

# SELF-ASSESSMENT OF WORK AND HEALTH

## Instructions for filling this self-assessment

- This self-assessment has been created together with entrepreneurs, so it takes only a few minutes to fill in.
- Take a moment to think about your work environment and your own well-being at work.
- Answer each question by choosing the option that best matches your situation "always/often", "sometimes" or "seldom/never".
- Your occupational health service provider can give you support and advice on how to improve your current situation.

## WORK AND THE WORK ENVIRONMENT

Assess the following characteristics of your work and work environment

	always/ often	some- times	seldom/ never
Mental and physical load			
My work involves the following mentally loading factors:			
• time pressure and tight schedules			
• feelings of stress			
• excessively long working days			
• inappropriate behaviour			
• threat of violence or other criminal nature			
My work involves the following physically loading factors:			
• strenuous physical work			
• repetitive movements			
• standing or moving continuously for long periods			
• carrying, lifting or supporting by hand			
• stooped, twisted or awkward positions			
• working at a computer all day, or for several hours at a time			
• sitting all day, or for several hours at a time			
Work environment and risk of accidents			
My workspace is adequate			
My work tools are safe and suited to their purpose			
My workplace is in good order and tidy			
I have sufficient lighting for my work			
My work involves the following factors which affect my health:			
• disruptive, loud, and often repetitive or continuous noise			
• vibration affecting hands and/or whole body			
• heat, cold, draught, dampness, dryness, changes in temperature			
• excessive dust (e.g. sand, flour, metal, fibre)			
• paints, solvents, gases, smoke, welding fumes, washing and cleaning detergents, cosmetics, other chemicals.			
• microbes (bacteria, viruses, moulds)			
I use personal protective equipment when necessary (e.g. breathing or hearing protection, goggles, protective gloves or clothing)			
I use personal protective equipment in risky situations (e.g. a helmet, safety shoes and gloves, reflective vest, safety harness etc.)			
First aid preparedness in my work is good (supplies, training)			
Accidents have occurred in my company			
I have assessed the risks in my enterprise, and corrected any defects found			
I am able to influence my own working habits and work environment			
My company has a contract with an occupational health service provider		X	

## HEALTH AND LIFESTYLE

Assess the following factors relating to your health

	always/ often	some- times	seldom/ never
Mental and physical health			
I am content with the state of my health and work ability			
I am content with my mental well-being			
I have time to attend to personal relationships			
I am content with my level of physical fitness			
I suffer from the following symptoms:			
<ul style="list-style-type: none"> <li>• sleep disorder (e.g. difficulty falling asleep, waking up in the night, pauses in breathing while sleeping)</li> </ul>			
<ul style="list-style-type: none"> <li>• constant irritability and tension</li> </ul>			
<ul style="list-style-type: none"> <li>• constant fatigue</li> </ul>			
<ul style="list-style-type: none"> <li>• long-lasting low spirits/depression</li> </ul>			
<ul style="list-style-type: none"> <li>• muscle and joint pain in the upper or lower limbs, back, neck, or shoulder area</li> </ul>			
<ul style="list-style-type: none"> <li>• chest pains, palpitations</li> </ul>			
<ul style="list-style-type: none"> <li>• stomach problems</li> </ul>			
<ul style="list-style-type: none"> <li>• respiratory problems</li> </ul>			
<ul style="list-style-type: none"> <li>• headache</li> </ul>			
<ul style="list-style-type: none"> <li>• dizziness</li> </ul>			
<ul style="list-style-type: none"> <li>• eye and sight problems</li> </ul>			
I know my blood pressure level			
I know my cholesterol and blood glucose levels			
Lifestyle			
I exercise for at least half an hour 2-3 times a week through everyday exercise or fitness training that makes me sweat			
I take enough days off and holidays			
I get enough sleep			
I have a balanced diet and eat regularly every day			
I avoid animal fat in my diet			
I avoid sweet foods			
My diet consists of lots of vegetables, berries, and fruit			
My diet is low in salt			
My weight is normal			
I smoke daily			
I drink over the safe weekly limit of alcohol (upper limit for men 24 units/week, women 16 units/week; 1 unit= one bottle of approx. 4% beer)			
I can influence my own health			
My health is important to my company			
I have my own family doctor, occupational health physician, or primary care physician			

## MY STEPS TO MAKE IMPROVEMENTS TO MY WORK ENVIRONMENT AND HEALTH

You have now assessed your work environment and well-being - this is a great starting point. The green areas portray your strengths and resources at work, and concerning your health and lifestyle - hold on to these. The issues in red demand your attention - take steps to improve these quickly. And do not forget - you are the most important resource of your business.

Think about your answers and what you are going to do to improve your work environment and/or health, and when are you going to do it. Take one step at a time!

WHAT AM I GOING TO DO?	WHEN AM I GOING TO DO IT?
Work	
1.	
2.	
3.	
Health and lifestyle	
1.	
2.	
3.	

Make a habit of this - fill in the self-assessment regularly (for example once a year).

Colours in grey-/black and white printing:

green

yellow

red