

Questionnaire on the consultation with the doctor and sick listing

- 1. What is your year of birth?
- 2. What is your sex? male
 female
- 3. What is your education? comprehensive school
 secondary school
 continuation/vocational school
 upper secondary school
 university
- 4. Is Swedish your native language?
 yes
 no, my native language is

Questions about your work situation:

- 5. What was your employment status at the time of the consultation?
 - permanently employed
 - temporarily employed
 - unemployed
 - self-employed
 - home-worker
 - student
 - on parental leave
 - other
- 6. What was your occupation at the time of the consultation?
.....
- 7. How much did you work/study at the time of the consultation?
 - full time or more
 - more than half time but not full time
 - half time
 - less than half time
- 8. *If you were unemployed:*
For how long had you been unemployed?
 - less than one month
 - one month or more, but less than six months
 - more than six months but less than one year
 - more than one year

Questions about your job

If you have been unemployed for **more than one year**, go on to question 29.

If you are working or are unemployed since less than one year, please answer the questions relative to your last job.

	always	mostly	some- times	seldom	never
9. Can you influence the pace at which you work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Can you decide <i>what</i> to do during the working day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you influence <i>how</i> you carry out your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you find your job stimulating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you think your job is considered important in society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can you confer with your co-workers on difficult matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Can you get support from your supervisor/manager on difficult matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is being together with your co-workers important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there a good atmosphere at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your work demand a high level of skill or expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your job require you to take the initiative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you get your work done on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you worry about being injured at or becoming ill from your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you worry about changes in your work situation (dismissal, change of organisation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Can you alternate between easy and difficult tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have the possibility of learning new things through your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have to do the same thing over and over again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your work often involve conflicting demands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Does your job make you feel *physically* exhausted?
28. Does your job make you feel *mentally* exhausted?

On the scales below, try to estimate your agreement or disagreement with the various statements. The scales range from “disagree” to “agree”. Mark your opinion by a cross on the line somewhere along the scale.

29. I get on well at my job.

Disagree | _____ | Agree

30. Most employers are eager to have employees with a disease or a handicap at the workplace.

Disagree | _____ | Agree

31. If a person gets on well at his/her job, he/she wants to be on sick leave as short a time as possible.

Disagree | _____ | Agree

32. Physicians have good knowledge of work in various occupations.

Disagree | _____ | Agree

33. Being unemployed for a long time is harmful to one’s health.

Disagree | _____ | Agree

34. Most employers have a positive attitude towards part time sick leave.

Disagree | _____ | Agree

Questions about your health:

35. How often were you on sick leave (with or without a doctor’s certificate) during the last year before the consultation?

- not at all
- 1-3 times
- 4-6 times
- more than 6 times

36. What was your total time on sick leave the year before the consultation?
- one week or less
 - more than one week but less than one month
 - one month or more, but less than three months
 - three months or more
37. How do you assess your general health status?
- I am mostly healthy and feel well
 - I have one or more diseases, but I feel well most of the time
 - I have no known diseases, but I feel fairly unwell
 - I have one or more diseases and I seldom or never feel well

How do you think diseases and health problems should be handled?

Mark a cross on the line for every statement regarding how you feel it corresponds to your opinion

38. When you have a cold, it is important to stay at home in order not to contaminate your workmates.
Disagree|_____| Agree
39. You should be allowed to be on sick leave when you are tired and depressed.
Disagree|_____| Agree
40. It is a good thing that social insurance officers make home visits to ensure that there is no cheating with sickness certification.
Disagree|_____| Agree
41. Being on sick leave for a long time is harmful to one's health..
Disagree|_____| Agree
42. If you do not have a fever you do not need to be on sick leave for a common cold.
Disagree|_____| Agree
43. You recover more quickly from illness if you rest and take it easy.
Disagree|_____| Agree

44. Family situation – *tick the alternative that is most relevant to your situation*

- I live: alone
 with parent(s)
 with wife/husband/live-in partner
 with wife/husband/live-in partner
 and (number) children
 with (number) children

Questions about your opportunities for using your leisure time for activities making you feel good:

45. Which of these activities do you do in your leisure time?

(One cross in each row)

	seldom or never	once a month	once a week	two or more times a week	daily
a. I exercise at least 20 minutes at a pace that makes me sweaty and out of breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I exercise at least 20 minutes at a quick pace but without being sweaty or out of breath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am active outdoors at a calm pace (walking, garden work, hunting, fishing, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I spend time with my family/children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I spend time with other people than family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I read, listen to music, play computer games, look at TV/video, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I do hobby activities at home (needlework, woodwork, repair work, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I participate in group activities outside the home (study circle, hobby group, music group, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I participate in club or church or trade union activities or similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I go to the cinema, theatre, dancing, football games or similar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about the present consultation:

46. Why did you contact the doctor? *(More than one cross permitted)*

For:

- complaints/pain in back, neck, arms/hands, legs/feet
- complaints/pain in abdomen/digestion
- anxiety, nervousness, depression or insomnia
- complaints/pain in chest or heart
- complaints/pain in respiratory tract
- complaints/pain in urinary tract
- headache, dizziness or balance problems
- rash, eczema, or other skin eruptions
- tiredness
- fever, possible infection
- injuries from accidents or similar (i.e. wounds, swellings, burns)
- complaints/pain in genital tract, menstrual disorders
- complaints/pain in connection with eyes/vision or ears/hearing
- other,
- specify

47. Did these complaints/pains keep you from
(One cross in each row)

	not at all	moderately	very much
performing everyday pursuits at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
seeing friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking care of yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
performing your general leisure time activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Did the complaints/pains keep you from
(One cross in each row)

	not at all	moderately	very much	not applicable
occupational work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spending time with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking care of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other		<input type="checkbox"/>	<input type="checkbox"/>	

49. Had you had previous consultations with the physician you saw this time?

no, I had never seen this physician before	<input type="checkbox"/>
yes, occasionally	<input type="checkbox"/>
yes, many times	<input type="checkbox"/>

How important was it to you to get help with the matters below at specifically this appointment? (One cross on the line for each statement!)

50. To find out the cause of the complaints.

Very important	_____	Not important at all
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51. To find out if it was serious

Very important	_____	Not important at all
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52. To get medication to alleviate/cure the condition

Very important	_____	Not important at all
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53. To have tests

Very important	_____	Not important at all
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54. To get a referral to a specialist, x-ray, etc.

Very important	_____	Not important at all
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55. To be sick listed

Very important	_____	Not important at all
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56. To get a referral for treatment (to a physiotherapist, psychologist, etc.)

Very important | _____ | Not important at all

57. To have the opportunity, in dialogue with the doctor, to get advice on what could be done to recover

Very important | _____ | Not important at all

58. Other

Very important | _____ | Not important at all

59. How much did you want to be sick listed?

not at all	<input type="checkbox"/>
1/4-time	<input type="checkbox"/>
half time	<input type="checkbox"/>
3/4-time	<input type="checkbox"/>
full time	<input type="checkbox"/>
could not decide	<input type="checkbox"/>

60. If you did **NOT** want to be sick listed by the doctor: why?

my work capacity was not much affected	<input type="checkbox"/>
I could not afford to be on sick leave	<input type="checkbox"/>
sickness absence causes great problems at my work	<input type="checkbox"/>
not needed, I was free from work for another reason	<input type="checkbox"/>
I had reported sick but did not need a certificate	<input type="checkbox"/>
other reasons	<input type="checkbox"/>

61. How long did you want to be on sick leave?
(If you did NOT want to be on sick leave, go on to question 62)

1-3 days	<input type="checkbox"/>
4-7 days	<input type="checkbox"/>
8-14 days	<input type="checkbox"/>
15-29 days	<input type="checkbox"/>
30 days or more	<input type="checkbox"/>
could not decide	<input type="checkbox"/>

62. Would it have been necessary to be sick listed if you had another type of occupation?
- | | |
|-------------|--------------------------|
| yes | <input type="checkbox"/> |
| no | <input type="checkbox"/> |
| do not know | <input type="checkbox"/> |
63. Was sick listing brought up during the consultation?
- | | |
|------------------------------------|--------------------------|
| no | <input type="checkbox"/> |
| yes, by the doctor | <input type="checkbox"/> |
| yes, by me | <input type="checkbox"/> |
| yes, but I do not remember by whom | <input type="checkbox"/> |
64. Were you sick listed?
- | | |
|----------------|--------------------------|
| no | <input type="checkbox"/> |
| yes, 1/4-time | <input type="checkbox"/> |
| yes, half time | <input type="checkbox"/> |
| yes 3/4-time | <input type="checkbox"/> |
| yes, full time | <input type="checkbox"/> |
65. For how long were you sick listed?
- | | |
|-----------------|--------------------------|
| 1-3 days | <input type="checkbox"/> |
| 4-7 days | <input type="checkbox"/> |
| 8-14 days | <input type="checkbox"/> |
| 15-29 days | <input type="checkbox"/> |
| 30 days or more | <input type="checkbox"/> |
66. How was the consultation carried out?
- | | yes | no |
|---|--------------------------|--------------------------|
| the doctor asked me questions | <input type="checkbox"/> | <input type="checkbox"/> |
| the doctor examined me | <input type="checkbox"/> | <input type="checkbox"/> |
| the doctor or a nurse took tests | <input type="checkbox"/> | <input type="checkbox"/> |
| the doctor consulted someone else about my complaints | <input type="checkbox"/> | <input type="checkbox"/> |

67. What did the doctor get to know about your job situation during the consultation?

(Tick one box for each question)

	yes	no	the doctor already knew
The doctor asked/I told the doctor:			
where I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what I do at my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how I perform my work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how much I work (full time, part time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how I get to and from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how the complaints would influence my work capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Did the doctor, during the consultation, get to know something else about your situation that you think is important to how you felt?

(Tick whatever boxes are relevant)

matters concerning my job situation, for example disagreements, heavy workload, problem with workmates or manager, risk for unemployment	<input type="checkbox"/>
childcare problems	<input type="checkbox"/>
financial problems	<input type="checkbox"/>
family problems	<input type="checkbox"/>
illness or need for care in the family	<input type="checkbox"/>
recent death in the family or a close relative	<input type="checkbox"/>
change of housing, place or country	<input type="checkbox"/>
other, describe shortly.....	<input type="checkbox"/>

69. How were you informed of the results of the examination at the consultation?

Tick the most relevant alternative. **Only one tick!**

the doctor and I talked about my complaints	<input type="checkbox"/>
I asked the doctor and he/she answered	<input type="checkbox"/>
I received no information	<input type="checkbox"/>

70. Did you get a referral for another examination or treatment because of your complaint/pain

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

for what kind of treatment/examination?

71. What measures did the doctor suggest you to take in order to recover?

- I received a prescription or was recommended an over the counter drug
- I got advice on what to eat or drink
- I got advice on exercise
- I got advice on smoking
- I got advice on what to do or avoid doing
- other

72. Were other measures suggested because of your health status?

- the doctor asked if he/she could contact the social insurance office
- I got advice on contact with work
- another visit was scheduled
- a telephone appointment was scheduled
- other

73. What do you think was important for the doctor's decision to sick list you or not to sick list you?

(Tick one box in each row)

	very great importance	great importance	some importance	no importance	do not know
the doctor's assessment from examination and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the doctor's assessment of my health status based on my medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the doctor's assessment of my ability to cope with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

74. How did you experience your consultation at the surgery?

	totally	mainly	neither nor	not very much	not at all
I was well treated by the staff at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
waiting time was reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. How did you experience the doctor during the consultation?
Tick one box in each line!

	completely	mostly	fairly	not at all	do not know
The doctor was:					
competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
committed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. How do you regard the results of the consultation?

I am completely satisfied	<input type="checkbox"/>
I am rather satisfied	<input type="checkbox"/>
I am neither satisfied nor dissatisfied	<input type="checkbox"/>
I am rather dissatisfied	<input type="checkbox"/>
I am very dissatisfied	<input type="checkbox"/>

77. If you have any comments on our questionnaire and the questions, please write them here or continue on a separate piece of paper.

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Thank you for your participation!