

Sida 1**Fråga 1**Språk/language  

[sml: Save reply to respondentproperty Language. svenska,english]

Sida 2**Fråga 2**

Work environment and safety on Swedish merchant vessels

Fråga 3**Sida 3****Fråga 4**

Instructions and clarification

Fråga 5

1. The questionnaire is divided into a number of **sections** and contains questions on the following:

- a) your experience **as seafarer**
- b) your working conditions
- c) work environment factors onboard
- d) your health

2. The majority of the questions concern **the working conditions** that apply to you **today**

3. In those cases a question refers to another time period it will be indicated in the question.

4. The number of questions you should answer depends on the job category you belong to and also if some of your answers lead to follow-up questions.

5. To avoid answering questions that are not relevant, only the **question** concerning your job category is obligatory.

6. Most questions are of the type "mark the alternative that applies for you".

Sida 4**Fråga 6**

To take a break in answering the questionnaire

Fråga 7

If you want to **take a break** and continue answering the questionnaire later this is possible.

Do this:

1. Answer the questions on the page you are on.
2. Press the button "Next page".
3. Press the button Close.

----PAUSE-----

1. Log in.
2. Press the button "To last answered question".
3. You will then continue on the unanswered page you left before the break.
4. Continue answering from this page.

Observe that **all your answers** on previous pages remain!

Sida 5**Fråga 8**

If your internet connection is interrupted

Fråga 9

You are answering the questionnaire when the...

----INTERNET CONNECTION IS SUDDENLY INTERUPPTED -----!!!

Then do this:

1. At a convenient time log in again.
2. Press the button "To last answered question".
3. You will the continue on the page you were on when your connection was interrupted.
4. Continue answering from this page.

Observe that **all your answers** on previous pages remain!

Sida 6**Fråga 10**

1. WORKING CONDITIONS

Fråga 11

1. Which year did you start working as a seafarer or on board a ship? year (with four digits)

Fråga 12

2. How many years in total have you worked as a seafarer or on board a ship? year (with two digits)

Sida 7**Fråga 13****1. WORKING CONDITIONS****Fråga 14**

3. Which type of ship do you serve on? (indicate your current position)

- ro/ro
- ro/pax
- passenger ship
- tanker ship
- bulk carrier
- vehicle ship
- supply ship
- container ship
- other (specify type)

Fråga 15

4. Which sea area do you currently work in?

- sheltered trade
- near coastal trade
- european trade
- worldwide trade

Sida 8**Fråga 16****1. WORKING CONDITIONS****Fråga 17**

4. What is your usual working schedule?

number of days on board
number of days ashore

Fråga 18

5. How many hours do you normally work per week? hours/work week

Fråga 19

6. Do you have a management position?

- no
- yes

Fråga 20

7. Which job category do you belong to?
NOTE that this question does not concern your position on board!



- deck
- engine
- catering, economy, other
- other

Sida 9

Fråga 21

1. WORKING CONDITIONS

Fråga 22

8. Which position do you have?

- commander
- navigating officer
- co-navigating officer
- boatswain
- able seaman
- other (specify which)
- chief engineer
- first ship engineer
- second ship engineer
- electrical engineer/electrician
- repair
- engine room rating
- other (specify which)
- ship cook/steward
- messman
- intendent
- restaurant/bar/store
- economy/accounting
- ship maintenance/guard
- other (specify which)

Sida 10

Fråga 23

2. WORK ENVIRONMENT FACTORS

Fråga 24

The following questions concern some **factors** you might experience during your work on board. For each factor indicate how often you experience this.

Fråga 25

1. Which factor(s) do you experience?

| | never | sometimes | every week | daily | don't know |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| strain in your arms, back or neck | <input type="radio"/> |
| uncomfortable working positions | <input type="radio"/> |
| heavy lifting | <input type="radio"/> |
| vibrations in your hands from tools | <input type="radio"/> |

Sida 11

Fråga 26

2. WORK ENVIRONMENT FACTORS

2. In the previous question you answered that you

Fråga 27

- [sml:The answer on question 25, subquestion 1] experienced **strain in your arms, back or neck.**

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 28

- [sml:The answer on question 25, subquestion 2] experienced **uncomfortable working positions.**

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 29

- [sml:The answer on question 25, subquestion 3] experienced **heavy lifting.**

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 30

- [sml:The answer on question 25, subquestion 4] experienced **vibrations in your hands from tools.**

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Sida 12

Fråga 31

2. WORK ENVIRONMENT FACTORS - CLEANING CHEMICALS

Fråga 32

The following questions concern **cleaning chemicals** you may be exposed to during your work on board.

For each type of cleaner indicate how often you are exposed to it.

Fråga 33

3. Which type of cleaning chemical are you exposed to?

| | never | sometimes | every week | daily | don't know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| cleaner without solvent (alkaline), ex caustic soda | <input type="radio"/> |
| cleaner with solvent, ex "tri", white spirit, diesel, thinner | <input type="radio"/> |

Sida 13

Fråga 34

2. WORK ENVIRONMENT FACTORS - CLEANING CHEMICALS

4. On the previous question you answered that you

Fråga 35

- [sml:The answer on question 33, subquestion 1] were exposed to **cleaners without solvent.**

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 36

- [sml:The answer on question 33, subquestion 2] were exposed to **cleaners with solvent**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Sida 14

Fråga 37

2. WORK ENVIRONMENT FACTORS - ACIDS / COOLANTS

Fråga 38

The following questions concern **substances** you could be exposed to during your work on board.

For each type of substance, indicate how often you are exposed to it.

Fråga 39

5. Which type of substances are you exposed to?

| | never | sometimes | every week | daily | don't know |
|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| acids, ex phosphoric acid | <input type="radio"/> |
| coolants, ex freon, ammonia | <input type="radio"/> |

Sida 15

Fråga 40

2. WORK ENVIRONMENT FACTORS - ACIDS / COOLANTS

6. On the previous question you answered that you

Fråga 41

- [sml:The answer on question 39, subquestion 1] were exposed to **acids** during your work on board.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 42

- [sml:The answer on question 39, subquestion 2] were exposed to **coolants** during your work on board.
 In your experience how serious a work environment problem has this been for you?

no problem
 some problem
 large problem
 very large problem

Sida 16

Fråga 43

2. WORK ENVIRONMENT FACTORS - UREA, HYDRAZINE, SOOT, OIL VAPOUR



Fråga 44

The following questions concern **substances** you could be exposed to during your work on board.
 For each substance indicate how often you are exposed to it.

Fråga 45

7. What type of substances are you exposed to?

| | never | sometimes | every week | daily | don't know |
|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| urea | <input type="radio"/> |
| hydrazine | <input type="radio"/> |
| soot | <input type="radio"/> |
| oil mist | <input type="radio"/> |

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Fråga 46

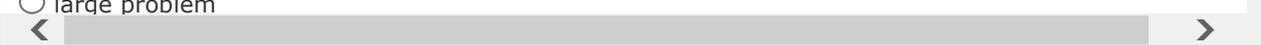
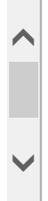
2. WORK ENVIRONMENT FACTORS - UREA, HYDRAZINE, SOOT, OIL VAPOUR

8. On the previous question you answered that you

Fråga 47

- [sml:The answer on question 45, subquestion 1] were exposed to **urea**.
 In your experience how serious a work environment problem has this been for you?

- no problem
 some problem
 large problem



very large problem

Fråga 48

- [sml:The answer on question 45, subquestion 2] were exposed to **hydrazine**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 49

- [sml:The answer on question 45, subquestion 3] were exposed to **soot**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 50

- [sml:The answer on question 45, subquestion 4] were exposed to **oil vapour**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

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Fråga 51

2. WORK ENVIRONMENT FACTORS - ASBESTOS, MINERAL WOOL,



Fråga 52

The following questions concern **substances** you can be exposed to during your work on board.
For each type of substance indicate how often you are exposed to it.

Fråga 53

9. What type of substance are you exposed to?

| | never | sometimes | every week | daily | don't know |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| asbestos | <input type="radio"/> |
| mineral wool | <input type="radio"/> |

| | | | | | |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| engine exhaust | <input type="radio"/> |
| oil on your skin | <input type="radio"/> |

Sida 19**Fråga 54**

2. WORK ENVIRONMENT FACTORS - ASBESTOS, MINERAL WOOL, ENGINE EXHAUST, OIL

10. On the previous question you answered that you

Fråga 55

- [sml:The answer on question 53, subquestion 1] were exposed to **asbestos**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 56

- [sml:The answer on question 53, subquestion 2] were exposed to **mineral wool**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 57

- [sml:The answer on question 53, subquestion 3] were exposed to **exhaust**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 58

- [sml:The answer on question 53, subquestion 4] were exposed to **oil on your hands**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

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Fråga 59

2. WORK ENVIRONMENT FACTORS - DUST

Fråga 60

The following question concerns **dust**.
Specify how often you are exposed to this.

Fråga 61

11. Are you exposed to?

| | | | | | | | | | |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | never | | sometimes | | every week | | daily | | don't know |
| dust | <input type="radio"/> |

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Fråga 62

2. WORK ENVIRONMENT FACTORS - DUST

12. On the previous question you answered that you

Fråga 63

- [sml:The answer on question 61, subquestion 1] were exposed to **dust**.
In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

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Fråga 64

2. WORK ENVIRONMENT FACTORS - PAINT

Fråga 65

The following questions concern **paint** that you may have been exposed to during your work on board.
For each type of paint indicate how often you have been exposed to it.

Fråga 66

13. What type of paints have you been exposed to?

| | | | | | |
|--|-------|--|-----------|--|------------|
| | never | | sometimes | | every week |
|--|-------|--|-----------|--|------------|

| | | | | daily | don't know |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| solvent-based | <input type="radio"/> |
| water-based | <input type="radio"/> |
| paint with isocyanates/polyurethane | <input type="radio"/> |
| paint with epoxy | <input type="radio"/> |

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Fråga 67

2. WORK ENVIRONMENT FACTORS - PAINT

14. On the previous question you answered that you

Fråga 68

- [sml:The answer on question 66, subquestion 1] were exposed to **solvent-based paint**. In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 69

- [sml:The answer on question 66, subquestion 2] were exposed to **water-based paint**. In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 70

- [sml:The answer on question 66, subquestion 3] were exposed to **paint with isocyanates/polyuretane (PUR)**.

In your experience how serious a work environment problem has this been for you?

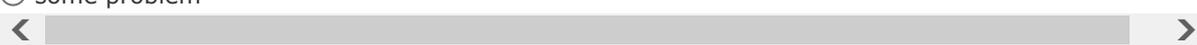
- no problem
- some problem
- large problem
- very large problem

Fråga 71

- [sml:The answer on question 66, subquestion 4] were exposed to **paint with epoxy**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem



- large problem
- very large problem

Sida 24

Fråga 72

2. WORK ENVIRONMENT FACTORS - ADHESIVES

Fråga 73

The following questions concern **adhesives** you may be exposed to during your work on board. For each type of adhesive specify how often you are exposed to it.

Fråga 74

15. What type of adhesives have you been exposed to?

| | never | sometimes | every week | daily | don't know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| isocyanates, polyurethane products (PUR) | <input type="radio"/> |
| epoxy, e.g. glue, filler | <input type="radio"/> |
| cianoacrylates, ex Loctite®-glues and sealant products | <input type="radio"/> |
| styrene, ex Plastic Padding® | <input type="radio"/> |

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Fråga 75

2. WORK ENVIRONMENT FACTORS - ADHESIVES

16. On the previous question you answered that you

Fråga 76

- [sml:The answer on question 74, subquestion 1] were exposed to **isocyanates, polyurethane products (PUR)**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 77

- [sml:The answer on question 74, subquestion 2] were exposed to **epoxy**.

In your experience how serious a work environment problem has this been for you?

- no problem



- some problem
- large problem
- very large problem

Fråga 78

- [sml:The answer on question 74, subquestion 3] were exposed to **cyanoacrylates**. In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 79

- [sml:The answer on question 74, subquestion 4] were exposed to **styrene**. In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

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Fråga 80

2. WORK ENVIRONMENT FACTORS - OILS

Fråga 81

The following questions concern **oils** you may be exposed to during your work on board. For each oil specify how often you are exposed to it.

Fråga 82

17. What type of oils are you exposed to?

| | never | sometimes | every week | daily | don't know |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| bunker oil (HFO) | <input type="radio"/> |
| marine diesel oil (MDO) | <input type="radio"/> |
| lubricant oil | <input type="radio"/> |
| hydraulic oil | <input type="radio"/> |

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Fråga 83

2. WORK ENVIRONMENT FACTORS - OILS

18. On the previous question you answered that you

Fråga 84

- [sml:The answer on question 82, subquestion 1] were exposed to **bunker oil (HFO)**. In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 85

- [sml:The answer on question 82, subquestion 2] were exposed to **marine diesel oil (MDO)**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 86

- [sml:The answer on question 82, subquestion 3] were exposed to **lubricant oil**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Fråga 87

- [sml:The answer on question 82, subquestion 4] were exposed to **hydraulic oil**.

In your experience how serious a work environment problem has this been for you?

- no problem
- some problem
- large problem
- very large problem

Sida 28

Fråga 88

2. WORK ENVIRONMENT FACTORS - OTHER

Fråga 89

19. Are there **other substances or products** in your work environment on board that you think are important to mention? Things which were not covered in previous questions.

yes



no

Sida 29

Fråga 90

2. WORK ENVIRONMENT FACTORS - OTHER

Fråga 91

20. Please specify which **other substances or products** below.

Fråga 92

21. In your experience how serious a work environment problem have these above substances been for you in your work on board?

- some problem
- large problem
- very large problem

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Fråga 93

3. PROTECTIVE EQUIPMENT

Fråga 94

1. Do you have access to the protective equipment you feel you need for your work on board?

- no
- yes

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Fråga 95

3. PROTECTIVE EQUIPMENT

Fråga 96

2. The following questions concern **protective equipment** you might use during your work on board. For each product specify how often you use it.

Fråga 97

never/almost never

sometimes

every week

| | | | | daily |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| hearing protection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| visor/safety glasses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| facemask | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| facemask with dust filter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| facemask with charcoal filter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| respirator with air supply | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| protective gloves of rubber/plastic/PVC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| protective gloves of nitrile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| protective gloves of leather | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| protective handcream | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| hand cleaner (alcohol) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| work clothes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| chemical overall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| protective shoes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| other protective equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Fråga 98

4. WORK ENVIRONMENT FACTORS

Fråga 99

1. The following questions concern a number of **work environment factors**. In your experience how serious a work environment problem has this been for you?

Fråga 100

| | no problem | some problem | large problem | very large problem |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| risk of accident | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| contamination, infection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vibrations from the hull | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| noise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| electromagnetic fields (EMF) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| sea sickness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sida 33**Fråga 101**

4. WORK ENVIRONMENT FACTORS

2. On the previous question you answered that

Fråga 102

- **risk for accident** was a [sml:The answer on question 100, subquestion 1].
Please specify below what the risks for accident are in your opinion?

Fråga 103

- **contamination / infection** was a [sml:The answer on question 100, subquestion 2].
Please specify below what the risks are for contamination/infection in your opinion?

Sida 34**Fråga 104**

4. WORK ENVIRONMENT FACTORS

Fråga 105

3. Do you work or have you worked in an environment where noise during the majority of the work day has been so loud that you were forced to raise your voice in order to talk to your co-workers?

- no
 yes

Fråga 106

4. Have you **at least once during the last 12 months** felt exposed to offensive actions or harassment at your work place?
For example - your actions or comments were ignored, you are not taken seriously, were ridiculed or patronized.

- no
 yes

Sida 35**Fråga 107**

4. WORK ENVIRONMENT FACTORS

Fråga 108

5. Who has exposed you to offensive actions or harassment? PLEASE OBSERVE Several boxes can be ticked!

- boss/work manager
- co-worker
- passenger
- other category

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Fråga 109

4. WORK ENVIRONMENT FACTORS

Fråga 110

6. On the previous question you answered that **other category** exposed you to offensive actions or harassment. Specify below which category you belong to.

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Fråga 111

5. EXPECTATIONS AND CONTROL

Fråga 112

1. The following questions concern what expectations and control possibilities you have during your work on board.

Decide how well the following statements describe your work situation.

Fråga 113

| | no, basically never | no, rarely | yes, sometimes | yes, often |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Does your job require that you work very quickly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your job require that you work very hard? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your job have a work load that is too high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have enough time to finish things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Are there conflicting expectations in your work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you get to learn new things during your work? | | | |

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Fråga 114

5. EXPECTATIONS AND CONTROL

Fråga 115

2. The following questions concern what expectations and control possibilities you have during your work on board.

Decide how well the following statements describe your work situation.

Fråga 116

| | no, basically never | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | no, rarely | | | yes, sometimes |
| | | | yes, often | |
| Does your work require precision? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your work require you to be inventive? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Does your work require that you do the same thing over and over? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have the freedom to decide <i>how</i> your work should be done? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have the freedom to decide <i>what</i> needs to be done in your work? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Fråga 117

6. YOUR WORK SITUATION

Fråga 118

1. The following questions concern your work situation on board.

Decide how well the following statements describe your work situation.

Fråga 119

| | not at all | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | not very well | | | fairly well |
| | | | entirely | |
| There is a calm and pleasant atmosphere at my work place. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| There is a good co-operation at my work place. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My co-workers stand up for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| They understand that I can have a bad day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I come to agreement well with my supervisors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get along well with my co-workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Fråga 120

7. CONCLUDING COMMENTS ON YOUR WORK ENVIRONMENT

Fråga 121

1. Is there **something else in your work environment onboard** you think is important to mention?
 Something that we **haven't covered** in previous questions.

yes
 no

Sida 41

Fråga 122

7. CONCLUDING COMMENTS ON YOUR WORK ENVIRONMENT

Fråga 123

2. Please indicate the thing in **your work environment** you would like to mention.

Fråga 124

3. In your experience how serious a work environment problem has this been for you during your work on board?

some problem
 large problem
 very large problem

Sida 42

Fråga 125

8. YOUR HEALTH

Fråga 126

The following questions concern your health

Fråga 127

1. What is your current health status in your opinion?

- poor
- neither good nor poor
- good
- excellent

Sida 43

Fråga 128

8. YOUR HEALTH

Fråga 129

2. Have you at work during **the last 12 months** had one or more of the following problems?

Fråga 130

| | no | yes, sometimes | yes, daily |
|----------------------------------|-----------------------|-----------------------|-----------------------|
| dry cough | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| cough with mucus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| whistling in your chest (wheeze) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| shortness of breath with wheeze | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| dyspnoea / breathless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| opression in your chest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| clogged nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| runny nose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| hoarse or irritated throat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| irritation in your eyes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| itchy red skin more than 2 days | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| heavy feeling in your head | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sida 44

Fråga 131

8. YOUR HEALTH

Fråga 132

3. Have you after the age of 15 had hayfever during spring or summer?

- no
 yes

Fråga 133

4. Did you have some form of allergy as a child, ex eczema, asthma or hayfever?

- no
 yes

Fråga 134

5. Has a doctor diagnosed you with asthma?

- no
 yes

Fråga 135

6. Has a doctor diagnosed you with chronic obstructive pulmonary disease (COPD) or emphysema?

- no
 yes

Sida 45**Fråga 136**

7. YOUR HEALTH

7. You previously answered

Fråga 137

- [sml:The answer on question 134] the question of whether you have been diagnosed with **asthma** by a doctor.

How old were you when you received the diagnosis?

year

Fråga 138

- [sml:The answer on question 135] the question that you have received the diagnosis **COPD** from a doctor.

How old were you when you received the diagnosis?

year

Sida 46**Fråga 139**

8. YOUR HEALTH

Fråga 140

8. Do you have one or more of the following problems or symptoms?

Fråga 141

| | no | | |
|------------------|-------------------------|-----------------------|---------------------------|
| | yes, mild inconvenience | | yes, severe inconvenience |
| tiredness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| trouble sleeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| worry or anxiety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sida 47

Fråga 142

8. YOUR HEALTH

Fråga 143

9. Have you during the last 4 weeks felt **unusually** tired?

- no
- yes

Sida 48

Fråga 144

8. YOUR HEALTH

Fråga 145

10. Has this **unusual tiredness** affected you?

Fråga 146

| | never | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | rarely | | sometimes | | often |
| | almost always | | | | |
| I have been less alert/awake | <input type="radio"/> |
| I have had difficulty completing work that requires physical effort | <input type="radio"/> |
| I have had difficulty concentrating | <input type="radio"/> |

| | | |
|--|-----------------------|-----------------------|
| Sida 49 | | |
| Fråga 147 | | |
| 8. YOUR HEALTH | | |
| Fråga 148 | | |
| 11. Have you had pain or discomfort in one or more of the following body parts? OBSERVE that the question concerns only the last 7 days! | | |
| Fråga 149 | | |
| | no | yes |
| neck / shoulder | <input type="radio"/> | <input type="radio"/> |
| arms / hands | <input type="radio"/> | <input type="radio"/> |
| lower back | <input type="radio"/> | <input type="radio"/> |
| hips | <input type="radio"/> | <input type="radio"/> |
| knee | <input type="radio"/> | <input type="radio"/> |
| other body part | <input type="radio"/> | <input type="radio"/> |

| | |
|---|--|
| Sida 50 | |
| Fråga 150 | |
| 8. YOUR HEALTH | |
| Fråga 151 | |
| 12. Has the pain or discomfort in your neck/shoulders affected your work performance? OBSERVE that the question concerns only the last 7 days! | |
| <input type="radio"/> no <input type="radio"/> yes, insignificant <input type="radio"/> yes, a little <input type="radio"/> yes, quite a lot | |
| Fråga 152 | |
| 13. Do you think that the pain in your neck/shoulder was caused by your work? | |
| <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> don't know | |

| | |
|-----------------------|--|
| Sida 51 | |
| Fråga 153 | |
| 8. YOUR HEALTH | |
| Fråga 154 | |

14. Has the pain or inconvenience in your **arms/hands** affected your work performance?
OBSERVE the the question concerns only **the last 7 days!**

- no
- yes, insignificantly
- yes, a little
- yes, quite a lot

Fråga 155

15. Do you think that the pain in your **arms/hands** is caused by your work?

- no
- yes
- don't know

Sida 52

Fråga 156

8. YOUR HEALTH

Fråga 157

16. Has the pain or inconvenience in your **lower back** affected your work performance?
OBSERVE that the question concerns only the **last 7 days!**

- no
- yes, insignificantly
- yes, a little
- yes, quite a lot

Fråga 158

17. Do you think that the pain in your **lower back** is caused by your work?

- no
- yes
- don't know

Sida 53

Fråga 159

8. YOUR HEALTH

Fråga 160

18. Has the pain or inconvenience in your **hips** affected your work performance?
OBSERVE that the question concerns only the **last 7 days!**

- no
- yes, insignificantly
- yes, a little



yes, quite a lot

Fråga 161

19. Do you think that the pain in your **hips** is caused by your work?

- no
- yes
- don't know

Sida 54

Fråga 162

8. YOUR HEALTH

Fråga 163

20. Has the pain or inconvenience in your **knee** affected your work performance?
OBSERVE that the question concerns only the **last 7 days!**

- no
- yes, insignificantly
- yes, a little
- yes, quite a lot

Fråga 164

21. Do you think that the pain in your **knee** is caused by your work?

- no
- yes
- don't know

Sida 55

Fråga 165

8. YOUR HEALTH

Fråga 166

22. You have previously indicated that you have had pain or inconvenience in **other body parts** than those we listed.

Please specify which other parts below.

Fråga 167

20. Has the pain or inconvenience in your **other body parts** affected your work performance?
OBSERVE that the question concerns only the **last 7 days!**



- yes, insignificantly
- yes, a little
- yes, quite a lot

Fråga 168

23. Do you think that the pain or inconvenience in your **other body parts** you gave above is caused by your work?

- no
- yes
- don't know

Sida 56

Fråga 169

8. YOUR HEALTH

Fråga 170

24. Do you have problems with

white fingers under humid or cold conditions?

numbness or prickly sensations in your hands at room temperature?

noise in your ears, tinnitus?

| no | yes |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

Fråga 171

25. Do you have any hearing loss or hearing damage?

- no
- yes
- don't know

Sida 57

Fråga 172

8. YOUR HEALTH

Fråga 173

26. Finally, is there any other problem with your health that we have not asked about?

If yes, please specify your other health problems below.

^
v

Sida 58

Fråga 174

9. YOUR WORK ABILITY

Fråga 175

1. We consider that your WORK ABILITY, when it is at its best, scores 10 points. What score would you give your CURRENT work ability?

OBSERVE. 0 means that you cannot work at all now and 10 means that your work ability is at its best right now!

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> |

Fråga 176

2. Have you ever changed your work duties because of health reasons?

- no
- yes

Sida 59

Fråga 177

9. YOUR WORK ABILITY

Fråga 178

3. You answered yes to the previous question on whether you have **changed your work duties because of health reasons**.

Please specify what health reason(s) caused this change?

Sida 60

Fråga 179

10. SAFETY

Fråga 180

1. In the following section specify how you feel that bosses or managers at your work place handle safety.

Fråga 181

<

not at all

not so well

>

| | | | | entirely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Management encourages co-workers here to work according to safety regulations even when time schedules are under pressure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Management is sure that all get the necessary information on safety that they need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Management puts safety before productivity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Management sees to it that safety problems that are discovered during inspections are corrected immediately. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When a risk is discovered it is ignored by management. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Management never listens to the safety concerns or suggestions of co-workers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sida 61

Fråga 182

10. SAFETY

Fråga 183

2. In the following section specify how you feel that bosses or managers at your work place handle safety.

Fråga 184

| | not at all | not so well | partially | entirely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Management strives for that all at the work place have competence on safety and risks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Management looks for causes, not guilty people, when at accident occurs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Those that work here help each other to work safely. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Those that work here violate the safety rules to get the job done on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Those that work here try to find a solution when someone points out a safety problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Those that work here feel that safety inspections help to discover serious risks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sida 62

Fråga 185**11. GENERAL QUESTIONS****Fråga 186**1. What year are you born? year**Fråga 187**

2. Your gender?

- male
 female

Fråga 188

3. Your civil status?

- not single
 single

Fråga 189

4. Have you ever smoked daily for at least a month?

- no
 yes

Sida 63**Fråga 190****11. GENERAL QUESTIONS****Fråga 191**5. How old were you when you started to smoke every day? year**Fråga 192**6. If you quit smoking, how old were you when you quit? year**Sida 64****Fråga 193****11. GENERAL QUESTIONS****Fråga 194**

7. Have you used snuff daily for at least a year?

- no
 yes

Fråga 195

8. How often do you drink alcohol?

- never
- sometimes
- every week
- every day

Fråga 196

9. Is your shipping company connected to a corporate healthcare service?

- no
- yes
- don't know

Sida 65**Fråga 197****11. GENERAL QUESTIONS****Fråga 198**

10. Have you ever been in contact with the shipping company's corporate healthcare service?

- no
- yes
- don't know

Sida 66**Fråga 199****11. GENERAL QUESTIONS****Fråga 200**

11. Would you like to participate in future surveys on the health of seafarers and work environment?

- yes
- no

Sida 67**Fråga 201****11. GENERAL QUESTIONS****Fråga 202**

12. Please provide your personal email address below so we can easily contact you.

Sida 68**Fråga 203**

12. CONCLUSION

Fråga 204

1. Is there anything else you would like to add? Please specify this here.

That was the **LAST** question!

If you would like to return and check or change your answers you will have to do this **BEFORE** you submit them.

If you would like to see your answers (or print them out), click [sml:PrintSurvey Text = here, IncludeReplies = true, ShowOnlyVisited = true, Width = 650]

Sida 69**Fråga 205**

THANKS FOR PARTICIPATING!

KOMPLETTERAS

Your answers have been received.

Once data collection is complete you will.....

To EXIT the survey close the window.