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The effects of workspace office layout on aspects of employee wellbeing

Laughton, Keren-Amy

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APPENDIX 4-PILOT SURVEY

Well-being and Comfort Survey

Hello,

This survey is one of the requirements for the Green Building Interiors rating for which our Organisation is applying. This survey looks at your experiences with the new green building, including the surrounding indoor environment, your comfort levels, and how you perceive your psychological well-being at work. As one of the leaders in the South African property market not only will it show that our Organisation is leading the way by achieving a GreenStar Interiors rating, but the lessons learnt can also be used to provide extra value to your clients.

The survey will take 10-15 minutes to complete and can be completed at any time. The survey opens on Friday 19 May 2017 and will close on Friday 2 June 2017, but please respond as soon as you are able. Your responses are entirely anonymous, and we won't be able to tell who you are from your responses. The biographical questions (age, gender, race, etc.) are for statistical purposes only. We will also maintain confidentiality. Only grouped responses will be reported, meaning it will not be possible to know what any one person has said. For this reason, and to ensure the objectivity of the process, the results will be collected and analysed by a third party, Prof. Andrew Thatcher and Ms Keren-Amy Laughton. If you have any questions about the survey please feel free to email us at one of the contact details below.

Your participation in this survey is greatly appreciated. Thank you for your participation.

Keren-Amy Laughton
Masters student
Department of Organisational Psychology
University of the Witwatersrand
Email: kamylaughton@gmail.com

Andrew Thatcher (Supervisor)
Lecturer, PhD and Registered Industrial Psychologist
Chair of Industrial/Organisational Psychology
Department of Organisational Psychology
Email: Andrew.Thatcher@wits.ac.za



General Information

1. What is your sex?

- [ ] Male
- [ ] Female

2. What is your age in years?

- [ ] 20-31
- [ ] 31-40
- [ ] 41-50
- [ ] 51 & Older

3. What is your race? *(Please note that race is only used to determine the number of people from different race groups within the sample)*

- [ ] African
- [ ] Indian
- [ ] Coloured
- [ ] White
- [ ] Other

4. What is your current job role?

5. What department are you in?

6. Length of time working for the company (in years)?

7. Length of time working in your current position (in years)?

8. How many people work in the room in which your work station is located?

- ◯ More than 50 people
- ◯ 16-49 people
- ◯ 7-15 people
- ◯ 4-6 people
- ◯ 2-3 people
- ◯ Only myself
- ◯ I don't know

9. Is your work station allocated on a permanent based in the office?

- ◯ Yes
- ◯ No

10. The layout of your current office workspace environment can be described as:

- ☐ A private office
- ☐ A shared office
- ☐ An open-plan office with individual cubicles
- ☐ Collaborative team spaces
- ☐ Space is unassigned but can be reserved

11. For you, the ideal work environment would be:

- ☐ An open-plan office
- ☐ A private office
- ☐ A shared office, shared with 1-3 other people
- ☐ Other (please specify)

[ ]

Assessing the Noise Environment of Your Work Area

The following questions concern the noise in your working environment. For each statement, please respond by circling the number that corresponds to your level of satisfaction on a scale of 1– 5 where one is "not at all" or “never” and 5 is "very totally" or “constantly”. There are also ‘yes’ or ‘no’ choices, please mark the appropriate choice.

12. Generally speaking, would you say that the level of noise in your work environment is high?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

13. Generally speaking, would you say that the noise in your work environment bothers you?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

14. At your work station, you hear machines running (ventilation, computer, printer, etc.):

Never	Occasionally	Frequently	Often	Constantly
◯	◯	◯	◯	◯

15. Would you say that this machine noise bothers you?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

16. Is there an area of your work for which this machine noise is particularly distracting?

◯ No

◯ If yes, which one?

17. At your work station, you hear telephones ringing:

Never	Occasionally	Frequently	Often	Constantly
◯	◯	◯	◯	◯

18. Would you say that this ringing noise bothers you?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

19. Is there an area of your work for which this ringing noise is particularly distracting?

- ◯ No
- ◯ If yes, which one?

20. At your work station, you clearly hear and understand your colleagues' conversations:

Never	Occasionally	Frequently	Often	Constantly
◯	◯	◯	◯	◯

21. Would you say that this conversational noise bothers you?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

22. Is there an area of your work for which this conversational noise is particularly distracting?

- ◯ No
- ◯ If yes, which one?

23. It bothers you most when:

- ◯ You can hear all of the speakers (Conversations of people in the office)
- ◯ You can hear only one speaker (Telephone conversations)
- ◯ You do not distinguish between the two

24. At your work station, you hear colleagues' conversations that you cannot understand:

Never	Occasionally	Frequently	Often	Constantly
◯	◯	◯	◯	◯

25. Would you say that this conversational noise bothers you?

Not at all	Occasionally	Frequently	Often	Totally
◯	◯	◯	◯	◯

26. Is there an area of your work for which this noise conversational is particularly distracting?

- ◯ No
- ◯ If yes, which one?

27. At your work station, you hear people walking up and down:

Never	Occasionally	Frequently	Often	Constantly
○	○	○	○	○

28. Would you say that this noise bothers you?

Not at all	Occasionally	Frequently	Often	Totally
○	○	○	○	○

29. Is there an area of your work for which this noise is particularly distracting?

○ No

○ If yes, which one?

30. Please order, from the most distracting to the least distracting, the following elements of your noise environment at work. Please tick number 1 to indicate the element you find the most distracting, number 2 to indicate the element which is the next most distracting and so on until you reach the least distracting element.

	1	2	3	4	5	6	7
Machines running	○	○	○	○	○	○	○
Telephones running	○	○	○	○	○	○	○
Conversations which you can hear but cannot understand	○	○	○	○	○	○	○
Conversations in which you can understand everything that is said	○	○	○	○	○	○	○
People walking up and down next to your office	○	○	○	○	○	○	○
Noise of people working (keyboard, opening & closing drawers, etc.)	○	○	○	○	○	○	○
Noise linked to one person in particular	○	○	○	○	○	○	○

Your Experiences at Your Workstation

The following questions concern your experience working at your workstation. For each statement, please respond by marking the box, most appropriate to you.

31. How do you feel about the following factors at your current workstation?

	Very uncomfortable/ Very poor	Uncomfortable/ Poor	Comfortable/ Good	Very comfortable/ Very good
Air temperature	◯	◯	◯	◯
Air freshness	◯	◯	◯	◯
Air quality	◯	◯	◯	◯
Noise	◯	◯	◯	◯
Office lighting	◯	◯	◯	◯
Daylight	◯	◯	◯	◯
Office furniture	◯	◯	◯	◯
Overall workstation conditions	◯	◯	◯	◯

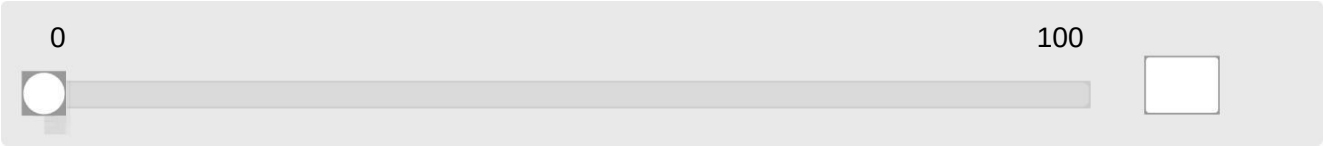
32. How do you feel about the following factors at your current workstation?

	Definitely hinders work performance	Somewhat hinders work performance	Somewhat helps work performance	Definitely helps work performance
Air temperature	◯	◯	◯	◯
Air freshness	◯	◯	◯	◯
Air quality	◯	◯	◯	◯
Noise	◯	◯	◯	◯
Office lighting	◯	◯	◯	◯
Daylight	◯	◯	◯	◯
Office furniture	◯	◯	◯	◯
Overall workstation conditions	◯	◯	◯	◯

33. How do you feel about the following factors at your current workstation?

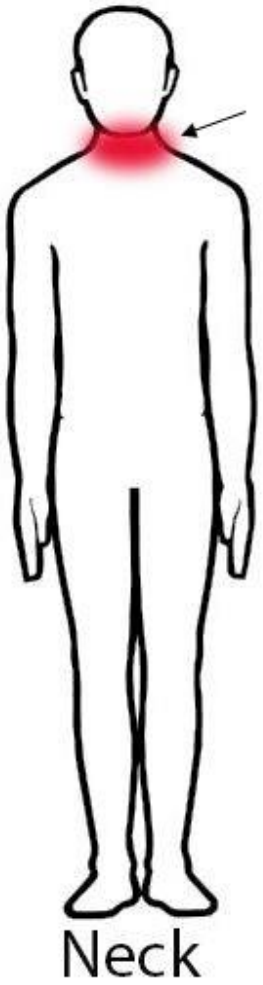
	Definitely makes me feel less healthy	Somewhat makes me feel less healthy	Somewhat makes me feel healthier	Definitely makes me feel healthier
Air temperature	○	○	○	○
Air freshness	○	○	○	○
Air quality	○	○	○	○
Noise	○	○	○	○
Office lighting	○	○	○	○
Daylight	○	○	○	○
Office furniture	○	○	○	○
Overall workstation condition	○	○	○	○

34. On a Scale of 0-100% (where 100% is full capacity), rate how well you've been working over the last month in relation to your full capacity?



Your Perception of Physical Comfort

The following section relates to your experience of physical discomfort, specifically if you have experienced any discomfort in the specified body areas **as a result of your work.** The picture shows how the body has been divided. Limits are not sharply defined and certain parts overlap. You should decide for yourself which part (if any) is or has been affected **by your work.**



35. Have you ever had trouble (ache, pain or discomfort) in your neck due to work?

- ◯ Yes
- ◯ No

36. At the time of initial onset of the trouble with your neck due to work, what was your age in years?

37. Have you ever been hospitalised because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No

38. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No

39. Have you had trouble (ache, pain or discomfort due to work) in your neck at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

40. Have you had trouble (ache, pain or discomfort due to work) in your neck at any time during the last month (**4 weeks**)?

- ◯ Yes
- ◯ No

41. Have you had trouble (ache, pain or discomfort due to work) in your neck **today?**

- ◯ Yes
- ◯ No

42. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No

43. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your neck due to work?

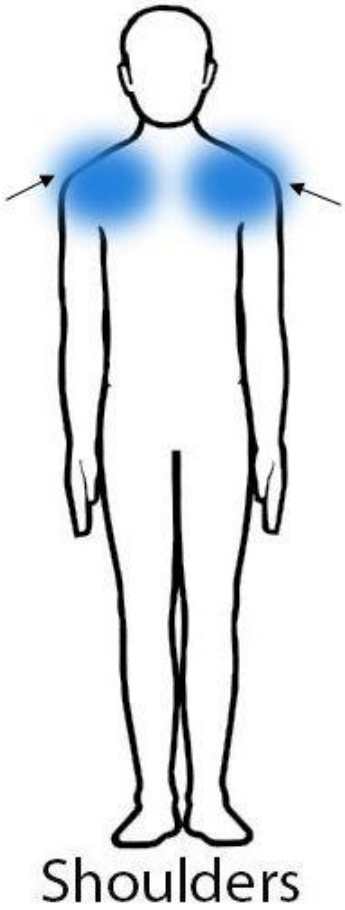
- ◯ Yes
- ◯ No

44. During the **last 12 months** have you at any time, taken medication because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No

45. During the **last 12 months** have you at any time, taken sick leave from work/studies because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No



* 46. Have you ever had trouble (ache, pain or discomfort) in your shoulders due to work?

- ◯ Yes
- ◯ No

47. Have you ever been hospitalised because of the trouble in your shoulders due to work?

- ◯ Yes
- ◯ No

48. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your shoulders due to work?

- ◯ Yes
- ◯ No

49. Have you had trouble (ache, pain or discomfort due to work) in your shoulders at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

50. At the time of initial onset of the trouble with your shoulders due to work, what was your age in years?

51. Have you had trouble (ache, pain or discomfort due to work) in your shoulders at any time during the last month (**4 weeks**)?

- ◯ Yes
- ◯ No

52. Have you had trouble (ache, pain or discomfort due to work) in your shoulders **today?**

- ◯ Yes
- ◯ No

53. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your shoulders due to work?

- ◯ Yes
- ◯ No

54. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your neck due to work?

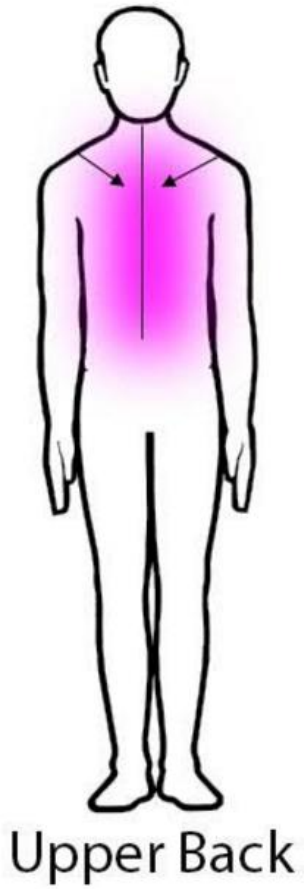
- ◯ Yes
- ◯ No

55. During the **last 12 months** have you at any time, taken medication because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No

56. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your neck due to work?

- ◯ Yes
- ◯ No



* 57. Have you ever had trouble (ache, pain or discomfort) in your upper back due to work?

- Yes
- No

58. At the time of initial onset of the trouble with your upper back due to work, what was your age in years?

59. Have you ever been hospitalised because of the trouble in your upper back due to work?

- Yes
- No

60. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your upper back due to work?

- Yes
- No

61. Have you had trouble (ache, pain or discomfort due to work) in your upper back at any time during the **last 12 months?**

- Yes
- No

62. Have you had trouble (ache, pain or discomfort due to work) in your upper shoulders at any time during the last month (4 weeks)?

- Yes
- No

63. Have you had trouble (ache, pain or discomfort due to work) in your upper back **today?**

- Yes
- No

64. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your upper back due to work?

- Yes
- No

65. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your upper back due to work?

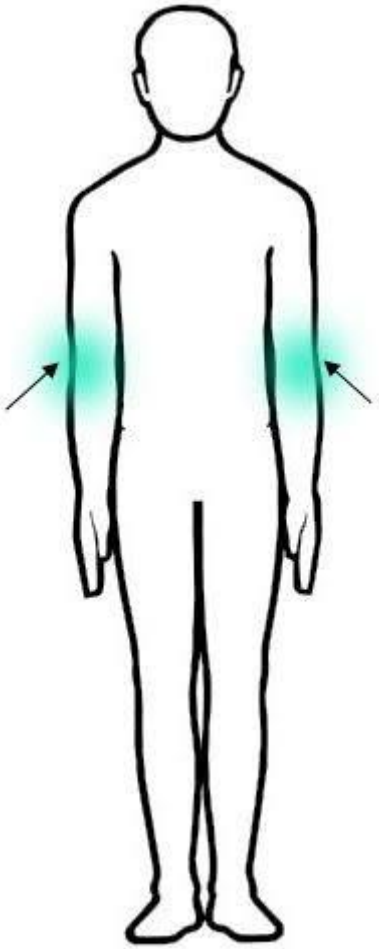
- Yes
- No

66. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your upper back due to work?

- Yes
- No

67. During the **last 12 months** have you at any time, taken medication because of the trouble in your upper back due to work?

- Yes
- No



* 68. Have you ever had trouble (ache, pain or discomfort) in your elbows due to work?

- ◯ Yes
- ◯ No

69. At the time of initial onset of the trouble with your elbows due to work, what was your age in years?

70. Have you ever been hospitalised because of the trouble in your elbows due to work?

- ◯ Yes
- ◯ No

71. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your elbows due to work?

- ◯ Yes
- ◯ No

72. Have you had trouble (ache, pain or discomfort due to work) in your elbows at any time during the **last 12 months?**

- [ ] Yes
- [ ] No

73. Have you had trouble (ache, pain or discomfort due to work) in your elbows at any time during the last month (4 weeks)?

- [ ] Yes
- [ ] No

74. Have you had trouble (ache, pain or discomfort due to work) in your elbows **today?**

- [ ] Yes
- [ ] No

75. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your elbows due to work?

- [ ] Yes
- [ ] No

76. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your elbows due to work?

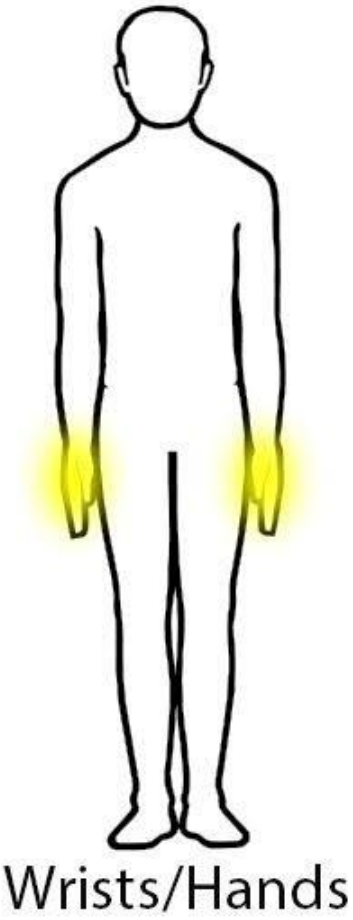
- [ ] Yes
- [ ] No

77. During the **last 12 months** have you at any time, taken medication because of the trouble in your elbows due to work?

- [ ] Yes
- [ ] No

78. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your elbows due to work?

- [ ] Yes
- [ ] No



* 79. Have you ever had trouble (ache, pain or discomfort) in your hands/wrists due to work?

- ◯ Yes
- ◯ No

80. At the time of initial onset of the trouble with your hands/wrists due to work, what was your age in years?

81. Have you ever been hospitalised because of the trouble in your hands/wrists due to work?

- ◯ Yes
- ◯ No

82. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your hands/wrists due to work?

- ◯ Yes
- ◯ No

83. Have you had trouble (ache, pain or discomfort due to work) in your hands/wrists at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

84. Have you had trouble (ache, pain or discomfort due to work) in your hand/wrists at any time during the last month (4 weeks)?

- ◯ Yes
- ◯ No

85. Have you had trouble (ache, pain or discomfort due to work) in your hands/wrists **today?**

- ◯ Yes
- ◯ No

86. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your hands/wrists due to work?

- ◯ Yes
- ◯ No

87. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your hands/wrists due to work?

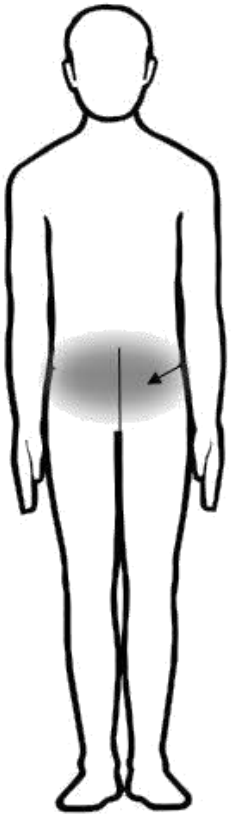
- ◯ Yes
- ◯ No

88. During the **last 12 months** have you at any time, taken medication because of the trouble in your hands/wrists due to work?

- ◯ Yes
- ◯ No

89. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your hand/wrists due to work?

- ◯ Yes
- ◯ No



Lower Back

* 90. Have you ever had trouble (ache, pain or discomfort) in your lower back due to work?

- Yes
- No

91. At the time of initial onset of the trouble with your lower back due to work, what was your age in years?

92. Have you ever been hospitalised because of the trouble in your lower back due to work?

- Yes
- No

93. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your lower back due to work?

- Yes
- No

94. Have you had trouble (ache, pain or discomfort due to work) in your lower back at any time during the **last 12 months?**

- Yes
- No

95. Have you had trouble (ache, pain or discomfort due to work) in your lower back at any time during the last month (4 weeks)?

- ◯ Yes
- ◯ No

96. Have you had trouble (ache, pain or discomfort) in your lower back **today?**

- ◯ Yes
- ◯ No

97. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your lower back due to work?

- ◯ Yes
- ◯ No

98. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your lower back due to work?

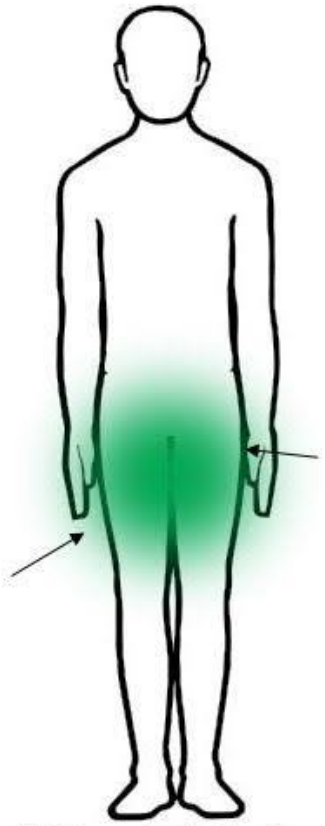
- ◯ Yes
- ◯ No

99. During the **last 12 months** have you at any time, taken medication because of the trouble in your lower back due to work?

- ◯ Yes
- ◯ No

100. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your lower back due to work?

- ◯ Yes
- ◯ No



* 101. Have you ever had trouble (ache, pain or discomfort) in your hips/thighs due to work?

- ◯ Yes
- ◯ No

102. At the time of initial onset of the trouble with your hips/thighs due to work, what was your age in years?

103. Have you ever been hospitalised because of the trouble in your hips/thighs due to work?

- ◯ Yes
- ◯ No

104. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your hips/thighs due to work?

- ◯ Yes
- ◯ No

105. Have you had trouble (ache, pain or discomfort due to work) in your hips/thighs at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

106. Have you had trouble (ache, pain or discomfort due to work) in your hips/thighs at any time during the last month (4 weeks)?

- ◯ Yes
- ◯ No

107. Have you had trouble (ache, pain or discomfort due to work) in your hips/thighs **today?**

- ◯ Yes
- ◯ No

108. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your hips/thighs due to work?

- ◯ Yes
- ◯ No

109. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your hips/thighs due to work?

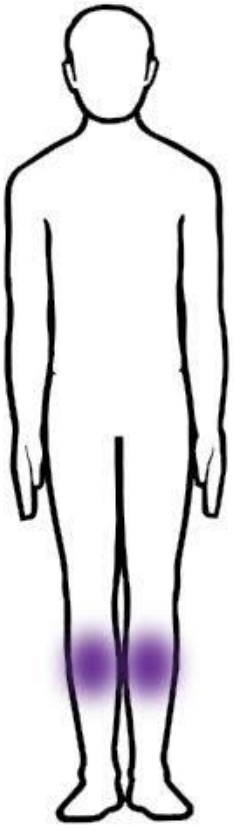
- ◯ Yes
- ◯ No

110. During the **last 12 months** have you at any time, taken medication because of the trouble in your hips/thighs due to work?

- ◯ Yes
- ◯ No

111. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your hips/thighs due to work?

- ◯ Yes
- ◯ No



* 112. Have you ever had trouble (ache, pain or discomfort) in your knees due to work?

- Yes
- No

113. At the time of initial onset of the trouble with your knees due to work, what was your age in years?

114. Have you ever been hospitalised because of the trouble in your knees due to work?

- Yes
- No

115. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your knees due to work?

- Yes
- No

116. Have you had trouble (ache, pain or discomfort due to work) in your knees at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

117. Have you had trouble (ache, pain or discomfort due to work) in your knees at any time during the last month (4 weeks)?

- ◯ Yes
- ◯ No

118. Have you had trouble (ache, pain or discomfort due to work) in your knees **today?**

- ◯ Yes
- ◯ No

119. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your knees due to work?

- ◯ Yes
- ◯ No

120. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your knees due to work?

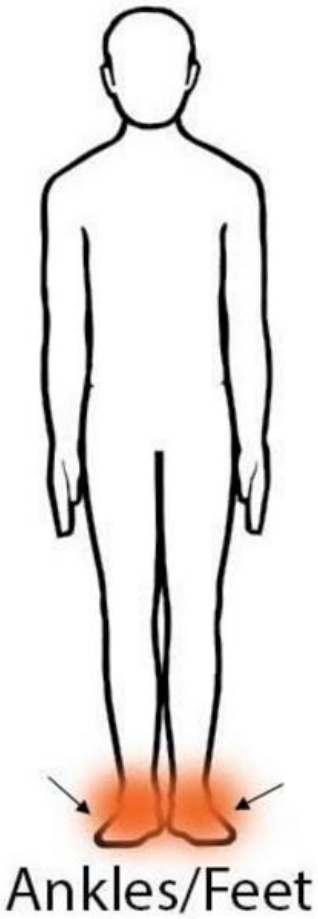
- ◯ Yes
- ◯ No

121. During the **last 12 months** have you at any time, taken medication because of the trouble in your knees due to work?

- ◯ Yes
- ◯ No

122. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your knees due to work?

- ◯ Yes
- No



* 123. Have you ever had trouble (ache, pain or discomfort) in your ankles/feet due to work?

- ◯ Yes
- ◯ No

124. At the time of initial onset of the trouble with your ankles/feet due to work, what was your age in years?

125. Have you ever been hospitalised because of the trouble in your ankles/feet due to work?

- ◯ Yes
- ◯ No

126. Have you **ever** had to change jobs or duties (even temporarily) because of the trouble in your ankles/feet due to work?

- ◯ Yes
- ◯ No

127. Have you had trouble (ache, pain or discomfort due to work) in your ankles/feet at any time during the **last 12 months?**

- ◯ Yes
- ◯ No

128. Have you had trouble (ache, pain or discomfort due to work) in your ankles/feet at any time during the last month (4 weeks)?

- ◯ Yes
- ◯ No

129. Have you had trouble (ache, pain or discomfort due to work) in your ankles/feet **today?**

- ◯ Yes
- ◯ No

130. During the **last 12 months** have you at any time, been prevented from doing your normal work (at home or away from home) because of the trouble in your ankles/feet due to work?

- ◯ Yes
- ◯ No

131. During the **last 12 months** have you at any time, seen a doctor, physio-therapist, chiropractor or other such person because of the trouble in your ankles/feet due to work?

- ◯ Yes
- ◯ No

132. During the **last 12 months** have you at any time, taken medication because of the trouble in your ankles/feet due to work?

- ◯ Yes
- ◯ No

133. During the **last 12 months** have you at any time, taken sick leave from work/studied because of the trouble in your knees due to work?

- ◯ Yes
- ◯ No

Your Perception of Your Psychological Comfort

The following questions concern your perception of psychological comfort. For each statement, please respond by circling the number that corresponds to your level of satisfaction on a scale of 1 – 5 where one is "never" and 5 is "always".

134. I feel like I belong in my own workspace:

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

135. I feel like I belong in the workspace my team works in:

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

136. I am able to choose how much face-to-face interaction I have with my colleagues:

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

137. I feel like I am able to choose where I work:

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

138. I feel like I can complete my work in confidentiality:

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

139. I feel that my workspace doesn't allow for privacy

Never	Occasionally	Frequently	Often	Always
○	○	○	○	○

Your Perception of Your Psychological Well-being

140. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the **last 4 weeks.**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	○	○	○	○	○
I've been feeling useful	○	○	○	○	○
I've been feeling relaxed	○	○	○	○	○
I've been dealing with problems well	○	○	○	○	○
I've been thinking clearly	○	○	○	○	○
I've been feeling close to other people	○	○	○	○	○
I've been able to make up my mind about things	○	○	○	○	○

The End.

Your participation is greatly appreciated.