

## The Brief Job Stress Questionnaire English version

Please fill in the corresponding circle on the stress check answer sheet.

### STEP1 Please answer the following questions concerning your job.

1. I have an extremely large amount of work to do
2. I can't complete work in the required time
3. I have to work as hard as I can
4. I have to pay very careful attention
5. My job is difficult in that it requires a high level of knowledge and technical skill
6. I need to be constantly thinking about work throughout the working day
7. My job requires a lot of physical work
8. I can work at my own pace
9. I can choose how and in what order to do my work
10. I can reflect my opinions on workplace policy
11. My knowledge and skills are rarely used at work
12. There are differences of opinion within my department
13. My department does not get along well with other departments
14. The atmosphere in my workplace is friendly
15. My working environment is poor (e.g. noise, lighting, temperature, ventilation)
16. This job suits me well
17. My job is worth doing

### STEP2 Please answer the following questions concerning your health during the past month.

1. I have been very active
2. I have been full of energy
3. I have been lively
4. I have felt angry
5. I have been inwardly annoyed or aggravated
6. I have felt irritable
7. I have felt extremely tired
8. I have felt exhausted
9. I have felt weary or listless
10. I have felt tense
11. I have felt worried or insecure
12. I have felt restless
13. I have been depressed
14. I have thought that doing anything was a hassle
15. I have been unable to concentrate
16. I have felt gloomy
17. I have been unable to handle work

**STEP2** Please answer the following questions concerning your health during the past month

- 18. I have felt sad
- 19. I have felt dizzy
- 20. I have experienced joint pains
- 21. I have experienced headaches
- 22. I have had a stiff neck and / or shoulders
- 23. I have had lower back pain
- 24. I have had eyestrain
- 25. I have experienced heart palpitations or shortness of breath
- 26. I have experienced stomach and / or intestine problems
- 27. I have lost my appetite
- 28. I have experienced diarrhea and / or constipation
- 29. I haven't been able to sleep well

**STEP3** Please answer the following questions concerning people around you.

How freely can you talk with the following people?

- 1. Superiors
- 2. Co-workers
- 3. Spouse, family, friends, etc.

How reliable are the following people when you are troubled?

- 4. Superiors
- 5. Co-workers
- 6. Spouse, family, friends, etc.

How well will the following people listen to you when you ask for advice on personal matters?

- 7. Superiors
- 8. Co-workers
- 9. Spouse, family, friends, etc.

**STEP4** Please answer the following questions concerning satisfaction.

- 1. I am satisfied with my job
- 2. I am satisfied with my family life

Caution!! If there is any of unanswered or multiple answered question, the question will not be imported normally and you will be deem not to complete this questionnaire.

Please fill only one circle of the most appropriate answer for each question.