

**Appendix 1****ASSET****An Organisational Stress Screening Tool****Background**

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: **survey** the level of stress that exists in the organisation; **examine** the extent to which groups are differentially affected; and **identify** what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into four sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and the final section is about your health. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

The findings of this survey will be used to inform research being carried out at Lancaster University as part of a Doctoral Thesis. By filling out and returning this survey you are consenting to the data being used. Anonymity and Confidentiality are assured.

Contact details: Ian Hesketh E-mail: ian.hesketh@lancashire.pnn.police.uk Tel: 07595239508

How to complete the questionnaire:

- » **Please answer ALL the questions.**
- » **Please print text clearly in CAPITAL LETTERS**
- » **Please give your first and natural answer - try not to dwell too long on each question**
- » **Work quickly and efficiently through the questionnaire - it will only take you about 10-15 minutes to complete**
- » **Please base your answers on how you have felt during the last three months unless a question tells you to do otherwise**

Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential and your anonymity is assured

Please return to Ann-Marie Bull, Strategic HR Manager – Operations, in the envelope provided



BIOGRAPHICAL QUESTIONNAIRE

YOUR CURRENT JOB

Q1 Which division do you work in?

- | | | |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> A Western | <input type="checkbox"/> <input type="checkbox"/> D Central | <input type="checkbox"/> <input type="checkbox"/> G |
| <input type="checkbox"/> <input type="checkbox"/> B Northern | <input type="checkbox"/> <input type="checkbox"/> E Eastern | <input type="checkbox"/> <input type="checkbox"/> H |
| <input type="checkbox"/> <input type="checkbox"/> C Southern | <input type="checkbox"/> <input type="checkbox"/> F Pennine | <input type="checkbox"/> <input type="checkbox"/> HQ |
| <input type="checkbox"/> <input type="checkbox"/> Other - Please Specify _____ | | |

Q2 Which group of staff do you belong to?

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Inspector + | <input type="checkbox"/> <input type="checkbox"/> LC10+ | <input type="checkbox"/> <input type="checkbox"/> LC2/5 |
| <input type="checkbox"/> <input type="checkbox"/> Sergeant | <input type="checkbox"/> <input type="checkbox"/> LC8/10 | |
| <input type="checkbox"/> <input type="checkbox"/> Constable | <input type="checkbox"/> <input type="checkbox"/> LC6/7 | |

Q3 On what basis are you employed?

- | | | |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Full-time | <input type="checkbox"/> <input type="checkbox"/> Part-time | <input type="checkbox"/> <input type="checkbox"/> Other (please specify) |
|---|---|--|

Q4 When do you expect your next promotion?

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Within 1 year | <input type="checkbox"/> <input type="checkbox"/> Over 5 years |
| <input type="checkbox"/> <input type="checkbox"/> 1-5 years | <input type="checkbox"/> <input type="checkbox"/> Never |

Q5a In an average week, how many hours are you contracted to work? _____

Q5b In an average week, how many hours do you actually work? _____

YOU AND YOUR FAMILY

Q6 Sex:

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Male | <input type="checkbox"/> <input type="checkbox"/> Female |
|--|--|

Q7 Age:

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Under 21 | <input type="checkbox"/> <input type="checkbox"/> 31 - 40 years | <input type="checkbox"/> <input type="checkbox"/> 51 - 60 years |
| <input type="checkbox"/> <input type="checkbox"/> 21 - 30 years | <input type="checkbox"/> <input type="checkbox"/> 41 - 50 years | <input type="checkbox"/> <input type="checkbox"/> Over 60 years |

Q8 How would you describe your ethnic origin?

- | | | |
|--|---|---|
| <input type="checkbox"/> <input type="checkbox"/> White | <input type="checkbox"/> <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> <input type="checkbox"/> Irish | <input type="checkbox"/> <input type="checkbox"/> Black African | <input type="checkbox"/> <input type="checkbox"/> Chinese |
| <input type="checkbox"/> <input type="checkbox"/> Indian | <input type="checkbox"/> <input type="checkbox"/> Black other | <input type="checkbox"/> <input type="checkbox"/> Other |



Q9 Status

- Married/Civil Partnership*
- Single*
- Divorced*
- Living with partner*
- Separated*
- Widowed*

Q10a Is your faith catered for at work?

- Yes*
- No*

Q10b Is your faith an issue at work?

- Yes*
- No*

Q11a If you are living with a partner, does he/she work?

- Yes*
- No*

Q11b If Yes, is it full-time or part-time?

- Full-time*
- Part-time*

Q12a Number of children aged 18 years or under?

- None*
- 1*
- 2*
- 3*
- 4*
- 5*
- More than 5*

Q12b Number of dependants aged over 18 years?

- None*
- 1*
- 2*
- 3*
- 4*
- 5*
- More than 5*

Q12c Do you have caring responsibility for others?

- Yes*
- No*

YOUR EDUCATION & LIFESTYLE

Q13a Academic level reached in full-time education? (please specify an alternative level if appropriate)

- No formal qualification*
- 'A' level or equivalent*
- Higher degree level*
- GCSE level or equivalent*
- Degree level or equivalent*
- Other*



Q13b Whilst in the employ of Lancashire Constabulary have you completed any external qualifications to contribute to your continued professional development?

- | | | |
|--|---|--|
| <input type="checkbox"/> Yes, but with no formal qualification awarded | <input type="checkbox"/> 'A' level or equivalent | <input type="checkbox"/> Higher degree level |
| <input type="checkbox"/> GCSE level or equivalent | <input type="checkbox"/> Degree level or equivalent | <input type="checkbox"/> No |

If not listed above, please specify _____

Q13c Do you have an affiliation with a professional body?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q14 Do you take planned exercise?

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> When possible | <input type="checkbox"/> Not usually |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |

Q15 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

- | | | |
|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Not usually | |

Q16a Do you smoke cigarettes?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q16b If yes, how many per day do you smoke on average?

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 - 5 per day | <input type="checkbox"/> 11 - 20 per day | <input type="checkbox"/> 31 - 40 per day |
| <input type="checkbox"/> 6 - 10 per day | <input type="checkbox"/> 21 - 30 per day | <input type="checkbox"/> More than 40 per day |

Q16c In the last 3 months, have you been smoking:

- | | | |
|--|--|--|
| <input type="checkbox"/> More than usual | <input type="checkbox"/> Same as usual | <input type="checkbox"/> Less than usual |
|--|--|--|



Q17a Do you drink alcohol?

Yes

No

Q17b If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

1 - 5 units

11 - 20 units

31 - 40 units

6 - 10 units

21 - 30 units

More than 40 units

Q17c In the last 3 months, have you been drinking:

More than usual

Same as usual

Less than usual

DISABILITY

Q18a Do you have a disability?

Yes

No

Q18b If yes, does this relate to: physical health?

Yes

No

Q18c If yes, does this relate to: mental health?

Yes

No

YOUR INTERESTS

Q19 Do you find time to relax and wind down?

Always

Usually

When possible

Not usually

Q20 Do you have any interests or hobbies?

Yes

No



Q21 In general, do you mix socially with work colleagues?

Yes

No

Q22 Do you take part in any Sports and Social Club Activity?

Yes

No

Q23 Are you a member of a gym/health club?

Yes

No

Q24 If yes, is this one for which there are corporate concessions (for being a member of Lancashire Constabulary)?

Yes

No



PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I work unsociable hours e.g. weekends, shift work etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I spend too much time travelling in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I have little control over many aspects of my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 My work interferes with my home and personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 I may be doing the same job for the next 5 to 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 My job involves the risk of actual physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 My boss behaves in an intimidating and bullying way towards me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 My performance at work is closely monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 I do not receive the support from others (boss/colleagues) that I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 My job is insecure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 My job is not permanent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 The technology in my job has overloaded me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 My organisation is constantly changing for change's sake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 My work is dull and repetitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 I feel isolated at work e.g. working on my own or lack of social support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 I am not sure what is expected of me by my boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Other people at work are not pulling their weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 I am set unrealistic deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I am given unmanageable workloads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 My boss is forever finding fault with what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Others take the credit for what I have achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 I have to deal with difficult customers/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
27 I do not feel I am informed about what is going on in this organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
28 I am never told if I am doing a good job	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
29 I am not involved in decisions affecting my job	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
30 I am not adequately trained to do many aspects of my job	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
31 I do not have the proper equipment or resources to do my job	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
32 I do not have enough time to do my job as well as I would like	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
33 My job is likely to change in the future	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
34 My job skills may become redundant in the near future	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
35 My ideas or suggestions about my job are not taken into account	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
36 I have little or no influence over my performance targets	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
37 I do not enjoy my job	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
5 I am proud of this organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
7 Overall I am happy with my organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
8 I feel that it is worthwhile to work hard for this organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
9 I am committed to this organisation	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐



YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	Never	Rarely	Sometimes	Often
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q18 Have you had any significant illnesses in the last 6 months?

Yes No

Q19 Over the last 3 months, how would you rate your overall health?

Good Alright Poor

Q20 Over the last 3 months, roughly how productive have you felt in your job?

100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q21 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

Yes No

Q22 Over the last 3 months, how many working days have you been off work through illness or injury?

0 1 2-5 6 or more

Q23 How many times have you been to your doctor over the last 3 months?

0 1 2-5 6 or more

Q24 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

Yes No



Is there anything else you would like to add that has not come up already on the questionnaire? If yes, please state below.

Lined area for handwritten responses.

When you have finished, please check through the questionnaire to ensure you have answered all the items.

MANY THANKS FOR TAKING PART IN THIS QUESTIONNAIRE AND, ONCE AGAIN, PLEASE BE ASSURED OF YOUR COMPLETE CONFIDENTIALITY AND ANONYMITY BY TAKING PART IN THIS SURVEY PLEASE RETURN TO HR AT HQ IN THE ENVELOPE PROVIDED

If you have any concerns or complaints about this project you may contact either HR (as detailed above), or Lancaster University:

Cary L. Cooper, CBE
Pro Vice Chancellor for External Relations & Distinguished Professor of Organizational Psychology & Health
Lancaster University Management School, Lancaster University, UK
Tel:01524 510750



Appendix 2

ASSET

An Organisational Stress Screening Tool

Background

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: **survey** the level of stress that exists in the organisation; **examine** the extent to which groups are differentially affected; and **identify** what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into four sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and the final section is about your health. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

The findings of this survey will be used to inform research being carried out at Lancaster University as part of a Doctoral Thesis. By filling out and returning this survey you are consenting to the data being used. Anonymity and Confidentiality are assured.

Contact details: Ian Hesketh E-mail: ian.hesketh@lancashire.pnn.police.uk Tel: 07432 623033

How to complete the questionnaire:

- » Please answer ALL the questions.
- » Please print text clearly in CAPITAL LETTERS
- » Please give your first and natural answer - try not to dwell too long on each question
- » Work quickly and efficiently through the questionnaire - it will only take you about 10-15 minutes to complete
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Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential and your anonymity is assured

Please return to Ann-Marie Bull, Strategic HR Manager – Operations, in the envelope provided



BIOGRAPHICAL QUESTIONNAIRE

YOUR CURRENT JOB

Q1 Which division do you work in?

- | | | |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> A Western | <input type="checkbox"/> <input type="checkbox"/> D Central | <input type="checkbox"/> <input type="checkbox"/> G |
| <input type="checkbox"/> <input type="checkbox"/> B Northern | <input type="checkbox"/> <input type="checkbox"/> E Eastern | <input type="checkbox"/> <input type="checkbox"/> H |
| <input type="checkbox"/> <input type="checkbox"/> C Southern | <input type="checkbox"/> <input type="checkbox"/> F Pennine | <input type="checkbox"/> <input type="checkbox"/> HQ |
| <input type="checkbox"/> <input type="checkbox"/> Other - Please Specify _____ | | |

Q2 Which group of staff do you belong to?

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Inspector + | <input type="checkbox"/> <input type="checkbox"/> LC10+ | <input type="checkbox"/> <input type="checkbox"/> LC2/5 |
| <input type="checkbox"/> <input type="checkbox"/> Sergeant | <input type="checkbox"/> <input type="checkbox"/> LC8/10 | |
| <input type="checkbox"/> <input type="checkbox"/> Constable | <input type="checkbox"/> <input type="checkbox"/> LC6/7 | |

Q3 On what basis are you employed?

- | | | |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Full-time | <input type="checkbox"/> <input type="checkbox"/> Part-time | <input type="checkbox"/> <input type="checkbox"/> Other (please specify) |
|---|---|--|

Q4 When do you expect your next promotion?

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Within 1 year | <input type="checkbox"/> <input type="checkbox"/> Over 5 years |
| <input type="checkbox"/> <input type="checkbox"/> 1-5 years | <input type="checkbox"/> <input type="checkbox"/> Never |

Q5a In an average week, how many hours are you contracted to work? _____

Q5b In an average week, how many hours do you actually work? _____

YOU AND YOUR FAMILY

Q6 Sex:

- | | |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Male | <input type="checkbox"/> <input type="checkbox"/> Female |
|--|--|

Q7 Age:

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Under 21 | <input type="checkbox"/> <input type="checkbox"/> 31 - 40 years | <input type="checkbox"/> <input type="checkbox"/> 51 - 60 years |
| <input type="checkbox"/> <input type="checkbox"/> 21 - 30 years | <input type="checkbox"/> <input type="checkbox"/> 41 - 50 years | <input type="checkbox"/> <input type="checkbox"/> Over 60 years |

Q8 How would you describe your ethnic origin?

- | | | |
|--|---|---|
| <input type="checkbox"/> <input type="checkbox"/> White | <input type="checkbox"/> <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> <input type="checkbox"/> Irish | <input type="checkbox"/> <input type="checkbox"/> Black African | <input type="checkbox"/> <input type="checkbox"/> Chinese |
| <input type="checkbox"/> <input type="checkbox"/> Indian | <input type="checkbox"/> <input type="checkbox"/> Black other | <input type="checkbox"/> <input type="checkbox"/> Other |



Q9 Status

Married/Civil Partnership
 Living with partner

Single
 Separated

Divorced
 Widowed

Q10a Is your faith catered for at work?

Yes

No

Q10b Is your faith an issue at work?

Yes

No

Q11a If you are living with a partner, does he/she work?

Yes

No

Q11b If Yes, is it full-time or part-time?

Full-time

Part-time

Q12a Number of children aged 18 years or under?

None *1* *2* *3* *4* *5* *More than 5*

Q12b Number of dependants aged over 18 years?

None *1* *2* *3* *4* *5* *More than 5*

Q12c Do you have caring responsibility for others?

Yes

No

YOUR EDUCATION & LIFESTYLE

Q13a Academic level reached in full-time education? (please specify an alternative level if appropriate)

No formal qualification *'A' level or equivalent* *Higher degree level*
 GCSE level or equivalent *Degree level or equivalent* *Other*



Q13b Whilst in the employ of Lancashire Constabulary have you completed any external qualifications to contribute to your continued professional development?

- | | | |
|--|---|--|
| <input type="checkbox"/> Yes, but with no formal qualification awarded | <input type="checkbox"/> 'A' level or equivalent | <input type="checkbox"/> Higher degree level |
| <input type="checkbox"/> GCSE level or equivalent | <input type="checkbox"/> Degree level or equivalent | <input type="checkbox"/> No |

If not listed above, please specify _____

Q13c Do you have an affiliation with a professional body?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q14 Do you take planned exercise?

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> When possible | <input type="checkbox"/> Not usually |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |

Q15 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

- | | | |
|----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Not usually | |

Q16a Do you smoke cigarettes?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q16b If yes, how many per day do you smoke on average?

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 - 5 per day | <input type="checkbox"/> 11 - 20 per day | <input type="checkbox"/> 31 - 40 per day |
| <input type="checkbox"/> 6 - 10 per day | <input type="checkbox"/> 21 - 30 per day | <input type="checkbox"/> More than 40 per day |

Q16c In the last 3 months, have you been smoking:

- | | | |
|--|--|--|
| <input type="checkbox"/> More than usual | <input type="checkbox"/> Same as usual | <input type="checkbox"/> Less than usual |
|--|--|--|



Q17a Do you drink alcohol?

Yes

No

Q17b If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

1 - 5 units

11 - 20 units

31 - 40 units

6 - 10 units

21 - 30 units

More than 40 units

Q17c In the last 3 months, have you been drinking:

More than usual

Same as usual

Less than usual

DISABILITY

Q18a Do you have a disability?

Yes

No

Q18b If yes, does this relate to: physical health?

Yes

No

Q18c If yes, does this relate to: mental health?

Yes

No

YOUR INTERESTS

Q19 Do you find time to relax and wind down?

Always

Usually

When possible

Not usually

Q20 Do you have any interests or hobbies?

Yes

No



Q21 In general, do you mix socially with work colleagues?

Yes

No

Q22 Do you take part in any Sports and Social Club Activity?

Yes

No

Q23 Are you a member of a gym/health club?

Yes

No

Q24 If yes, is this one for which there are corporate concessions (for being a member of Lancashire Constabulary)?

Yes

No

LANCON RESPONSE

Q25 Since the last Well-being survey (2012), have you read or heard the Chief Officer Team or SMT's discussing Well-being?

Yes

No

Q26 Since the last Well-being survey (2012) have you seen an increase in the organisational focus on well-being?

Yes

No

Q27 Do you consider Well-being to now be an organisational priority?

Yes

No

Q28 Since the last Well-being survey have you been on a Resilience Course?

Yes

No



PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I work unsociable hours e.g. weekends, shift work etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I spend too much time travelling in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I have little control over many aspects of my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 My work interferes with my home and personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 I may be doing the same job for the next 5 to 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 My job involves the risk of actual physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 My boss behaves in an intimidating and bullying way towards me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 My performance at work is closely monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 I do not receive the support from others (boss/colleagues) that I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 My job is insecure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 My job is not permanent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 The technology in my job has overloaded me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 My organisation is constantly changing for change's sake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 My work is dull and repetitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 I feel isolated at work e.g. working on my own or lack of social support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 I am not sure what is expected of me by my boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Other people at work are not pulling their weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 I am set unrealistic deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I am given unmanageable workloads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 My boss is forever finding fault with what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Others take the credit for what I have achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 I have to deal with difficult customers/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	□□	□□	□□	□□	□□	□□
27 I do not feel I am informed about what is going on in this organisation	□□	□□	□□	□□	□□	□□
28 I am never told if I am doing a good job	□□	□□	□□	□□	□□	□□
29 I am not involved in decisions affecting my job	□□	□□	□□	□□	□□	□□
30 I am not adequately trained to do many aspects of my job	□□	□□	□□	□□	□□	□□
31 I do not have the proper equipment or resources to do my job	□□	□□	□□	□□	□□	□□
32 I do not have enough time to do my job as well as I would like	□□	□□	□□	□□	□□	□□
33 My job is likely to change in the future	□□	□□	□□	□□	□□	□□
34 My job skills may become redundant in the near future	□□	□□	□□	□□	□□	□□
35 My ideas or suggestions about my job are not taken into account	□□	□□	□□	□□	□□	□□
36 I have little or no influence over my performance targets	□□	□□	□□	□□	□□	□□
37 I do not enjoy my job	□□	□□	□□	□□	□□	□□

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	□□	□□	□□	□□	□□	□□
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	□□	□□	□□	□□	□□	□□
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	□□	□□	□□	□□	□□	□□
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	□□	□□	□□	□□	□□	□□
5 I am proud of this organisation	□□	□□	□□	□□	□□	□□
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	□□	□□	□□	□□	□□	□□
7 Overall I am happy with my organisation	□□	□□	□□	□□	□□	□□
8 I feel that it is worthwhile to work hard for this organisation	□□	□□	□□	□□	□□	□□
9 I am committed to this organisation	□□	□□	□□	□□	□□	□□



YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	Never	Rarely	Sometimes	Often
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q18 Have you had any significant illnesses in the last 6 months?

Yes No

Q19 Over the last 3 months, how would you rate your overall health?

Good Alright Poor

Q20 Over the last 3 months, roughly how productive have you felt in your job?

100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q21 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

Yes No

Q22 Over the last 3 months, how many working days have you been off work through illness or injury?

0 1 2-5 6 or more

Q23 How many times have you been to your doctor over the last 3 months?

0 1 2-5 6 or more

Q24 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

Yes No



Is there anything else you would like to add that has not come up already on the questionnaire? If yes, please state below.

Lined area for handwritten responses.

When you have finished, please check through the questionnaire to ensure you have answered all the items.

MANY THANKS FOR TAKING PART IN THIS QUESTIONNAIRE AND, ONCE AGAIN, PLEASE BE ASSURED OF YOUR COMPLETE CONFIDENTIALITY AND ANONYMITY BY TAKING PART IN THIS SURVEY PLEASE RETURN TO HR AT HQ IN THE ENVELOPE PROVIDED

If you have any concerns or complaints about this project you may contact either HR (as detailed above), or Lancaster University:

Cary L. Cooper, CBE
Pro Vice Chancellor for External Relations & Distinguished Professor of Organizational Psychology & Health
Lancaster University Management School, Lancaster University, UK
Tel:01524 510750

ASSET

An Organisational Stress Screening Tool

Background

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: **survey** the level of stress that exists in the organisation; **examine** the extent to which groups are differentially affected; and **identify** what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into five sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and then the about your health. The final section deals with findings from the Superintendents Personal Resilience Survey, probing issues of concern in that report. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

How to complete the questionnaire:

- » **Please answer ALL the questions.**
- » **Please print text clearly in CAPITAL LETTERS**
- » **Please give your first and natural answer - try not to dwell too long on each question**
- » **Work quickly and efficiently through the questionnaire - it will only take you about 20 minutes to complete**
- » **Please base your answers on how you have felt during the last three months unless a question tells you to do otherwise**

Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential, and your anonymity is assured

DCC Rhodes

BIOGRAPHICAL QUESTIONNAIRE

YOUR CURRENT JOB

Q1 Which group of staff do you belong to?

Ch Supt

Supt

Ch Insp

Q2 In an average week, how many hours are you contracted to work? _____

Q3 In an average week, how many hours do you actually work? _____

Q4 Sex:

Male

Female

Q5 Age:

31 - 40 years

51 - 60 years

41 - 50 years

Over 60 years

Q6 Is your faith catered for at work?

Yes

No

Q7 Is your faith an issue at work?

Yes

No

Q8 If you are living with a partner, does he/she work?

Yes

No

Q9 If Yes, is it full-time or part-time?

Full-time

Part-time

Q10 Number of children aged 18 years or under?

None

1

2

3

4

5

More than 5

Q11 Number of dependants aged over 18 years?

None

1

2

3

4

5

More than 5

Q12 Do you have caring responsibility for others?

Yes

No

Q13 Academic level reached in full-time education? (please specify an alternative level if appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> No formal qualification | <input type="checkbox"/> <input type="checkbox"/> 'A' level or equivalent | <input type="checkbox"/> <input type="checkbox"/> Higher degree level |
| <input type="checkbox"/> <input type="checkbox"/> GCSE level or equivalent | <input type="checkbox"/> <input type="checkbox"/> Degree level or equivalent | <input type="checkbox"/> <input type="checkbox"/> Other |

Q14 Whilst in the employ of Lancashire Constabulary have you completed any external studies to contribute to your continued professional development?

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Yes, but with no formal qualification awarded | <input type="checkbox"/> <input type="checkbox"/> 'A' level or equivalent | <input type="checkbox"/> <input type="checkbox"/> Higher degree level |
| <input type="checkbox"/> <input type="checkbox"/> GCSE level or equivalent | <input type="checkbox"/> <input type="checkbox"/> Degree level or equivalent | <input type="checkbox"/> <input type="checkbox"/> No |

If not listed above, please specify _____

Q15 Do you have an affiliation with a professional body (eg CMI, CIPD, IfL)?

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
|---|--|

Q16 Do you take planned exercise?

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Always | <input type="checkbox"/> <input type="checkbox"/> When possible | <input type="checkbox"/> <input type="checkbox"/> Not usually |
| <input type="checkbox"/> <input type="checkbox"/> Usually | <input type="checkbox"/> <input type="checkbox"/> Occasionally | <input type="checkbox"/> <input type="checkbox"/> Never |

Q17 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Always | <input type="checkbox"/> <input type="checkbox"/> Sometimes | <input type="checkbox"/> <input type="checkbox"/> Never |
| <input type="checkbox"/> <input type="checkbox"/> Usually | <input type="checkbox"/> <input type="checkbox"/> Not usually | |

Q18 Do you smoke cigarettes?

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Yes | <input type="checkbox"/> <input type="checkbox"/> No |
|---|--|

Q19 If yes, how many per day do you smoke on average?

- | | | |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> 1 - 5 per day | <input type="checkbox"/> <input type="checkbox"/> 11 - 20 per day | <input type="checkbox"/> <input type="checkbox"/> 31 - 40 per day |
| <input type="checkbox"/> <input type="checkbox"/> 6 - 10 per day | <input type="checkbox"/> <input type="checkbox"/> 21 - 30 per day | <input type="checkbox"/> <input type="checkbox"/> More than 40 per day |

Q20 If yes, in the last 3 months, have you been smoking:

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> More than usual | <input type="checkbox"/> <input type="checkbox"/> Same as usual | <input type="checkbox"/> <input type="checkbox"/> Less than usual |
|---|---|---|

Q21 Do you drink alcohol?

Yes

No

Q22 If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

1 - 5 units

11 - 20 units

31 - 40 units

6 - 10 units

21 - 30 units

More than 40 units

Q23 If yes, in the last 3 months, have you been drinking:

More than usual

Same as usual

Less than usual

Q24 Do you have a disability?

Yes

No

Q25 If yes, does this relate to: physical health?

Yes

No

Q26 If yes, does this relate to: mental health?

Yes

No

Q27 Do you find time to relax and wind down?

Always

Usually

When possible

Not usually

Q28 Do you have any interests or hobbies?

Yes

No

Q29 In general, do you mix socially with work colleagues?

Yes

No

Q30 Do you take part in any Police Sports and Social Club Activity?

Yes

No

Q31 Are you a member of a gym/health club?

Yes

No

Q32 If yes, is this one for which there are corporate concessions (for being a member of Lancashire Constabulary)?

Yes

No

PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	□□	□□	□□	□□	□□	□□
2 I work unsociable hours e.g. weekends, shift work etc	□□	□□	□□	□□	□□	□□
3 I spend too much time travelling in my job	□□	□□	□□	□□	□□	□□
4 I have little control over many aspects of my job	□□	□□	□□	□□	□□	□□
5 My work interferes with my home and personal life	□□	□□	□□	□□	□□	□□
6 I may be doing the same job for the next 5 to 10 years	□□	□□	□□	□□	□□	□□
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	□□	□□	□□	□□	□□	□□
8 My job involves the risk of actual physical violence	□□	□□	□□	□□	□□	□□
9 My boss behaves in an intimidating and bullying way towards me	□□	□□	□□	□□	□□	□□
10 My performance at work is closely monitored	□□	□□	□□	□□	□□	□□
11 I do not receive the support from others (boss/colleagues) that I would like	□□	□□	□□	□□	□□	□□
12 My job is insecure	□□	□□	□□	□□	□□	□□
13 My job is not permanent	□□	□□	□□	□□	□□	□□

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	□□	□□	□□	□□	□□	□□
15 The technology in my job has overloaded me	□□	□□	□□	□□	□□	□□
16 My organisation is constantly changing for change's sake	□□	□□	□□	□□	□□	□□
17 My work is dull and repetitive	□□	□□	□□	□□	□□	□□
18 I feel isolated at work e.g. working on my own or lack of social support from others	□□	□□	□□	□□	□□	□□
19 I am not sure what is expected of me by my boss	□□	□□	□□	□□	□□	□□
20 Other people at work are not pulling their weight	□□	□□	□□	□□	□□	□□
21 I am set unrealistic deadlines	□□	□□	□□	□□	□□	□□
22 I am given unmanageable workloads	□□	□□	□□	□□	□□	□□
23 My boss is forever finding fault with what I do	□□	□□	□□	□□	□□	□□
24 Others take the credit for what I have achieved	□□	□□	□□	□□	□□	□□
25 I have to deal with difficult customers/clients	□□	□□	□□	□□	□□	□□

I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	□□	□□	□□	□□	□□	□□
27 I do not feel I am informed about what is going on in this organisation	□□	□□	□□	□□	□□	□□
28 I am never told if I am doing a good job	□□	□□	□□	□□	□□	□□
29 I am not involved in decisions affecting my job	□□	□□	□□	□□	□□	□□
30 I am not adequately trained to do many aspects of my job	□□	□□	□□	□□	□□	□□
31 I do not have the proper equipment or resources to do my job	□□	□□	□□	□□	□□	□□
32 I do not have enough time to do my job as well as I would like	□□	□□	□□	□□	□□	□□
33 My job is likely to change in the future	□□	□□	□□	□□	□□	□□
34 My job skills may become redundant in the near future	□□	□□	□□	□□	□□	□□
35 My ideas or suggestions about my job are not taken into account	□□	□□	□□	□□	□□	□□
36 I have little or no influence over my performance targets	□□	□□	□□	□□	□□	□□
37 I do not enjoy my job	□□	□□	□□	□□	□□	□□

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	□□	□□	□□	□□	□□	□□
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	□□	□□	□□	□□	□□	□□
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	□□	□□	□□	□□	□□	□□
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	□□	□□	□□	□□	□□	□□
5 I am proud of this organisation	□□	□□	□□	□□	□□	□□
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	□□	□□	□□	□□	□□	□□
7 Overall I am happy with my organisation	□□	□□	□□	□□	□□	□□
8 I feel that it is worthwhile to work hard for this organisation	□□	□□	□□	□□	□□	□□
9 I am committed to this organisation	□□	□□	□□	□□	□□	□□

YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q33 Have you had any significant illnesses in the last 6 months?

Yes No

Q34 Over the last 3 months, how would you rate your overall health?

Good Alright Poor

Q35 Over the last 3 months, roughly how productive have you felt in your job?

100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q36 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

Yes No

Q37 Over the last 3 months, how many working days have you been off work through illness or injury?

0 1 2-5 6 or more

Q38 How many times have you been to your doctor over the last 3 months?

0 1 2-5 6 or more

Superintendents

Q39 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

Yes No

Q40 Have you ever taken leave/sick days due to caring responsibilities?

Yes No

Q41 Have you taken all of your annual leave entitlement in the last 12 months?

Yes No

Q42 Have you taken all of your Rest Days in the last month?

Yes No

Q43 Do you document all of the hours you actually work?

Yes No

Q44 Do you provide on call cover?

Yes No

Q45 If you provide on call cover, do you take your time off in lieu?

Yes No N/A

Q46 If you provide on call cover, can you identify any issues/frustrations you have with the current system?

Q47 Would you recommend any solutions or best practice examples?

Thank you for completing this questionnaire

DCC Rhodes



Talent Management Group - ASSET

An Organisational Stress Screening Tool

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: survey the level of stress that exists in the organisation; examine the extent to which groups are differentially affected; and identify what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into four sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and the final section is about your health. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

The findings of this survey will be used to assist Lancashire Constabulary to develop a robust and sustainable well-being strategy to take the organisation forward. By filling out and returning this survey you are consenting to the data being used. Anonymity and Confidentiality are assured.

How to complete the questionnaire:

- Please answer ALL the questions
- Please give your first and natural answer - try not to dwell too long on each question
- Work quickly and efficiently through the questionnaire - it will only take you about 10 minutes to complete
- Please base your answers on how you have felt during the last three months unless a question tells you to do otherwise

Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential and your anonymity is assured



Q1 Which division do you work in?

- | | | |
|---|------------------------------------|-----------------------------|
| <input type="checkbox"/> A Western | <input type="checkbox"/> D Central | <input type="checkbox"/> G |
| <input type="checkbox"/> B Northern | <input type="checkbox"/> E Eastern | <input type="checkbox"/> H |
| <input type="checkbox"/> C Southern | <input type="checkbox"/> F Pennine | <input type="checkbox"/> HQ |
| <input type="checkbox"/> Other - Please Specify _____ | | |

Q2 Have you ever applied for promotion?

- | | |
|---|--|
| <input type="checkbox"/> Yes, once | <input type="checkbox"/> I have passed the exams but never applied |
| <input type="checkbox"/> Yes, on more than one occasion | <input type="checkbox"/> Never |

Q3 In an average week, how many hours do you actually work? _____

YOU AND YOUR FAMILY

Q4 Sex:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Q5 Age:

- | | | |
|--|--|--|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 31 - 40 years | <input type="checkbox"/> 51 - 60 years |
| <input type="checkbox"/> 21 - 30 years | <input type="checkbox"/> 41 - 50 years | <input type="checkbox"/> Over 60 years |

Q6 How would you describe your ethnic origin?

- | | | |
|---------------------------------|--|------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Black other | <input type="checkbox"/> Other |



Q7 Status

- Married/Civil Partnership*
 Single
 Divorced
 Living with partner
 Separated
 Widowed

YOUR EDUCATION & LIFESTYLE

Q8 Do you take planned exercise?

- Always*
 When possible
 Not usually
 Usually
 Occasionally
 Never

Q9 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

- Always*
 Sometimes
 Never
 Usually
 Not usually

Q10a Do you smoke cigarettes?

- Yes*
 No

Q10b If yes, how many per day do you smoke on average?

- 1 - 5 per day*
 11 - 20 per day
 31 - 40 per day
 6 - 10 per day
 21 - 30 per day
 More than 40 per day

Q10c In the last 3 months, have you been smoking:

- More than usual*
 Same as usual
 Less than usual



Q11a Do you drink alcohol?

- Yes No

Q11b If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

- 1 - 5 units 11 - 20 units 31 - 40 units
 6 - 10 units 21 - 30 units More than 40 units

Q11c In the last 3 months, have you been drinking:

- More than usual Same as usual Less than usual

DISABILITY

Q12a Do you have a disability?

- Yes No

Q12b If yes, does this relate to: physical health?

- Yes No

Q12c If yes, does this relate to: mental health?

- Yes No

YOUR INTERESTS

Q13 Do you find time to relax and wind down?

- Always Usually When possible Not usually

Q14 Do you have any interests or hobbies?

- Yes No



PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I work unsociable hours e.g. weekends, shift work etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I spend too much time travelling in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I have little control over many aspects of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My work interferes with my home and personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I may be doing the same job for the next 5 to 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 My job involves the risk of actual physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 My boss behaves in an intimidating and bullying way towards me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 My performance at work is closely monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I do not receive the support from others (boss/colleagues) that I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 My job is insecure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My job is not permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 The technology in my job has overloaded me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 My organisation is constantly changing for change's sake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 My work is dull and repetitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I feel isolated at work e.g. working on my own or lack of social support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 I am not sure what is expected of me by my boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Other people at work are not pulling their weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 I am set unrealistic deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 I am given unmanageable workloads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 My boss is forever finding fault with what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Others take the credit for what I have achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 I have to deal with difficult customers/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 I do not feel I am informed about what is going on in this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 I am never told if I am doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 I am not involved in decisions affecting my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 I am not adequately trained to do many aspects of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 I do not have the proper equipment or resources to do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 I do not have enough time to do my job as well as I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 My job is likely to change in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 My job skills may become redundant in the near future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 My ideas or suggestions about my job are not taken into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 I have little or no influence over my performance targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 I do not enjoy my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I am proud of this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall I am happy with my organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I feel that it is worthwhile to work hard for this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I am committed to this organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q18 Have you had any significant illnesses in the last 6 months?

- Yes No

Q19 Over the last 3 months, how would you rate your overall health?

- Good Alright Poor

Q20 Over the last 3 months, roughly how productive have you felt in your job?

- 100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q21 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

- Yes No

Q22 Over the last 3 months, how many working days have you been off work through illness or injury?

- 0 1 2-5 6 or more

Q23 How many times have you been to your doctor over the last 3 months?

- 0 1 2-5 6 or more

Q24 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

- Yes No

ASSET

An Organisational Stress Screening Tool

Background

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: **survey** the level of stress that exists in the organisation; **examine** the extent to which groups are differentially affected; and **identify** what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into five sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and then the about your health. The final section deals with issues of concern in your area of work that have been identified on the Buzz, in focus groups; and in other questionnaires. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

How to complete the questionnaire:

- » Please answer **ALL** the questions.
- » Please print text clearly in **CAPITAL LETTERS**
- » Please give your first and natural answer - try not to dwell too long on each question
- » Work quickly and efficiently through the questionnaire - it will only take you about 10 minutes to complete
- » Please base your answers on how you have felt during the last three months unless a question tells you to do otherwise

Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential, and your anonymity is assured. The findings may be used in research publications, to provide evidence for future operational strategies.

DCC Rhodes

BIOGRAPHICAL QUESTIONNAIRE

YOUR CURRENT JOB

Q1 What rank are you?

PC

PS

Other

Q2 Sex:

Male

Female

Q3 Age:

18 - 30 years

41 - 50 years

31 - 40 years

Over 50 years

Q4 Is your faith catered for at work?

Yes

No

Q5 Is your faith an issue at work?

Yes

No

Q6 If you are living with a partner, does he/she work?

Yes

No

Q7 If Yes, is it full-time or part-time?

Full-time

Part-time

Q8 Number of children aged 18 years or under?

None

1

2

3

4

5

More than 5

Q9 Number of dependants aged over 18 years?

None

1

2

3

4

5

More than 5

Q10 Do you have caring responsibility for others?

Yes

No

Q11 Whilst in the employ of Lancashire Constabulary have you completed any external studies to contribute to your continued professional development?

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Yes, but with no formal qualification awarded</i> | <input type="checkbox"/> <i>'A' level or equivalent</i> | <input type="checkbox"/> <i>Higher degree level</i> |
| <input type="checkbox"/> <i>GCSE level or equivalent</i> | <input type="checkbox"/> <i>Degree level or equivalent</i> | <input type="checkbox"/> <i>No</i> |

If not listed above, please specify _____

Q12 Do you take planned exercise?

- | | | |
|---|---|---|
| <input type="checkbox"/> <i>Always</i> | <input type="checkbox"/> <i>When possible</i> | <input type="checkbox"/> <i>Not usually</i> |
| <input type="checkbox"/> <i>Usually</i> | <input type="checkbox"/> <i>Occasionally</i> | <input type="checkbox"/> <i>Never</i> |

Q13 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> <i>Always</i> | <input type="checkbox"/> <i>Sometimes</i> | <input type="checkbox"/> <i>Never</i> |
| <input type="checkbox"/> <i>Usually</i> | <input type="checkbox"/> <i>Not usually</i> | |

Q14 Do you smoke cigarettes?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> <i>Yes</i> | <input type="checkbox"/> <i>No</i> |
|-------------------------------------|------------------------------------|

Q15 If yes, how many per day do you smoke on average?

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>1 - 5 per day</i> | <input type="checkbox"/> <i>11 - 20 per day</i> | <input type="checkbox"/> <i>31 - 40 per day</i> |
| <input type="checkbox"/> <i>6 - 10 per day</i> | <input type="checkbox"/> <i>21 - 30 per day</i> | <input type="checkbox"/> <i>More than 40 per day</i> |

Q16 If yes, in the last 3 months, have you been smoking:

- | | | |
|---|---|---|
| <input type="checkbox"/> <i>More than usual</i> | <input type="checkbox"/> <i>Same as usual</i> | <input type="checkbox"/> <i>Less than usual</i> |
|---|---|---|

Q17 Do you drink alcohol?

Yes

No

Q18 If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

1 - 5 units

11 - 20 units

31 - 40 units

6 - 10 units

21 - 30 units

More than 40 units

Q19 If yes, in the last 3 months, have you been drinking:

More than usual

Same as usual

Less than usual

Q20 Do you have a disability?

Yes

No

Q21 If yes, does this relate to: physical health?

Yes

No

Q22 If yes, does this relate to: mental health?

Yes

No

Q23 Do you find time to relax and wind down?

Always

Usually

When possible

Not usually

Q24 Do you have any interests or hobbies?

Yes

No

Q25 In general, do you mix socially with work colleagues?

Yes

No

Q26 Do you take part in any Police Sports and Social Club Activity?

Yes

No

Q27 Are you a member of a gym/health club?

Yes

No

Q28 If yes, is this one for which there are corporate concessions (for being a member of Lancashire Constabulary)?

Yes

No

PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I work unsociable hours e.g. weekends, shift work etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I spend too much time travelling in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I have little control over many aspects of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My work interferes with my home and personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I may be doing the same job for the next 5 to 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 My job involves the risk of actual physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 My boss behaves in an intimidating and bullying way towards me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 My performance at work is closely monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I do not receive the support from others (boss/colleagues) that I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 My job is insecure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My job is not permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 The technology in my job has overloaded me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 My organisation is constantly changing for change's sake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 My work is dull and repetitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I feel isolated at work e.g. working on my own or lack of social support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 I am not sure what is expected of me by my boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Other people at work are not pulling their weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 I am set unrealistic deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 I am given unmanageable workloads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 My boss is forever finding fault with what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Others take the credit for what I have achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 I have to deal with difficult customers/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	□□	□□	□□	□□	□□	□□
27 I do not feel I am informed about what is going on in this organisation	□□	□□	□□	□□	□□	□□
28 I am never told if I am doing a good job	□□	□□	□□	□□	□□	□□
29 I am not involved in decisions affecting my job	□□	□□	□□	□□	□□	□□
30 I am not adequately trained to do many aspects of my job	□□	□□	□□	□□	□□	□□
31 I do not have the proper equipment or resources to do my job	□□	□□	□□	□□	□□	□□
32 I do not have enough time to do my job as well as I would like	□□	□□	□□	□□	□□	□□
33 My job is likely to change in the future	□□	□□	□□	□□	□□	□□
34 My job skills may become redundant in the near future	□□	□□	□□	□□	□□	□□
35 My ideas or suggestions about my job are not taken into account	□□	□□	□□	□□	□□	□□
36 I have little or no influence over my performance targets	□□	□□	□□	□□	□□	□□
37 I do not enjoy my job	□□	□□	□□	□□	□□	□□

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	□□	□□	□□	□□	□□	□□
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	□□	□□	□□	□□	□□	□□
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	□□	□□	□□	□□	□□	□□
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	□□	□□	□□	□□	□□	□□
5 I am proud of this organisation	□□	□□	□□	□□	□□	□□
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	□□	□□	□□	□□	□□	□□
7 Overall I am happy with my organisation	□□	□□	□□	□□	□□	□□
8 I feel that it is worthwhile to work hard for this organisation	□□	□□	□□	□□	□□	□□
9 I am committed to this organisation	□□	□□	□□	□□	□□	□□

YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q29 Have you had any significant illnesses in the last 6 months?

Yes No

Q30 Over the last 3 months, how would you rate your overall health?

Good Alright Poor

Q31 Over the last 3 months, roughly how productive have you felt in your job?

100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q32 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

Yes No

Q33 Over the last 3 months, how many working days have you been off work through illness or injury?

0 1 2-5 6 or more

Q34 How many times have you been to your doctor over the last 3 months?

0 1 2-5 6 or more

Q35 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

Yes No

Q36 Have you ever taken leave/sick days due to caring responsibilities?

Yes No

Q37 Have you taken all of your annual leave entitlement in the last 12 months?

Yes No

Q38 Have you taken all of your Rest Days in the last month?

Yes No

Q39 Have you ever taken work home, or on leave, because you cannot complete it in the normal paid working hours?

Yes No

Q40 Have you anything else you would like to add?

Thank you for completing this questionnaire

DCC Rhodes



Appendix 8

ASSET

An Organisational Stress Screening Tool

Background

This ASSET questionnaire has been designed to help organisations assess the risk of stress in their workforce. It measures potential exposure to stress in respect of a range of common workplace stressors and consequently can represent an organisation's first step towards effectively managing stress in the workplace. ASSET provides a quick and reliable method of assessing and monitoring areas of potential risk and so helps to focus organisational attention and resource on these areas.

As a diagnostic tool, ASSET enables organisations to: **survey** the level of stress that exists in the organisation; **examine** the extent to which groups are differentially affected; and **identify** what the sources of pressure are for different groups across the organisation. The ASSET questionnaire collects important stress-related data by asking straightforward questions about the sources and effects of workplace stress. These questions are posed to the people who are the most qualified to answer them: the employees.

The questionnaire is divided into four sections. It starts by asking you for general biographical information. The next three sections ask you about your perceptions of pressure at work. The first of these concerns your job and also includes some questions relating to home and social life-related pressures. The next section is concerned with your attitude towards your organisation and the final section is about your health. Each of these sections has been designed to measure your exposure to stress in respect of a wide range of common workplace stressors.

The findings of this survey will be used to inform research being carried out to understand the source of stress in the Police working environment. By filling out and returning this survey you are consenting to the data being used. Anonymity and Confidentiality are assured.

Contact details: Ian Hesketh E-mail: ian.hesketh@lancashire.pnn.police.uk Tel: 07432 623033

How to complete the questionnaire:

- » Please answer **ALL** the questions.
- » Please print text clearly in **CAPITAL LETTERS**
- » Please give your **first and natural answer** - try not to dwell too long on each question
- » **Work quickly and efficiently** through the questionnaire - it will only take you about **10-15 minutes** to complete
- » Please base your answers on how you have felt during the last three months unless a question tells you to do otherwise

Confidentiality and Anonymity

Please be assured that the information you provide will remain strictly confidential and your anonymity is assured



BIOGRAPHICAL QUESTIONNAIRE

YOUR CURRENT JOB

Q1 Which division do you work in?

- West
- East
- South
- Other - Please Specify _____
- HQ
- G

Q2 Which group of staff do you belong to?

- Inspector
- Sergeant
- Constable
- LC10+
- LC8/10
- LC6/7
- LC2/5
- Ch Inspector
- PCSO

Q3 On what basis are you employed?

- Full-time
- Part-time
- Other (please specify) _____

Q4 When do you expect your next promotion?

- Within 1 year
- 1-5 years
- Over 5 years
- Never

Q5 In an average week, how many hours are you contracted to work? _____

YOU AND YOUR FAMILY

Q6 Sex:

- Male
- Female

Q7 Age:

- Under 21
- 21 - 30 years
- 31 - 40 years
- 41 - 50 years
- 51 - 60 years
- Over 60 years

Q8 How would you describe your ethnic origin?

- White
- Irish
- Indian
- Black Caribbean
- Black African
- Black other
- Pakistani
- Chinese
- Other



Q9 Status

- Married/Civil Partnership*
 Single
 Divorced
 Living with partner
 Separated
 Widowed

Q10 Is your faith catered for at work?

- Yes*
 No

Q11 If you are living with a partner, does he/she work?

- Yes*
 No

Q12 If Yes, is it full-time or part-time?

- Full-time*
 Part-time

Q13 Number of children aged 18 years or under?

- None*
 1
 2
 3
 4
 5
 More than 5

Q14 Number of dependants aged over 18 years?

- None*
 1
 2
 3
 4
 5
 More than 5

Q15 Do you have caring responsibility for others?

- Yes*
 No

YOUR EDUCATION & LIFESTYLE

Q16 Academic level reached in full-time education? (please specify an alternative level if appropriate)

- No formal qualification*
 'A' level or equivalent
 Higher degree level
 GCSE level or equivalent
 Degree level or equivalent
 Other

Q17 Whilst in the employ of Lancashire Constabulary have you completed any external qualifications to contribute to your continued professional development?

- Yes, but with no formal qualification awarded*
 'A' level or equivalent
 Higher degree level
 GCSE level or equivalent
 Degree level or equivalent
 No

If not listed above, please specify _____



Q18 Do you have an affiliation with a professional body

Yes

No

Q19 Do you take planned exercise?

Always

When possible

Not usually

Usually

Occasionally

Never

Q20 Do you manage an 'ideal' exercise programme? (e.g. 15-30 minutes vigorous exercise 3 times a week)

Always

Sometimes

Never

Usually

Not usually

Q21 Do you smoke cigarettes?

Yes

No

Q22 If yes, how many per day do you smoke on average?

1 - 5 per day

11 - 20 per day

31 - 40 per day

6 - 10 per day

21 - 30 per day

More than 40 per day

Q23 In the last 3 months, have you been smoking:

More than usual

Same as usual

Less than usual

Q24 Do you drink alcohol?

Yes

No

Q25 If Yes, how many units do you drink per week on average? (1 unit = half a pint of beer, 1 small glass of wine or 1 measure of spirits)

1 - 5 units

11 - 20 units

31 - 40 units

6 - 10 units

21 - 30 units

More than 40 units

Q26 In the last 3 months, have you been drinking:

More than usual

Same as usual

Less than usual



Q27 Do you have a disability?

Yes

No

Q28 If yes, does this relate to physical health?

Yes

No

Q29 If yes, does this relate to mental health?

Yes

No

YOUR INTERESTS

Q30 Do you find time to relax and wind down?

Always

Usually

When possible

Not usually

Q31 Do you have any interests or hobbies?

Yes

No

Q32 In general, do you mix socially with work colleagues?

Yes

No

Q33 Do you take part in any Sports and Social Club Activity?

Yes

No

Q34 Are you a member of a gym/health club?

Yes

No

Q35 If yes, is this one for which there are corporate concessions (for being a member of Lancashire Constabulary)?

Yes

No

Q36 Since 2012 have you read or heard the Chief Officer Team or SMT's discussing Well-being?

Yes

No



Q37 Since 2012 have you seen an increase in the organisational focus on Well-being?

Yes

No

Q38 Do you consider Well-being to now be an organisational priority?

Yes

No

Q39 Have you been on a Personal Resilience Course at Lancashire Constabulary?

Yes

No



Q40 The long working hours culture by middle and senior managers within the constabulary is starting to reduce and change for the better

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q41 I am confident that I would have the necessary access to advice and support if I chose to apply for a flexible working rota

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42 In my role I believe that I am trusted by my supervision to get on with my job without being micro-managed

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43 I am confident that when I make a decision, in whatever context of my role, I am supported by my supervision

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44 There are easily identifiable role models across the roles and ranks that inspire me to do a good job and/or succeed in reaching my goals

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q45 There are sufficient and easily identifiable women officers/ police staff members who are role models in leadership positions in the constabulary

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PERCEPTIONS OF YOUR JOB

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

I am troubled that:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I work longer hours than I choose or want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I work unsociable hours e.g. weekends, shift work etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I spend too much time travelling in my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I have little control over many aspects of my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 My work interferes with my home and personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 I may be doing the same job for the next 5 to 10 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 My physical working conditions are unpleasant (e.g. noisy, dirty, poorly designed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 My job involves the risk of actual physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 My boss behaves in an intimidating and bullying way towards me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 My performance at work is closely monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 I do not receive the support from others (boss/colleagues) that I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 My job is insecure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 My job is not permanent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am troubled that...

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
14 My pay & benefits are not as good as other people doing the same or similar work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 The technology in my job has overloaded me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 My organisation is constantly changing for change's sake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 My work is dull and repetitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 I feel isolated at work e.g. working on my own or lack of social support from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 I am not sure what is expected of me by my boss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Other people at work are not pulling their weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 I am set unrealistic deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I am given unmanageable workloads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 My boss is forever finding fault with what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Others take the credit for what I have achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 I have to deal with difficult customers/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I am troubled that.....

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
26 My relationships with colleagues are poor	□□	□□	□□	□□	□□	□□
27 I do not feel I am informed about what is going on in this organisation	□□	□□	□□	□□	□□	□□
28 I am never told if I am doing a good job	□□	□□	□□	□□	□□	□□
29 I am not involved in decisions affecting my job	□□	□□	□□	□□	□□	□□
30 I am not adequately trained to do many aspects of my job	□□	□□	□□	□□	□□	□□
31 I do not have the proper equipment or resources to do my job	□□	□□	□□	□□	□□	□□
32 I do not have enough time to do my job as well as I would like	□□	□□	□□	□□	□□	□□
33 My job is likely to change in the future	□□	□□	□□	□□	□□	□□
34 My job skills may become redundant in the near future	□□	□□	□□	□□	□□	□□
35 My ideas or suggestions about my job are not taken into account	□□	□□	□□	□□	□□	□□
36 I have little or no influence over my performance targets	□□	□□	□□	□□	□□	□□
37 I do not enjoy my job	□□	□□	□□	□□	□□	□□

ATTITUDES TOWARDS YOUR ORGANISATION

Cross one of the six categories from Strongly disagree to Strongly agree for each statement as it applies to you.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1 I feel valued and trusted by the organisation	□□	□□	□□	□□	□□	□□
2 If necessary I am prepared to put myself out for this organisation e.g. working long hours and/ or unsociable hours	□□	□□	□□	□□	□□	□□
3 If asked, I am prepared to take on more responsibility or tasks not in my job description	□□	□□	□□	□□	□□	□□
4 I enjoy working for this organisation to the extent that I am not actively seeking a job elsewhere	□□	□□	□□	□□	□□	□□
5 I am proud of this organisation	□□	□□	□□	□□	□□	□□
6 Outside of my particular job, I take an interest in many aspects of the running and success of this organisation	□□	□□	□□	□□	□□	□□
7 Overall I am happy with my organisation	□□	□□	□□	□□	□□	□□
8 I feel that it is worthwhile to work hard for this organisation	□□	□□	□□	□□	□□	□□
9 I am committed to this organisation	□□	□□	□□	□□	□□	□□



YOUR HEALTH

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?

	Never	Rarely	Sometimes	Often
1 Lack of appetite or over eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insomnia - sleep loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panic or anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Muscular tension / aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Feeling nauseous or being sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Constant irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Difficulty in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Loss of sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Feeling or becoming angry with others too easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Feeling unable to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Avoiding contact with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Unable to listen to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Having difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH (CONTINUED)

Q18 Have you had any significant illnesses in the last 6 months?

Yes No

Q19 Over the last 3 months, how would you rate your overall health?

Good Alright Poor

Q20 Over the last 3 months, roughly how productive have you felt in your job?

100% productive 90-99% productive 80-89% productive 70-79% productive Less than 70% productive

Q21 Over the last 6 months, have you encountered any major stressful events that have had an important effect on you?

Yes No

Q22 Over the last 3 months, how many working days have you been off work through illness or injury?

0 1 2-5 6 or more

Q23 How many times have you been to your doctor over the last 3 months?

0 1 2-5 6 or more

Q24 Have you ever taken Rest Days, Flexi, CTO or part of your Annual Leave entitlement to have time off when you have in fact been ill or injured?

Yes No



Is there anything else you would like to add that has not come up already on the questionnaire? If yes, please state below.

Lined area for handwritten responses.

When you have finished, please check through the questionnaire to ensure you have answered all the items.

MANY THANKS FOR TAKING PART IN THIS QUESTIONNAIRE AND, ONCE AGAIN, PLEASE BE ASSURED OF YOUR COMPLETE CONFIDENTIALITY AND ANONYMITY BY TAKING PART IN THIS SURVEY PLEASE RETURN TO HR AT HQ IN THE ENVELOPE PROVIDED

Research Ethics: If you have any concerns or complaints about this questionnaire you may contact either HQ HR, or Lancaster University:

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