

The objective of the survey is to assess the participant's evaluation of their workplace and their tasks at work. The results of this survey are confidential.

Please rate the following factors and explain your answers if necessary.

***1. Please provide the following information**

ID:

Gender:

Age:

Occupation:

Years in the job:

Years of education:

***2. Please select your highest academic qualification attained**

- No qualification
- Primary
- Secondary
- Post-secondary
- Diploma & professional qualification
- Degree & above

Comments

***3. Please select your monthly salary range**

- Below \$500
- \$500 - \$999
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 & above

Comments

***4. Languages: the ability in using language**

	Unable to speak & write	Speaking only	Writing only	Speaking & writing
a) English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Bahasa Melayu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Tamil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Dialect: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Others: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***5. Technology: the frequency of using internet service**

Very Seldom			Neutral		Very Often	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***6. Social: the frequency that you spend time with friends or family**

Very Seldom			Neutral		Very Often	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***7. Fit : the space you work in? (E.g. room, cubicle desk)**

Cramped			Neutral			Spacious	<u>N.A.</u>
1	2	3	4	5			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***8. Reach : the reaching distance of objects at your workplace? (E.g. Very far, very high etc.)**

Very Far			Neutral			Very Near	<u>N.A.</u>
1	2	3	4	5			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***9. Ramps : the gradient of the ramps at your workplace?**

Very Steep			Average			Very Gentle	<u>N.A.</u>
1	2	3	4	5			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***10. Stairs and Steps : the number of steps you climb at your workplace?**

Many			Neutral			Few	<u>N.A.</u>
1	2	3	4	5			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***11. Lifting : the weight of the load that you lift at work?**

Very Heavy			Neutral		Very Light	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***12. Carrying : the weight of the load that you have to carry at work?**

Very Heavy			Neutral		Very Light	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***13. Pushing, pulling : the effort required for pushing or pulling a load?**

Great			Neutral		Least	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***14. Twisting and bending : the amount of twisting or bending you have to do?**

Maximum			Neutral		Minimum	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

15. Coupling : how comfortable is it handling the object?

Very uncomfortable			Neutral		Very comfortable	<u>N.A.</u>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***16. Shoulder, Elbow : the postures and movements of your arm when you are working?**

Poor 1	2	Neutral 3	4	Excellent 5	<u>N.A.</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***17. Hand, Wrist, Fingers : the postures and movement of your hands (wrist and fingers) when you are working?**

Poor 1	2	Neutral 3	4	Excellent 5	<u>N.A.</u>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***18. Heat, Cold : the temperature at your workplace?**

Very Hot		Neutral		Very Cold	<u>N.A.</u>
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***19. Light : the lighting at your workplace?**

Dim		Neutral		Bright	<u>N.A.</u>
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***20. Noise Intensity : the noise level of your workplace? (E.g. Loud machine noise)**

Very Noisy		Neutral		Very Quiet	<u>N.A.</u>
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***21. Vibration :**

	Strong		Neutral		Weak	<u>N.A.</u>
	1	2	3	4	5	
a) Do you use vibrating power tools?How would you rate the vibrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do you ride a vehicle at work (car, lorry, forklift)? How would you rate the vibrations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***22. Shift length : How would you rate the amount of time you spend at work each day?**

Very Long		Neutral		Very Short	<u>N.A.</u>
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***23. Static posture durations : How would you rate the static posture duration during your working time? (E.g. Sit, Stand)**

Very Long		Neutral		Very Short
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

***24. Team Structures : Do you work as a team?**

No	Yes
<input type="radio"/>	<input type="radio"/>

Comments

***25. Glare : the glare at your workplace?(E.g. Sunlight glare, light bulb glare)**

No	Yes
<input type="radio"/>	<input type="radio"/>

Comments

26. Rest: Do you get sufficient rest during your working duration

No	Yes
<input type="radio"/>	<input type="radio"/>

Other (please specify)

***27. Job pacing : Do you have the opportunity to vary your own pace of work?**

No	Yes
<input type="radio"/>	<input type="radio"/>

Comments

28. Slips/trips/falls: Does your work place contain slip/trip/fall hazards?

No	Yes
<input type="radio"/>	<input type="radio"/>

Other (please specify)

29. Personal protective equipment: Are personal protective equipments required for your job?

No

Yes

***30. Technical support / supervision : Do you have technical support when you need help at the workplace?**

No

Yes

Comments

***31. Participatory processes : Do you have the opportunity to change the way you work and the work conditions? If No, explain how would you change it.**

No

Yes

Comments

***32. Training, Familiarization : Do you have sufficient expertise to do your job well or do you need more training? If No, explain the trainings that should be provided.**

No

Yes

Comments

***33. Special Populations : Do you have any physical limitations that interfere with your job performance? If Yes, explain the changes required to accommodate your limitations.**

No

Yes

Comments

34. What is the most difficult physical aspect of your job?