

Project "BestOff"

Subproject "Physical demands and psychological strains in the offshore wind industry"

Questionnaire

About you.

To begin, we require some personal information.

1. **Sex**

- ☐ male
☐ female

2. **How old are you? (in years)**

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19 or
younger | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 and
older |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. **Which is your nationality? (If you have more than one, please write only one)**

4. **Which of the following best describes your family status?**

- ☐ single
☐ in a relationship – living in a shared household
☐ in a relationship – living in separate households

5. **Are children less than 18 years of age living in your household?**

- ☐ yes
☐ no

Your offshore occupation.

The following questions refer to your current offshore occupation. If you have not worked offshore recently, then please refer to your last offshore occupation.

6. **How long have you been working in the offshore wind industry?**

- ☐ less than 1 year
☐ 1 – 3 years
☐ more than 3 years

7. **How long ago was your last offshore assignment?**

- ☐ I am currently offshore
☐ less than 1 month
☐ 1 – 3 months
☐ 4 – 6 months
☐ 7 – 12 months
☐ more than 12 months

8. Which of the following best describes your offshore occupation?

- ☐ management onshore (back office)
- ☐ supervisor (offshore in executive position, e. g. side manager, platform master, ...)
- ☐ technician / maintenance
- ☐ catering / room service
- ☐ ship's crew member
- ☐ research personnel / surveyor
- ☐ medical / paramedical personnel
- ☐ other (please specify)

9. Which of the following best describes your current employment status?

- ☐ employed by an operator company
- ☐ employed by a sub-contractor
- ☐ temporary agency worker
- ☐ self-employed / freelancer

10. In which phase is the offshore windpark on which you are currently working?

- ☐ in construction
- ☐ in operation

11. Do you have a regular offshore schedule (e.g. every 14 days)?

- ☐ 7 days offshore – 7 days onshore
- ☐ 14 days offshore – 14 days onshore (or 15 days offshore – 13 days onshore)
- ☐ 21 days offshore – 21 days onshore
- ☐ no regular schedule, only occasional assignments
- ☐ other regular schedule (please specify)

12. How long have you been working on this schedule?

- ☐ less than 2 months
- ☐ 2 – 6 months
- ☐ 7 – 12 months
- ☐ more than 12 months

13. In the last year, how often did you work offshore?

- ☐ not at all
- ☐ 1 – 5 times
- ☐ 6 – 10 times
- ☐ more than 10 times

14. In the last year, approximately how many days in total did you work offshore?

15. What kind of shifts do you work offshore?

- ☐ only day shifts
- ☐ only night shifts
- ☐ rotating (day / night)

16. Where do you live during your offshore assignments?

- ☐ offshore – on a platform (accommodation platform / substation platform / converter platform)
- ☐ offshore – on a construction ship (e. g. jack up vessel)
- ☐ offshore on a hotel ship
- ☐ offshore – in a container on a platform
- ☐ on an island – at a hotel or flat
- ☐ on the mainland – at a hotel or flat

17. In what kind of cabin / room do you live during your offshore assignments?

- ☐ single cabin / room
- ☐ double cabin / room

18. Before working in the offshore wind industry, had you already taken on work assignments that involved long periods of absence from your home?

- ☐ yes
- ☐ no

19. What mode of transportation do you usually take between your offshore accommodation and your offshore workplace?

- ☐ ship / boat
- ☐ helicopter
- ☐ both
- ☐ no transfer needed, accommodation and workplace are at the same location

Working conditions offshore.

The following questions refer to your working conditions offshore.

Examples of different stressors typical for the offshore workplace are listed below. Please indicate how often you are exposed to each of them. (Please give one answer per item)

	always	often	someti mes	rarely	never / hardly ever
noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vibrations / oscillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
humidity / moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
frequent changes between heat and cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
odours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contact with chemicals or hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lifting / carrying heavy loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transport of aids (e. g. PPE, tools) over long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
working with twisted upper body / forward flexion of the spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
working with unsupported raised arms (overhead work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reduced visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closed / cramped quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
poor air quality / air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restricted movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
unpredictable waiting times (e.g. during "weather days")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>