next 5 years? no yes [L118](#)
119. Do you think you will move to another job within the next 5 years? no yes [L119](#)
120. Are you prepared to complete a training course? no yes [L120](#)
121. Have you followed a course or training for your job over the past 2 years? no yes [L121](#)

Thank you very much for completing the questionnaire.



Work safely



Have fun



Look ahead

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