

## The Work Stress Questionnaire including instructions for evaluation

The Work Stress Questionnaire (WSQ) is a self-assessment questionnaire measuring perceived work-related stress. The 21 questions are grouped in four dimensions:

1. **Influence at work**, including four items that can be answered Yes, always, Yes, often, No, rarely or No, never.
2. **Indistinct organization and conflicts**, including seven items that can be answered Yes, Partly, or No.
3. **Individual demands and commitment**, including seven items that can be answered Yes, Partly or No.
4. **Work to leisure time interference**, including three items that can be answered Yes, always, Yes, often, No, rarely or No, never.

Each question in the dimensions *Indistinct organization and conflicts* and *individual demands and commitment* has an appending question "Do you perceive that as stressful?" that is answered Not stressful, Less stressful, Stressful or Very stressful. Thereby, two additional dimensions are formed: **Perceived stress due to indistinct organization and conflicts** (seven items) and **Perceived stress due to individual demands and commitment** (seven items).

The perceived work-related stress is calculated by using the values behind each answer in the questionnaire, see below. The median is calculated for four of the dimensions:

- Influence at work, item 1-4.
- Perceived stress due to indistinct organization and conflicts, item 5b-11b.
- Perceived stress due to individual demands and commitment, item 12b-18b.
- Work to leisure time interference, item 19-21.

The median is the central number of the values when they are sorted from smallest to largest. When the median is calculated for an even number, the higher of the two in the middle is used.

| Dimension   | Sorted numbers |  |  |  |  |  |  | Median |
|---|----------------|--|--|--|--|--|--|--------|
| Influence at work (four items)  |                |  |  |  |  |  |  |        |
| Perceived stress due to indistinct organization and conflicts (seven items) |                |  |  |  |  |  |  |        |
| Perceived stress due to individual demands and commitment (seven items)     |                |  |  |  |  |  |  |        |
| Work to leisure time interference (three items)                             |                |  |  |  |  |  |  |        |

### Literature:

- Frantz A, Holmgren K. The Work Stress Questionnaire (WSQ) - Reliability and face validity among male workers. BMC Public Health, 2019, Vol 19, Iss 1. 2019;19(1).
- Holmgren K, Fjällström-Lundgren M, Hensing G. Early identification of work-related stress predicted sickness absence in employed women with musculoskeletal or mental disorders: a prospective, longitudinal study in a primary health care setting. Disabil Rehabil. 2013;35(5):418-426.
- Holmgren K, Dahlin-Ivanoff S, Björkelund C, et al. The prevalence of work-related stress, and its association with self-perceived health and sick-leave, in a population of employed Swedish women. BMC Public Health. 2009;9.
- Holmgren K, Hensing G, Dahlin-Ivanoff S. Development of a questionnaire assessing work-related stress in women - Identifying individuals who risk being put on sick leave. Disabil Rehabil. 2009;31(4):284-292.
- Holmgren K, Dahlin Ivanoff S. Women on sickness absence--views of possibilities and obstacles for returning to work. A focus group study. Disabil Rehabil. 2004 Feb 18;26(4):213-22.

Homepage: [www.gu.se/forskning/tidas](http://www.gu.se/forskning/tidas)

|  |  |   |
|--|--|---|
| 01 Do you have time to finish your assignments?                    | <input type="checkbox"/> yes, always                                   | 1 |
|  | <input type="checkbox"/> yes, rather often                             | 2 |
|  | <input type="checkbox"/> no, seldom                                    | 3 |
|  | <input type="checkbox"/> no, never                                     | 4 |
| 02 Do you have the possibility to influence decisions at work?     | <input type="checkbox"/> yes, always                                   | 1 |
|  | <input type="checkbox"/> yes, rather often                             | 2 |
|  | <input type="checkbox"/> no, seldom                                    | 3 |
|  | <input type="checkbox"/> no, never                                     | 4 |
| 03 Does your supervisor consider your views?                       | <input type="checkbox"/> yes, always                                   | 1 |
|  | <input type="checkbox"/> yes, rather often                             | 2 |
|  | <input type="checkbox"/> no, seldom                                    | 3 |
|  | <input type="checkbox"/> no, never                                     | 4 |
| 04 Can you decide on your work pace?                               | <input type="checkbox"/> yes, always                                   | 1 |
|  | <input type="checkbox"/> yes, rather often                             | 2 |
|  | <input type="checkbox"/> no, seldom                                    | 3 |
|  | <input type="checkbox"/> no, never                                     | 4 |
| 05a Has your workload increased?                                   | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, go to question <b>06a</b>         | 1 |
| 05b If yes: Do you perceive that as stressful?                     | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 06a Are the goals for your workplace clear?                        | <input type="checkbox"/> yes – if yes, continue to question <b>07a</b> | 1 |
|  | <input type="checkbox"/> partly  | 0 |
|  | <input type="checkbox"/> no  | 0 |
| 06b If partly or no: Do you perceive that as stressful?            | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 07a Do you know which assignments your work tasks include?         | <input type="checkbox"/> yes – if yes, continue to question <b>08a</b> | 1 |
|  | <input type="checkbox"/> partly  | 0 |
|  | <input type="checkbox"/> no  | 0 |
| 07b If partly or no: Do you perceive that as stressful?            | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 08a Do you know who is making decisions concerning your workplace? | <input type="checkbox"/> yes – if yes, continue to question <b>09a</b> | 1 |
|  | <input type="checkbox"/> partly  | 0 |
|  | <input type="checkbox"/> no  | 0 |
| 08b If partly or no: Do you perceive that as stressful?            | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 09a Are there any conflicts at work?                               | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>12a</b>   | 1 |
| 09b If yes: Do you perceive that as stressful?                     | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 10a Are you involved in any conflicts at your workplace?           | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>11a</b>   | 1 |
| 10b If yes: Do you perceive that as stressful?                     | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 11a Has your supervisor done anything to solve the conflicts?      | <input type="checkbox"/> yes – if yes, continue to question <b>12a</b> | 1 |
|  | <input type="checkbox"/> partly  | 0 |
|  | <input type="checkbox"/> no  | 0 |
| 11b If partly or no: Do you perceive that as stressful?            | <input type="checkbox"/> not stressful                                 | 1 |
|  | <input type="checkbox"/> less stressful                                | 2 |
|  | <input type="checkbox"/> stressful                                     | 3 |
|  | <input type="checkbox"/> very stressful                                | 4 |
| 12a Do you put high demands on yourself at work?                   | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>13a</b>   | 1 |

|  |  |   |
|--|--|---|
| 12b If yes: Do you perceive that as stressful?   | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 13a Do you often get engaged in your work?   | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>14a</b> | 1 |
| 13b If yes: Do you perceive that as stressful?   | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 14a Do you think about work after your working-day?                                      | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> partly                                      | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>15a</b> | 1 |
| 14b If yes or partly: Do you perceive that as stressful?                                 | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 15a Do you find it hard to set a limit to work assignment although you have a lot to do? | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> partly                                      | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>16a</b> | 1 |
| 15b If yes or partly: Do you perceive that as stressful?                                 | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 16a Do you take more responsibility at work than you ought to?                           | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>17a</b> | 1 |
| 16b If yes: Do you perceive that as stressful?   | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 17a Do you work after ordinary working hours to finish your assignments?                 | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> partly                                      | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>18a</b> | 1 |
| 17b If yes or partly: Do you perceive that as stressful?                                 | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 18a Do you find it hard to sleep because your mind is occupied with work?                | <input type="checkbox"/> yes   | 0 |
|  | <input type="checkbox"/> partly                                      | 0 |
|  | <input type="checkbox"/> no – if no, continue to question <b>19</b>  | 1 |
| 18b If yes or partly: Do you perceive that as stressful?                                 | <input type="checkbox"/> not stressful                               | 1 |
|  | <input type="checkbox"/> less stressful                              | 2 |
|  | <input type="checkbox"/> stressful                                   | 3 |
|  | <input type="checkbox"/> very stressful                              | 4 |
| 19 Due to work, do you find it hard to find time to be with your nearest?                | <input type="checkbox"/> yes, always                                 | 4 |
|  | <input type="checkbox"/> yes, rather often                           | 3 |
|  | <input type="checkbox"/> no, seldom                                  | 2 |
|  | <input type="checkbox"/> no, never                                   | 1 |
| 20 Due to work, do you find it hard to find time to be with your friends?                | <input type="checkbox"/> yes, always                                 | 4 |
|  | <input type="checkbox"/> yes, rather often                           | 3 |
|  | <input type="checkbox"/> no, seldom                                  | 2 |
|  | <input type="checkbox"/> no, never                                   | 1 |
| 21 Due to work, do you find it hard to find time for your recreational activities?       | <input type="checkbox"/> yes, always                                 | 4 |
|  | <input type="checkbox"/> yes, rather often                           | 3 |
|  | <input type="checkbox"/> no, seldom                                  | 2 |
|  | <input type="checkbox"/> no, never                                   | 1 |