

APPENDIX 1

Prevalence of Road Crash Involvement and Associated Factors Among Medical Doctors in Malaysia

Assalamualaikum & Selamat Sejahtera.

We are part of a research team looking into Medical Doctors and Road Crash Prevalence

We would like to invite all doctors that fit the following criteria to participate in this questionnaire to help us find out more on this essential issue. Your help will assist us on the welfare of healthcare professionals generally and medical doctors specifically

Inclusion Criteria:

1. Malaysian citizen
2. Full or partial registration with MMC
3. Work a minimum of six (6) months in the healthcare sector in Malaysia

Exclusion Criteria:

1. Medical doctors currently on a long leave.
2. Does not self-commute to work
3. Those with psychiatric illness

The survey is very brief and will only take about 20-30 minutes to complete. The response will be confidential and to be used for academic purposes only.

Your participation in this survey is voluntary. If you decide to withdraw from the study midway, you could exit the site freely and no measures will be used to preserve the data you have filled in, thus all data will be destroyed.

Thank you, we appreciate your valuable time and kind cooperation towards this noble cause.

Dr Halidah Mohd Yusuf (limy611@gmail.com)

Dr Aneesa Abdul Rashid (aneesa@upm.edu.my)

on behalf of the research team

* Required

PARTICIPANT INFORMATION SHEET AND INFORMED CONSENT FORM
(for adult subjects)

1. **Title of study:** The Prevalence of Road Crash Involvement and its Associated Factors among Medical Doctors in Malaysia
2. **Name of investigator and institution:** Dr Aneesa Abdul Rashid, Universiti Putra Malaysia
3. **Name of sponsor:** Fundamental Research Grant Scheme (Kemeterian Pendidikan Tinggi)
4. **Introduction:**

It is important that you understand why the research is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study, and that you wish to participate, you must sign this informed consent form.

Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal will still be used for the study. Your refusal to participate or withdrawal will not affect any medical or health benefits to which you are otherwise entitled.

This study has been approved by the Medical Research and Ethics Committee, Ministry of Health Malaysia.

5. What is the purpose of the study?

The purpose of this study is to investigate the prevalence of road crash involvement and its associated factors among medical doctors in Malaysia. This research is necessary to understand the causes of road crash accidents among doctors in Malaysia

A total of 375 subjects like you will be participating in this study in Malaysia. The whole study will last about 1 year.

6. What are my responsibilities when taking part in this study?

It is important that you answer all of the questions asked by the study staff honestly and completely. You will be given a survey form to be answered. This form contains 10 sections which will enquire about sociodemography, health status, workplace information, work commuting information, driving behavior, involvement in road traffic accident, sleep quality, individual strength score, depression, anxiety and stress score, and work engagement scale. The estimated time for participants to complete this questionnaire is around 20-30 minutes. The questionnaire will only be administered once to the subjects although the duration of the study

is estimated for a year. Upon completion of the questionnaire the participants will have no further commitment to this research.

7. What are the potential risks and side effects of being in this study?

Participation to this study will not affect your treatment, and the risk is minimal. You are free to decline to answer any of the questions that you feel uncomfortable with.

8. What are the benefits of being in this study?

There may or may not be any benefits to you. Information obtained from this study will help for the participant to know if they have any of the risks of having traffic accident, and if there is a risk, then they may take precaution to prevent this from happen.

9. Who is funding the research?

This study is sponsored by FRGS by Ministry of Higher Education. You will not be paid for participating in this study.

10. Will my medical information be kept private?

All your information obtained in this study will be kept and handled in a confidential manner, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data, where appropriate and necessary.

11. Who should I call if I have questions?

If you have any questions about the study or if you think you have a study related injury and you want information about this study, please contact the study doctor, Dr Aneesa Abdul Rashid at telephone number 017 3293060.

If you have any questions about your rights as a participant in this study, please contact: The Secretary, Medical Research & Ethics Committee, Ministry of Health Malaysia, at telephone number 03-3362 8407/8205/8888.

INFORMED CONSENT FORM

Title of Study: The Prevalence of Road Crash Involvement and its Associated Factors among Medical Doctors in Malaysia

By signing below I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary and I can at anytime free withdraw from the study without giving a reason and this will in no way affect my future treatment. I am not taking part in any other research study at this time. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities, have direct access to my medical record in order to make sure that the study is conducted correctly and the data are recorded correctly. All personal details will be treated as STRICTLY CONFIDENTIAL
- I will receive a copy of this subject information/informed consent form signed and dated to bring home.
- I agree/disagree* for my family doctor to be informed of my participation in this study.
(*delete which is not applicable)

Subject:

Signature: _____ I/C number: _____

Name: _____ Date: _____

Investigator conducting informed consent:

Signature: _____ I/C number: _____

Name: _____ Date: _____

Impartial witness:

Signature: _____ I/C number: _____

Name: _____ Date: _____

1. I hereby acknowledge that I have read and understood all the information above.

*

Check all that apply.

- ☐ I agree
- ☐ I disagree

Section A
SOCIODEMOGRAPHIC QUESTIONNAIRE

2. MMC number

3. Age (years) *

4. Gender *

Mark only one oval.

- ☐ Male
- ☐ Female

5. Ethnicity *

Mark only one oval.

- ☐ Malay
- ☐ Chinese
- ☐ Indian
- ☐ Indian Muslim
- ☐ Eurasian
- ☐ Sikh
- ☐ Indonesian
- ☐ Siam
- ☐ Other: _____

6. Martial status *

Mark only one oval.

- ☐ Married
- ☐ Single
- ☐ Separated
- ☐ Divorced
- ☐ Widower

7. Highest educational background (for others, please state) *

Mark only one oval.

- ☐ Basic medical degree
- ☐ Post-graduate diploma
- ☐ Master of Medicine
- ☐ PhD
- ☐ Passed dfm 2019
- ☐ Current master student
- ☐ Current PhD student
- ☐ MRCP (UK)
- ☐ Mrcpch
- ☐ DRM
- ☐ Masters Dermatology (UK)
- ☐ MHA
- ☐ Master Ophthalmology (UKM)
- ☐ FRCGP
- ☐ Other: _____

Section B

Health Status

8. Do you suffer from any medical illness?

Mark only one oval.

- ☐ Yes
- ☐ No

9. If yes please specify

Mark only one oval.

- ☐ Diabetes Mellitus
- ☐ Hypertension
- ☐ Ischemic Heart Disease
- ☐ Stroke
- ☐ Epilepsy
- ☐ Mental Health
- ☐ Asthma
- ☐ Gout
- ☐ pulmonary sarcoidosis
- ☐ Rheumatoid arthritis
- ☐ Psoriasis
- ☐ hyperthyroid
- ☐ OSA
- ☐ Other: _____

10. Do you perform regular exercise? *

Mark only one oval.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

11. If yes, please specify frequency

Mark only one oval.

- ☐ 1-2 days per week
- ☐ 3-4 days per week
- ☐ 5-6 days per week
- ☐ Everyday

12. Specify total number of hours per week

13. Do you smoke? *

Mark only one oval.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

14. If yes, please specify amount of cigarette sticks per day

Section c

Workplace Information

15. Length of employment (years), if not applicable, please put "0" *

16. Length of employment (months), please put "-" if not applicable

17. Employer Type *

Mark only one oval.

- ☐ Public institution
- ☐ Private institution
- ☐ Self-employed

18. Current Department (Specify) *

19. Position *

Mark only one oval.

- ☐ Houseman
- ☐ Medical Officer
- ☐ Post-graduate Trainee
- ☐ Specialist
- ☐ Consultant

20. Duration of current work experience (years), if not applicable put "-" *

21. Duration of current work experience (months), if not applicable put "-"

22. Average work hours per week (hours) *

23. Work routine (if others please explain) *

Mark only one oval.

- ☐ Office hours
- ☐ Shift work
- ☐ On-call system
- ☐ Flexi hours
- ☐ thesis and field attachment at district health office
- ☐ office hours and after office hours - due to labour and delivery
- ☐ Long hours as it's a GP clinic.
- ☐ Office hours and oncalls
- ☐ office hours and after office hours - due to oncall and OT
- ☐ Office hours and after office hours - due to heavy workload
- ☐ Other: _____

24. If on-call system : (please describe general system; eg. average oncall frequency, do you work the day after postcall? if yes how many hours)

25. If shift/ flexi hour system : (Please describe general system; eg. duration for each shift)

26. If others : (please state general system; eg. duration of every working period)

27. State your total official working hours (in hours) 1 week ago (eg. 56 hours).

28. State your total official working hours (in hours) 2 weeks ago (eg. 40 hours).

29. Do you do overtime? *

Mark only one oval.

☐ Yes

☐ No

30. If you do overtime, how many hours per day?

31. If you do overtime, how many days per week?

32. Do you practice napping during work? *

Mark only one oval.

- ☐ No
☐ Yes

33. If yes, estimate how many hours per day? (hours/day)

34. Do you get exposure to chemical/gases/solvents at workplace? *

Mark only one oval.

- ☐ Yes
☐ No

Section D

Work Commuting Information

35. Do you have a valid driving license?

Mark only one oval.

- ☐ Yes
☐ No
☐ Prefer not to mention

36. Mode of transportation to commute to work (you may pick more than one) *

Check all that apply.

- ☐ Motorbike/scooter
☐ Car
☐ Walk
☐ bus

Other: ☐ _____

37. if others, please state

38. How far is your work place from your home? Please estimate the distance in kilometres (km).

39. State total time in minutes per day commuting TO work (in minutes)

40. Commuting start time TO work

Example: 8:30 AM

41. State total time in minutes per day commuting FROM work TO home (in minutes)

42. Commuting start time FROM work

Example: 8:30 AM

Section E

Driving behavior

Please grade from 1 (Never) to 5 (Always) regarding your driving behavior. Please be as honest as possible.

43. Type of driver. *

Mark only one oval per row.

	(Never) 1	2	3	4	5 (Always)
Careful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows traffic regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Do you practice the following habits? : *

Mark only one oval per row.

	(Never) 1	2	3	4	5 (Always)
Give signal when overtaking, changing lane, or turning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep safe distance from the vehicle in front	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive more carefully when raining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear seatbelt when in vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear helmet when riding motorbike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strictly follow vehicle's manufacturer maintenance schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow speed limit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Driving speed *

Mark only one oval.

	1	2	3	4	5	
Slow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fast

46. Have you experienced the following driving? *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Mind-wandering state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sudden outburst of anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you driven under the following circumstances? *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
While using hand-held device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a bad mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under mental distress/duress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under alcohol or recreational drug influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Within the LAST 2 WEEKS, have you ever done any of the following while commuting to and from work? *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Nodded off while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nodded off while stopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Within the LAST 2 WEEKS, have you ever done any of the following while commuting to and from work?

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Fall asleep while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fall asleep while stopping (eg. at traffic light)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Within the LAST 2 WEEKS, have you ever done any of the following while commuting to and from work?

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Lost focus while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost focus while stopping (eg. at traffic light)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Do you consume any of the following substance BEFORE driving? *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Caffeinated drinks (tea,coffee,colas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Do you consume any of the following substance DURING driving? *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Caffeinated drinks (tea,coffee,colas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Do you drive for fun? *

Mark only one oval.

	1	2	3	4	5	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

Section F

Involvement In Road Traffic Accident

54. Since you started driving have you ever been involved in road traffic accident?

Mark only one oval.

- ☐ Yes
- ☐ No

55. If yes, please choose number of times

Mark only one oval.

- ☐ Once
- ☐ Twice
- ☐ Thrice
- ☐ Several

56. For the past 2 weeks, have you NEARLY BEEN INVOLVED in a road accident due to: *

Mark only one oval per row.

	1 (Never)	2	3	4	5 (Always)
Tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nodding off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleepiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. If yes, please choose number of times

Mark only one oval.

- ☐ Once
- ☐ Twice
- ☐ Thrice
- ☐ Several

58. For the past 2 weeks, have you BEEN INVOLVED in a road accident due to: *

Mark only one oval per row.

	Yes	No
Tiredness	<input type="radio"/>	<input type="radio"/>
Nodding off	<input type="radio"/>	<input type="radio"/>
Sleepiness	<input type="radio"/>	<input type="radio"/>

59. If yes, please choose number of times

Mark only one oval.

☐ Once

☐ Twice

☐ Thrice

☐ Several

60. Please describe below the worst accident you have encountered during work commute

61. Did this happened the last 2 weeks?

Mark only one oval.

☐ Yes

☐ No

62. If no please state when.

Example: January 7, 2019

63. Please describe the intensity of accident encountered

Mark only one oval.

	1	2	3	4	5	
Mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

64. What is the number of vehicles involved ?

Mark only one oval.

- ☐ One
- ☐ Two
- ☐ More than two

65. What is the estimated cost of vehicles repairs (RM)?

66. Did anyone sustain injury during the accident?

Mark only one oval.

- ☐ Yes
- ☐ No

67. If yes, please specify who

Mark only one oval.

☐ Yourself

☐ Others

☐ Both

68. What was the severity of injury?

Mark only one oval.

	1	2	3	4	5	
Mild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe

69. Were there any disability after accident?

Mark only one oval.

☐ Yes

☐ No

70. If yes, please specify if:

Mark only one oval.

☐ Temporary

☐ Permanent

71. What was the total cost of treatment (RM)?

72. Was there any medical leave required post-injury?

Mark only one oval.

☐ Yes

☐ No

73. If yes, specify number of days

74. Was the injury compensated by insurance?

Mark only one oval.

☐ Yes

☐ No

75. Was there any fatality during the accident?

Mark only one oval.

☐ Yes

☐ No

76. Do you practice other activities while driving to keep you alert to avoid sleepiness/microsleep?

Mark only one oval.

☐ Yes

☐ No

77. If yes, please specify

Mark only one oval.

- ☐ By entertainment system (radio/CD player/TV, etc)
- ☐ Talking with fellow car occupant
- ☐ Looking at surrounding

APPENDIX 2

PITTSBURGH SLEEP QUALITY INDEX QUESTIONNAIRE

78. 1. During the past month, what time have you usually gone to bed at night? *

Example: 8:30 AM

79. 2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? *

80. 3. During the past month, what time have you usually gotten up in the morning? *

Example: 8:30 AM

81. 4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed) *

82. 5. During the past month, how often have you had trouble sleeping because you :

83. a) Cannot get to sleep within 30 minutes *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

84. b) Wake up in the middle of the night or early morning *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

85. c) Have to get up to use bathroom *

Mark only one oval.

- ☐ Not during the past month¹
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

86. d) Cannot breathe comfortably *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

87. e) Cough or snore loudly *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

88. f) Feel too cold *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

89. g) Feel too hot *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

90. h) Have bad dreams *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

91. i) Have pain *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

92. j) Other reason(s), please describe. *

93. How often you have had trouble sleeping because of this reason(s): *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

94. 6) During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

95. 7) During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

96. 8) During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done? *

Mark only one oval.

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

97. 9) During the past month, how would you rate your sleep quality overall? *

Mark only one oval.

- ☐ Very good
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad

APPENDIX 3

CHECKLIST INDIVIDUAL STRENGTH QUESTIONNAIRE

Instruction

On the next page you find 20 statements. With these statements we wish to get an impression of how you have felt during "the pass two weeks".

*If you feel that this statement is true, click in the left box,

*If you feel that this statement is not true at all, click in the right box,

*If you fell that this statement is not "yes, that is true", but also not "no, that is not true", click in the box that is most in accordance with how you feel.

98. 1) I feel tired *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

99. 2) I feel very active *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

100. 3) Thinking requires effort *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

101. 4) Physically I feel exhausted *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

102. 5) I feel like doing all kinds of nice things *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

103. 6) I feel fit *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

104. 7) I do quite a lot within a day *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

105. 8) When I am doing something, I can concentrate quite well *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

106. 9) I feel weak *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

107. 10) I don't do much during the day *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

108. 11) I can concentrate well *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

109. 12) I feel rested *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

110. 13) I have trouble concentrating *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

111. 14) Physically I feel I am in a bad condition *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

112. 15) I am full of plans *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

113. 16) I get tired very quickly *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

114. 17) I have a low output *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

115. 18) I feel no desire to do anything *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

116. 19) My thoughts easily wander *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

117. 20) Physically I feel in a good shape *

Mark only one oval.

	1	2	3	4	5	6	7	
Yes, that is true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No, that is not true

APPENDIX 4

**DASS 21
QUESTIONNAIRE**

Please read each statement and click on a number 0,1,2,3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement

The rating scale is as follows

0 Did not apply to me at all

1 Applied to me to some degree, or some

2 Applied to me a considerable degree, or a good part of time

3 Applied to me very much, or most of the time

118. 1. I found it hard to wind down *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

119. 2. I was aware of dryness of my mouth *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

120. 3. I couldn't seem to experience any positive feeling at all *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

121. 4. I experienced breathing difficulty (eg, excessive rapid breathing, breathlessness in the absence of physical exertion) *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

122. 5. I found it difficult to work up the initiative to do things *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. 6. I tended to over-react to situations *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

124. 7. I experienced trembling (eg, in the hands) *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. 8. I felt that I was using a lot of nervous energy *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

126. 9. I was worried about situation in which I might panic and make a fool of myself *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

127. 10. I felt that I had nothing to look forward to *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. 11. I found myself getting agitated *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

129. 12. I found it difficult to relax *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

130. 13. I felt down-hearted and blue *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

131. 14. I was intolerant of anything that kept me from getting on with what I was doing *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

132. 15. I felt I was close to panic *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

133. 16. I was unable to become enthusiastic about anything *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

134. 17. I felt I wasn't worth much as a person *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

135. 18. I felt that I was rather touchy *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

136. 19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

137. 20. I felt scared without any good reason *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

138. 21. I felt that life was meaningless *

Mark only one oval.

0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX 5

UTRECHT'S
WORK
ENGAGEMENT
SCALE (UWES)
QUESTIONNAIRE

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, click the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by clicking the number (from 1 to 6) that best describes how frequently you feel that way.

Score	Description
0	Never
1	Almost never (A few times a year or less)
2	Rarely (Once a month or less)
3	Sometimes(A few times a month)
4	Often (Once a week)
5	Very often (A few times a week)
6	Always (Everyday)

139. F1. At my work, I feel bursting with energy *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Everyday

140. F2. I find the work that I do full of meaning and purpose *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Everyday

141. F3. Time flies when I'm working *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

142. F4. At my job, i feel strong and vigorous *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

143. F5. I am enthusiastic about my job *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

144. F6. When I am working, I forgot everything else around me *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

145. F7. My job inspires me *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

146. F8. When I get up in the morning, I feel like going to work *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

147. F9. I feel happy when I am working intensely *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

148. F10. I am proud of the work that I do *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

149. F11. I am immersed in my work *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

150. F12. I can continue working for very long periods at a time *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

151. F13. To me, my job is challenging *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

152. F14. I get carried away when I'm working *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

153. F15. At my job, I am very resilient, mentally *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

154. F16. It is difficult to detach myself from my job *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

155. F17. At my work I always preserve, even when things do not go well *

Mark only one oval.

	0	1	2	3	4	5	6	
Never	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Always

156. THANK YOU FOR COMPLETING THIS QUESTIONNAIRE! If you would like updates on our research progress, kindly leave your contact here. We will be in touch

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