

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.

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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 basis 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Not at all	Occasionally	Frequently	Often	Totally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Constantly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Not at all	Occasionally	Frequently	Often	Totally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Not at all	Occasionally	Frequently	Often	Totally
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air freshness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall workstation conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air freshness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall workstation conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

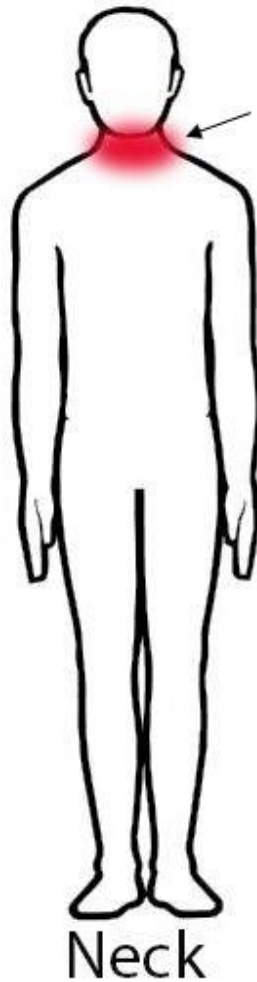
	Definitely makes me feel less healthy	Somewhat makes me feel less healthy	Somewhat makes me feel healthier	Definitely makes me feel healthier
Air temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air freshness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air quality	<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"/>
Office lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daylight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall workstation condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

0 100

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?

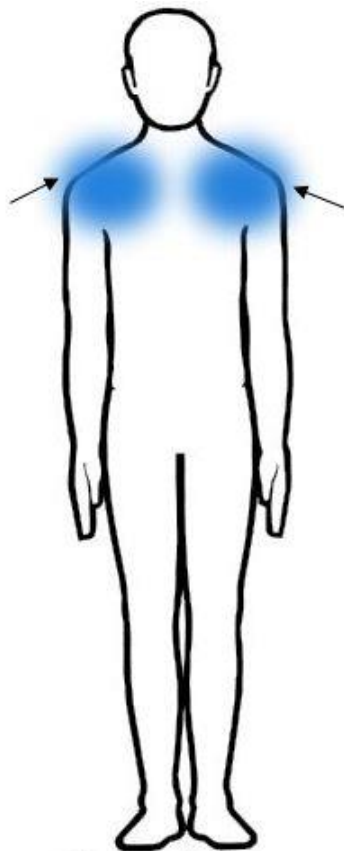
Yes

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



Shoulders

* 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?

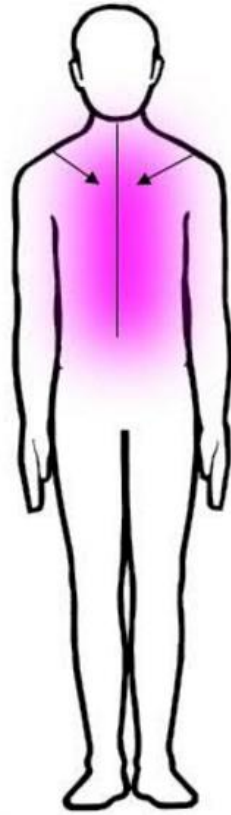
Yes

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



Upper Back

* 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?

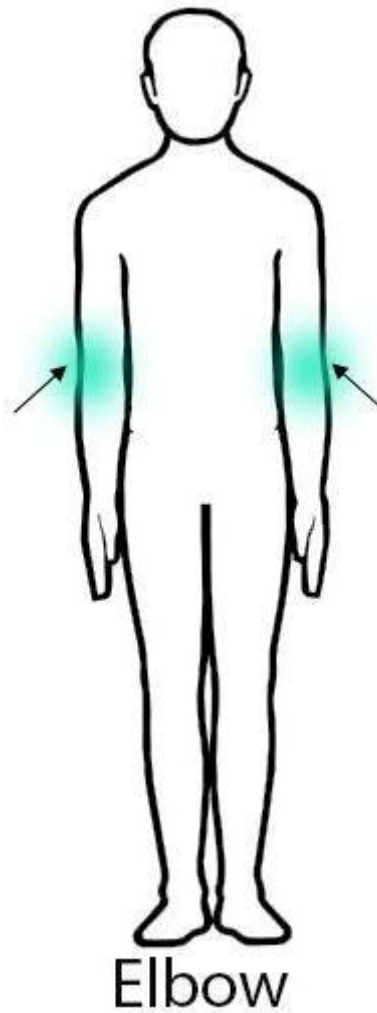
~~Yes~~

~~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?

~~69.~~ Yes

~~70.~~ 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?

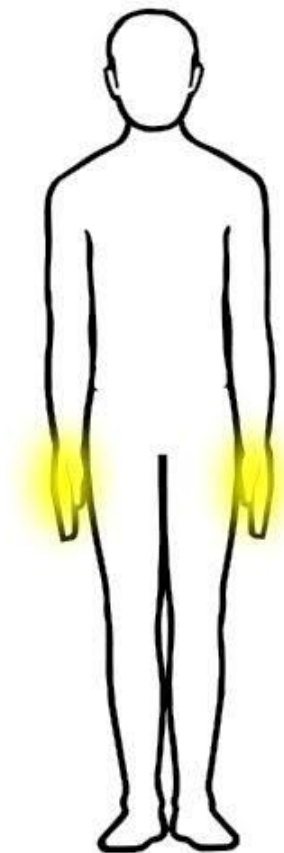
Yes

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



Wrists/Hands

* 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?

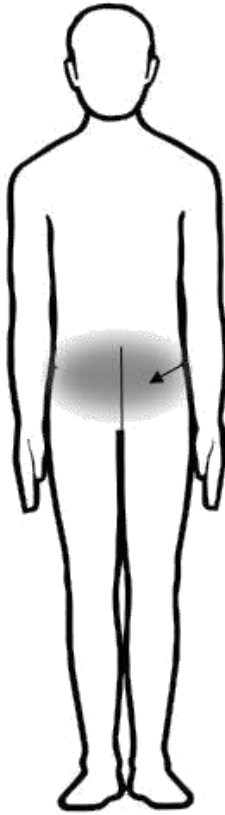
Yes

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?

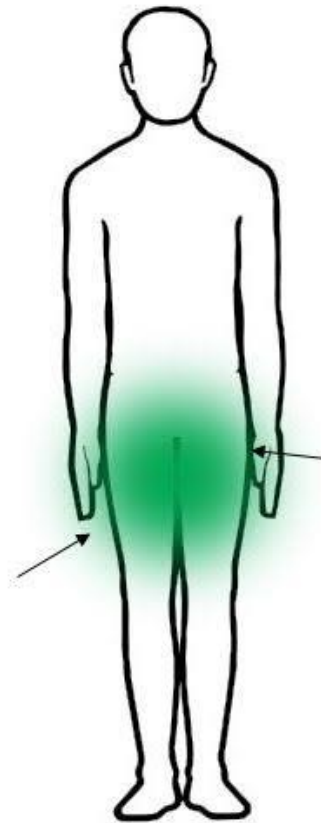
Yes

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



Hips/Thighs

* 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



Knees

* 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



Ankles/Feet

* 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Never	Occasionally	Frequently	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The End.

Your participation is greatly appreciated.