

## The Brief Job Stress Questionnaire English version

**Please answer the following questions concerning your job by circling the number that best fits your situation.**

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

**Please answer the following questions concerning your health during the past month by circling the number that best fits your situation.**

|                                                          | Almost never | Sometimes | Often | Almost always |
|----------------------------------------------------------|--------------|-----------|-------|---------------|
| 18. I have been very active -----                        | 1            | 2         | 3     | 4             |
| 19. I have been full of energy -----                     | 1            | 2         | 3     | 4             |
| 20. I have been lively -----                             | 1            | 2         | 3     | 4             |
| 21. I have felt angry -----                              | 1            | 2         | 3     | 4             |
| 22. I have been inwardly annoyed or aggravated -----     | 1            | 2         | 3     | 4             |
| 23. I have felt irritable-----                           | 1            | 2         | 3     | 4             |
| 24. I have felt extremely tired-----                     | 1            | 2         | 3     | 4             |
| 25. I have felt exhausted -----                          | 1            | 2         | 3     | 4             |
| 26. I have felt weary or listless -----                  | 1            | 2         | 3     | 4             |
| 27. I have felt tense -----                              | 1            | 2         | 3     | 4             |
| 28. I have felt worried or insecure -----                | 1            | 2         | 3     | 4             |
| 29. I have felt restless -----                           | 1            | 2         | 3     | 4             |
| 30. I have been depressed -----                          | 1            | 2         | 3     | 4             |
| 31. I have thought that doing anything was a hassle----- | 1            | 2         | 3     | 4             |
| 32. I have been unable to concentrate -----              | 1            | 2         | 3     | 4             |

|                                                                        |   |   |   |   |
|------------------------------------------------------------------------|---|---|---|---|
| 33. I have felt gloomy -----                                           | 1 | 2 | 3 | 4 |
| 34. I have been unable to handle work -----                            | 1 | 2 | 3 | 4 |
| 35. I have felt sad -----                                              | 1 | 2 | 3 | 4 |
| 36. I have felt dizzy -----                                            | 1 | 2 | 3 | 4 |
| 37. I have experienced joint pains -----                               | 1 | 2 | 3 | 4 |
| 38. I have experienced headaches -----                                 | 1 | 2 | 3 | 4 |
| 39. I have had a stiff neck and / or shoulders -----                   | 1 | 2 | 3 | 4 |
| 40. I have had lower back pain -----                                   | 1 | 2 | 3 | 4 |
| 41. I have had eyestrain -----                                         | 1 | 2 | 3 | 4 |
| 42. I have experienced heart palpitations or shortness of breath ----- | 1 | 2 | 3 | 4 |
| 43. I have experienced stomach and / or intestine problems -----       | 1 | 2 | 3 | 4 |
| 44. I have lost my appetite -----                                      | 1 | 2 | 3 | 4 |
| 45. I have experienced diarrhea and / or constipation -----            | 1 | 2 | 3 | 4 |
| 46. I haven't been able to sleep well -----                            | 1 | 2 | 3 | 4 |

**Please answer the following questions concerning satisfaction by circling the number that best fits your situation.**

|                                                                                               | Extremely | Very much | Somewhat | Not at all |
|-----------------------------------------------------------------------------------------------|-----------|-----------|----------|------------|
| How freely can you talk with the following people?                                            |           |           |          |            |
| 47. Superiors -----                                                                           | 1         | 2         | 3        | 4          |
| 48. Co-workers -----                                                                          | 1         | 2         | 3        | 4          |
| 49. Spouse, family, friends, etc. -----                                                       | 1         | 2         | 3        | 4          |
| How reliable are the following people when you are troubled?                                  |           |           |          |            |
| 50. Superiors -----                                                                           | 1         | 2         | 3        | 4          |
| 51. Co-workers -----                                                                          | 1         | 2         | 3        | 4          |
| 52. Spouse, family, friends, etc. -----                                                       | 1         | 2         | 3        | 4          |
| How well will the following people listen to you when you ask for advice on personal matters? |           |           |          |            |
| 53. Superiors -----                                                                           | 1         | 2         | 3        | 4          |
| 54. Co-workers -----                                                                          | 1         | 2         | 3        | 4          |
| 55. Spouse, family, friends, etc. -----                                                       | 1         | 2         | 3        | 4          |

**Please answer the following questions concerning satisfaction by circling the number that best fits your situation.**

|                                              | Satisfied | Somewhat satisfied | Somewhat dissatisfied | Dissatisfied |
|----------------------------------------------|-----------|--------------------|-----------------------|--------------|
| 56. I am satisfied with my job -----         | 1         | 2                  | 3                     | 4            |
| 57. I am satisfied with my family life ----- | 1         | 2                  | 3                     | 4            |