Objective And Subjective Perceptions Of Workload

Record ID				
Date and time observation began				
Subjective Perceptions of Workload:				
Comments from nurses:				
Typical shift?	○ Yes ○ No			
Mental Demand				
How mentally demanding was the task?	Very Low (1)	10	High (20)	
		(Place a mark on the scale above)		
Physical Demand				
How physically demanding was the task?	Very Low (1)	10	High (20)	
		(Place a mark on the scale above)		
Temporal Demand				
How hurried or rushed was the pace of the task?	Very Low (1)	10	High (20)	
		(Place a mark on the scale above)		
Effort				
How hard did you have to work to accomplish your level of performance?	Very Low (1)	10	High (20)	
		(Place a mark on the scale above)		
Performance				
How successful were you in accomplishing what you were asked to do?	Very Low (1)	10	High (20)	
	(Place a mark on the scale above)			
Frustration				
How insecure, discouraged, irritated, stressed, and annoyed were you?	Very Low (1)	10	High (20)	
		(Place a mark on the scale above)		

REDCap°