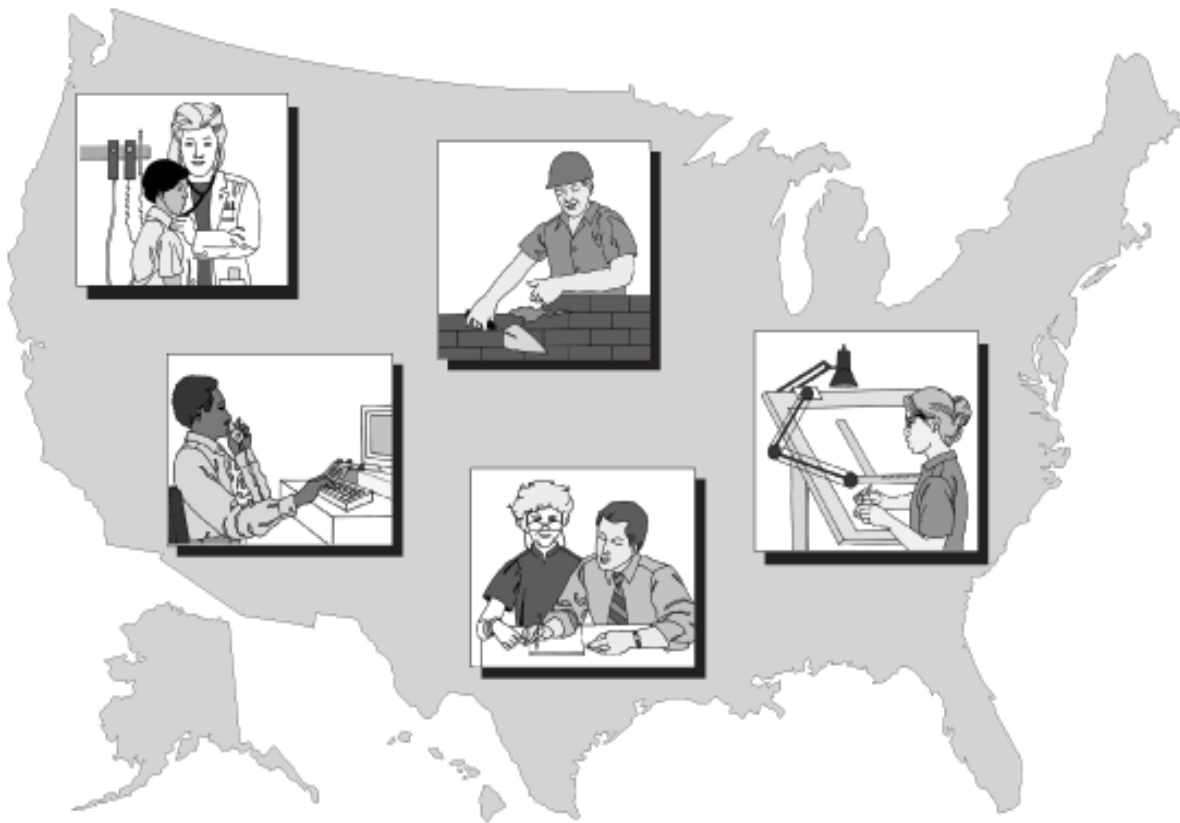


Form D
OMB#1205-0421
Expires: 9/30/2002
Ver.: 4/01

O=84119 C=12153 B=4331
Psychiatric Aides, Line 5
Web site username: 100121530024D
Web site password: cloth279

Some Important Questions About The *Work Context* Of Your Occupation



Please return your completed questionnaire in the enclosed envelope to:

Research Triangle Institute, P.O. Box 12194, Research Triangle Park, NC 27709-2194

Sponsored by: The U.S. Department of Labor and the National O*NET Consortium

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements is voluntary. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Office of Policy and Research, Attn: O*NET Project, Frances Perkins Building, Mail Stop N5637, 200 Constitution Ave. NW, Washington, DC 20210 (OMB Control Number 1205-0421).

Return to: Research Triangle Institute, PO Box 12194
Research Triangle Park, North Carolina, 27709-2194



A Proud Member of America's Workforce Network

Instructions for Work Context Questionnaire

Instructions

In this questionnaire you will be asked about your working conditions. These questions are about your work setting and its possible hazards, the pace of your work, and your dealings with other people.

Read each question carefully and look closely at answer choices after each question. Put an **X** through the number for the answer that best describes *your current job*.

For example:

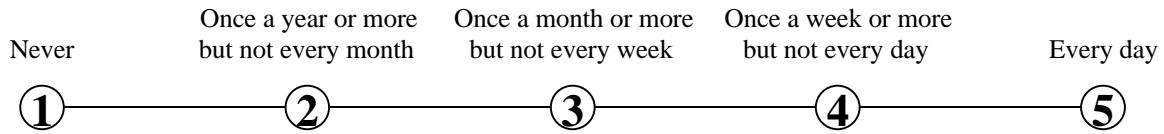
How many hours do you work in a typical week?

Less than 40 hours 40 hours More than 40 hours

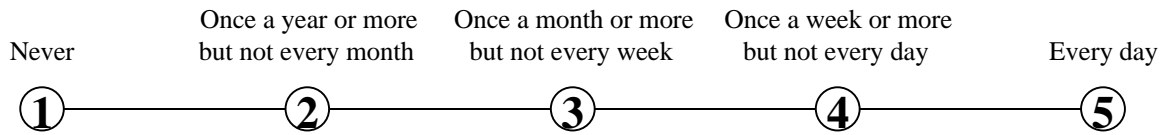
① ————— ~~2~~ ————— ③

Mark your answer by putting an **X** through the number that represents your answer.
Do not mark on the line between the numbers.

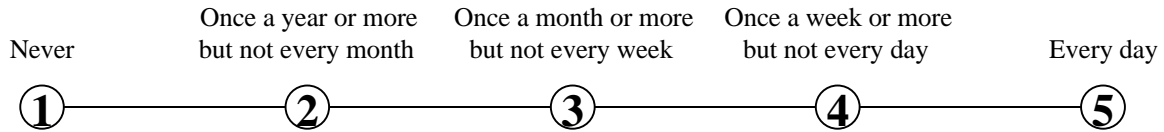
1. How often does *your current job* require face-to-face discussions with individuals and within teams?



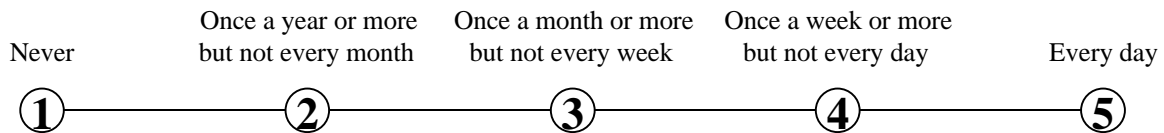
2. How frequently does *your current job* require public speaking? (one speaker with an audience)



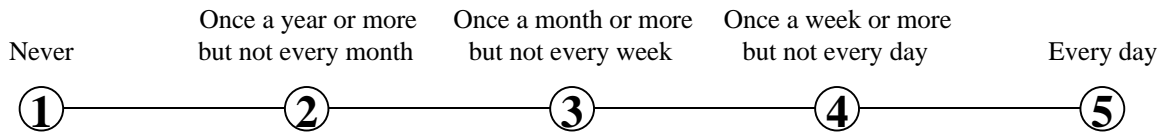
3. How frequently does *your current job* require telephone conversation?



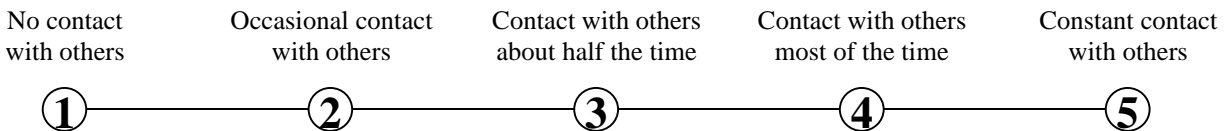
4. How frequently does *your current job* require electronic mail?



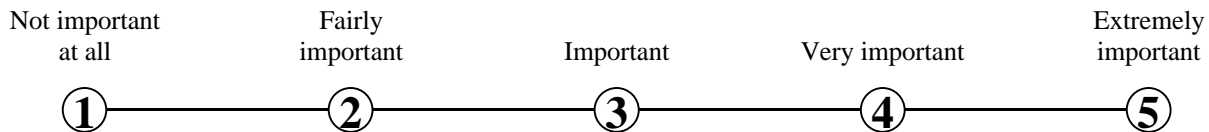
5. How frequently does *your current job* require written letters and memos?



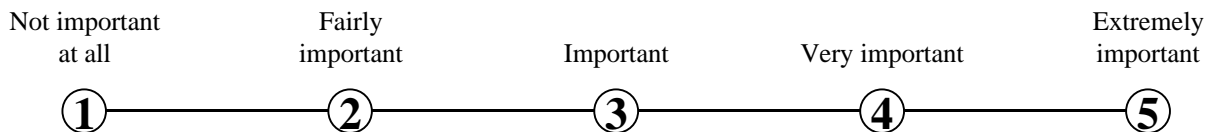
6. How much contact with others (by telephone, face-to-face, or otherwise) is required to perform *your current job*?



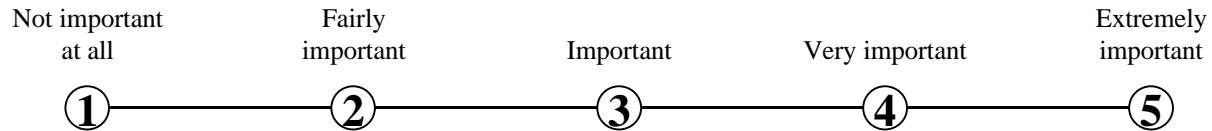
7. How important are interactions that require you to work with or contribute to a work group or team to perform *your current job*?



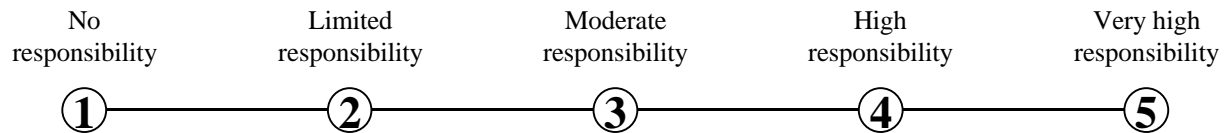
8. In *your current job*, how important are interactions that require you to deal with external customers (as in retail sales) or the public in general (as in police work)?



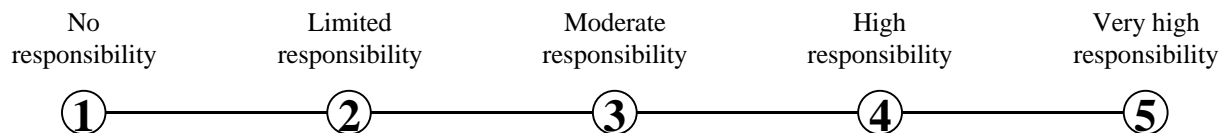
9. In your current job, how important are interactions that require you to coordinate or lead others in accomplishing work activities? (*not as a supervisor or team leader*)



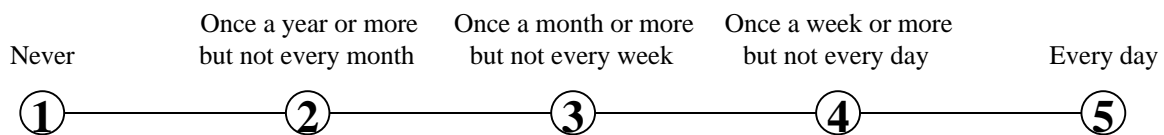
10. How responsible are you for the health and safety of other workers on your current job?



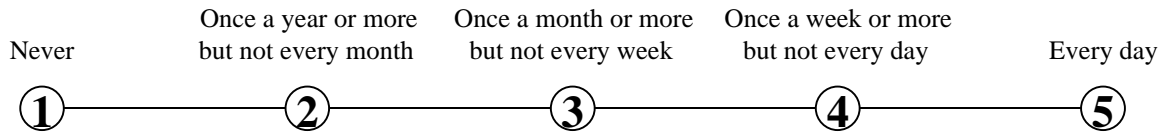
11. How responsible are you for work outcomes and results of other workers on your current job?



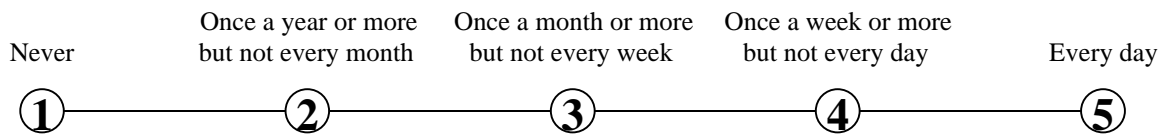
12. How often are conflict situations a part of your your current job?



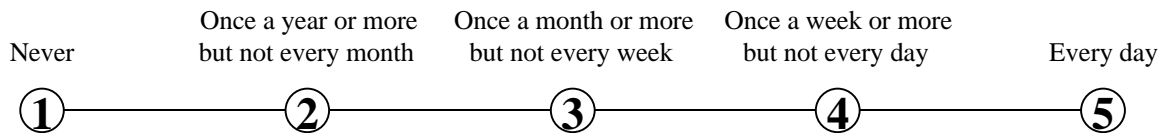
13. How often is dealing with unpleasant, angry, or discourteous people a part of *your current job*?



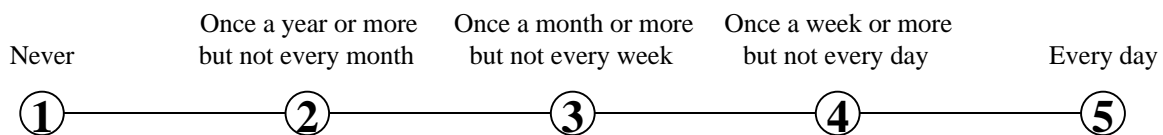
14. How often is dealing with violent or physically aggressive people a part of *your current job*?



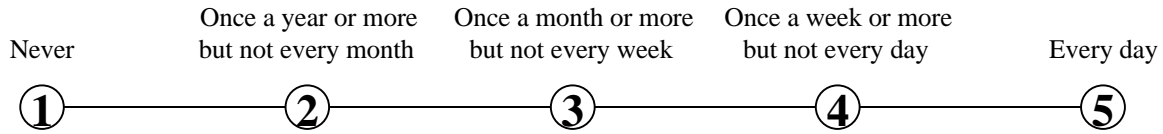
15. How often does *your current job* require you to work indoors in an environmentally controlled environment (like a warehouse with air conditioning)?



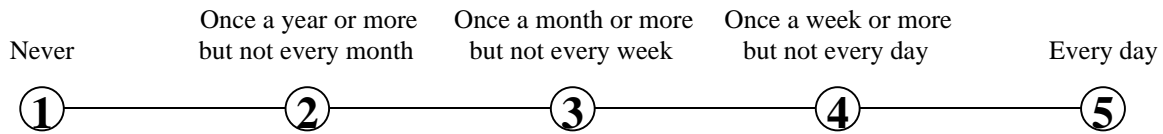
16. How often does *your current job* require you to work in an environment that is not environmentally controlled (like a warehouse without air conditioning)?



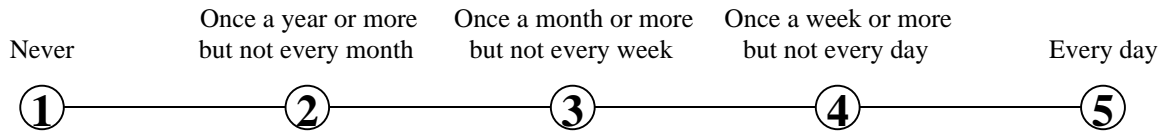
17. How often does *your current job* require you to work outdoors, exposed to all weather conditions?



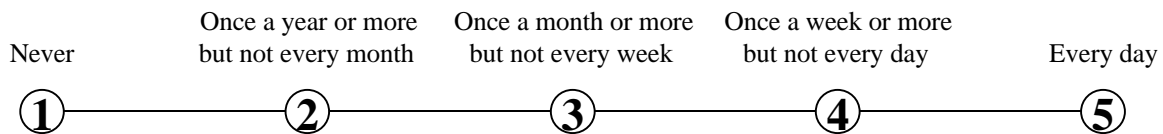
18. How often does *your current job* require you to work outdoors, under cover (like in an open shed)?



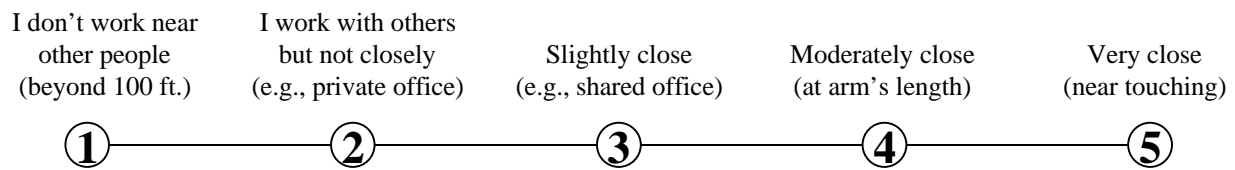
19. How often does *your current job* require you to work in an open vehicle or operating equipment (like a tractor)?



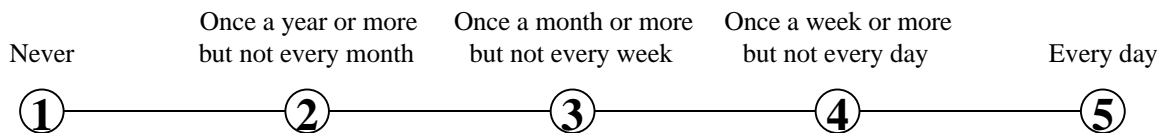
20. How often does *your current job* require you to work in a closed vehicle or operate enclosed equipment (like a car)?



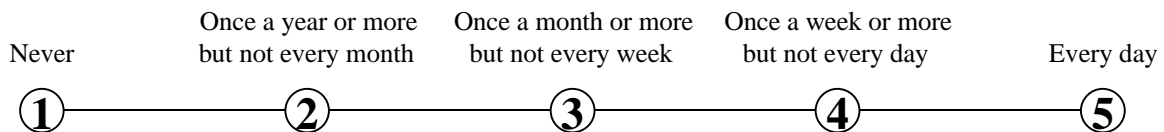
21. How physically close to other people are you when you perform *your current job*?



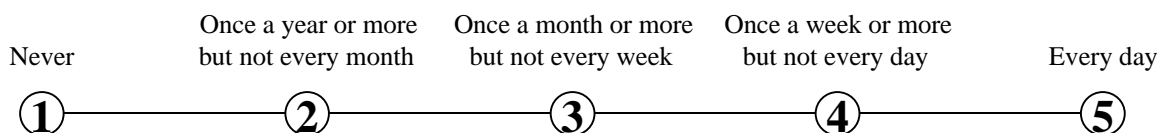
22. In *your current job*, how often are you exposed to sounds and noise levels that are distracting and uncomfortable?



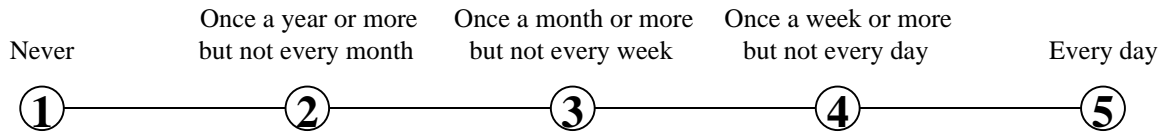
23. In *your current job*, how often are you exposed to very hot (above 90° F) or very cold (under 32° F) temperatures?



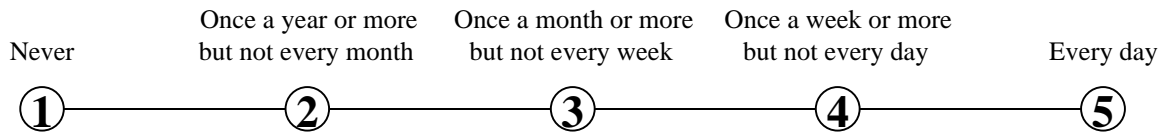
24. In *your current job*, how often are you exposed to extremely bright or inadequate lighting conditions?



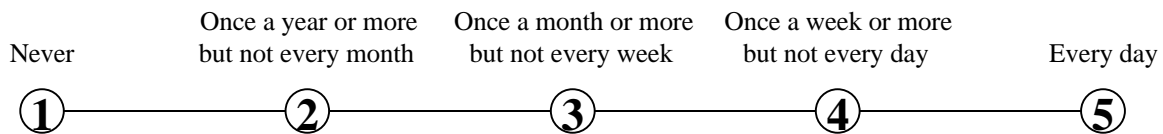
25. In your current job, how often are you exposed to contaminants (such as pollutants, gases, dust, or odors)?



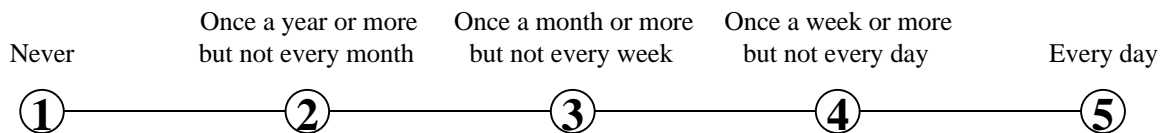
26. In your current job, how often are you exposed to cramped work space that requires getting into awkward positions?



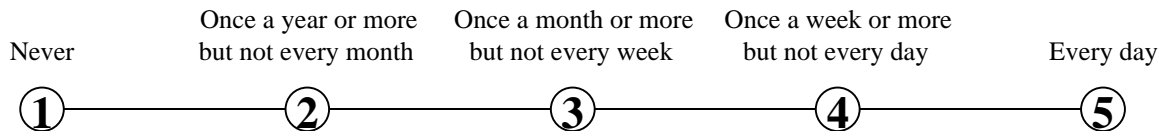
27. In your current job, how often are you exposed to whole body vibration (like operating a jackhammer or earth moving equipment)?



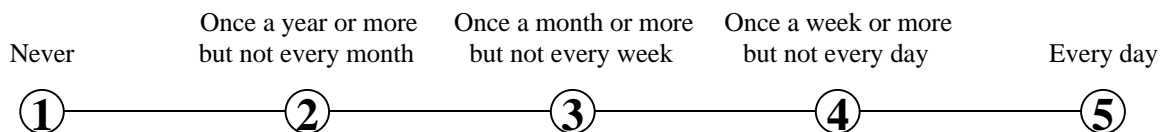
28. How often does your current job require that you be exposed to radiation?



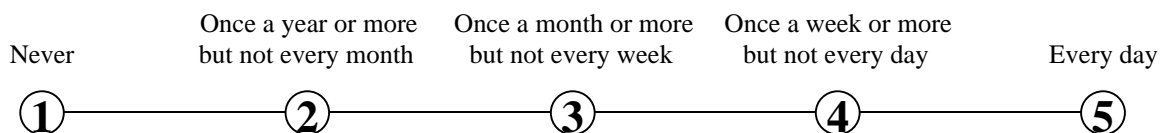
29. How often does *your current job* require that you be exposed to diseases or infection? This can happen with workers in patient care, some laboratory work, sanitation control, etc.



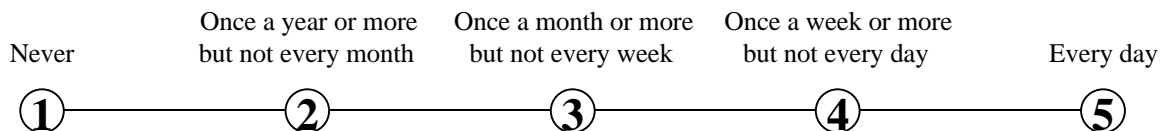
30. How often does *your current job* require that you be exposed to high places? This can happen for workers who work on poles, scaffolding, catwalks, or ladders longer than 8 feet in length.



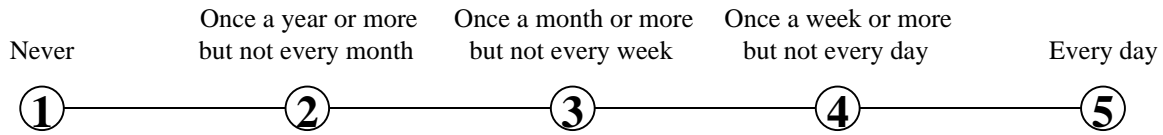
31. How often does *your current job* require that you be exposed to hazardous conditions? This can happen when working with high voltage electricity, flammable material, explosives, or chemicals. Do not include working with hazardous equipment.



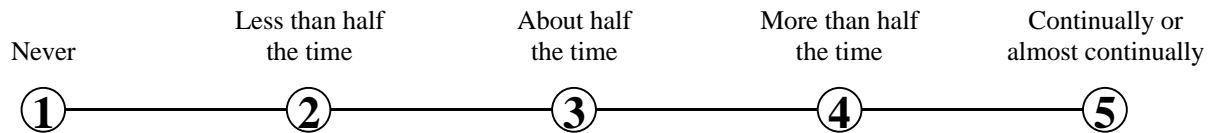
32. How often does *your current job* require that you be exposed to hazardous equipment? This includes working with saws, close to machinery with exposed moving parts, or working near vehicular traffic (but not including driving a vehicle).



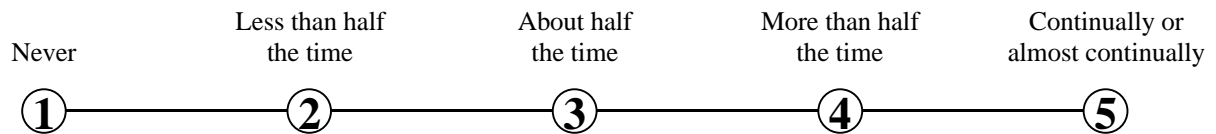
33. How often does *your current job* require that you be exposed to minor burns, cuts, bites, or stings?



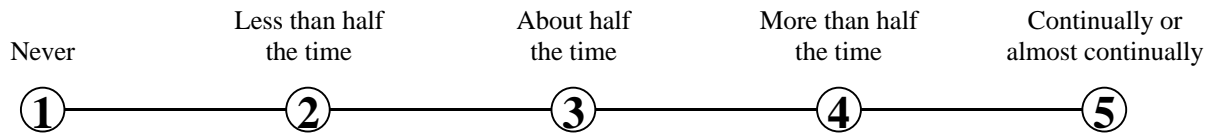
34. How much time in *your current job* do you spend sitting?



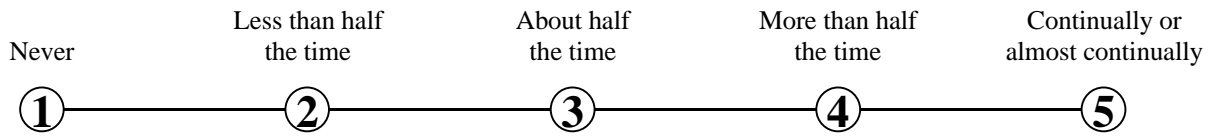
35. How much time in *your current job* do you spend standing?



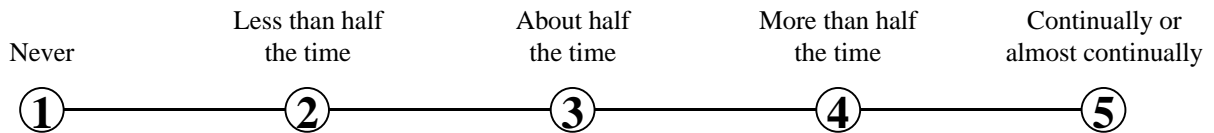
36. How much time in *your current job* do you spend climbing ladders, scaffolds, poles, etc.?



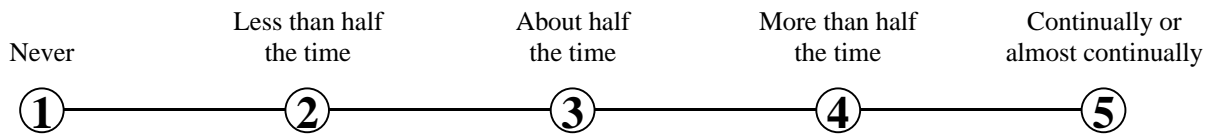
37. How much time in *your current job* do you spend walking or running?



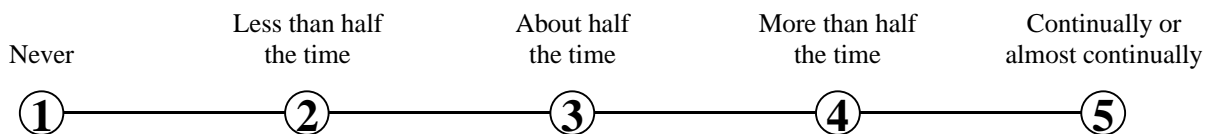
38. How much time in *your current job* do you spend kneeling, crouching, stooping, or crawling?



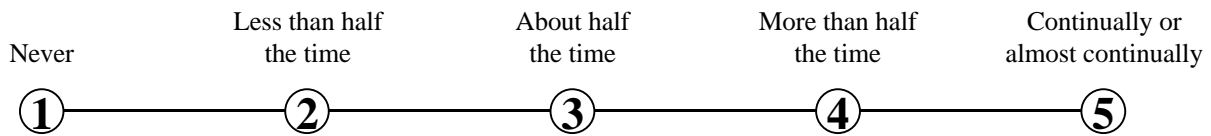
39. How much time in *your current job* do you spend keeping or regaining your balance?



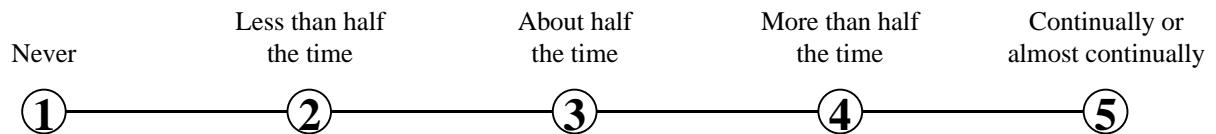
40. How much time in *your current job* do you spend using your hands to handle, control, or feel objects, tools, or controls?



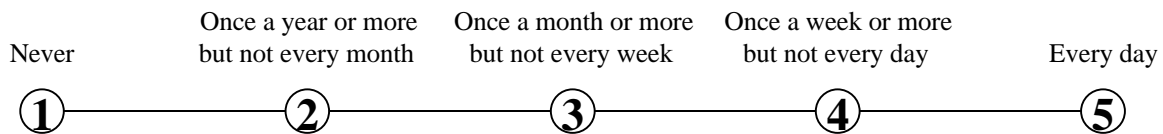
41. How much time in *your current job* do you spend bending or twisting your body?



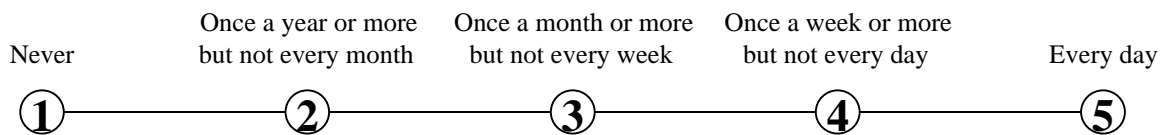
42. How much time in *your current job* do you spend making repetitive motions?



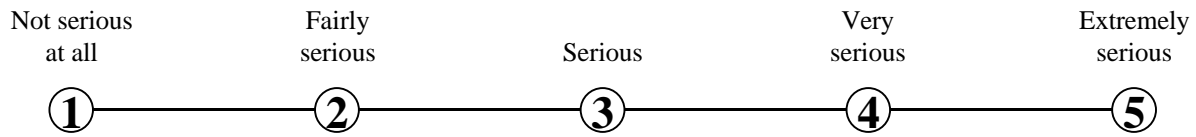
43. In *your current job*, how often do you wear common protective or safety equipment such as safety shoes, glasses, gloves, hearing protection, hard hats, or life jackets?



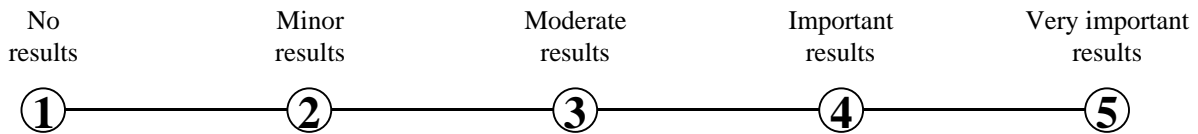
44. In *your current job*, how often do you wear specialized protective or safety equipment, such as breathing apparatus, safety harness, full protection suits, or radiation protection?



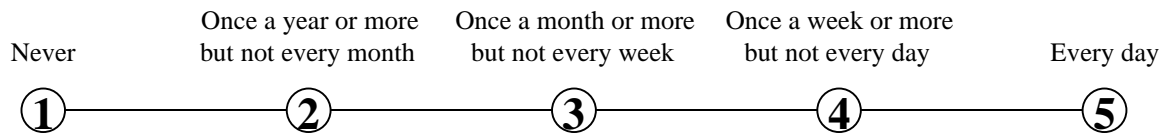
45. **How serious a mistake** can you make on *your current job* (one you can't easily correct)?



46. **In your current job, what results do your decisions usually have** on other people or the image or reputation or financial resources of your employer?



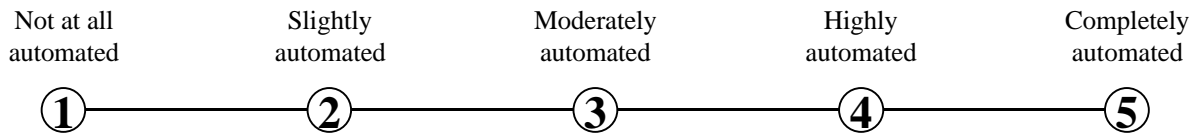
47. **In your current job, how often do your decisions affect** other people or the image or reputation or financial resources of your employer?



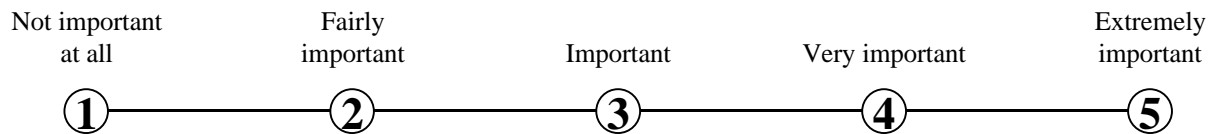
48. **In your current job, how much freedom** do you have to make decisions without supervision?



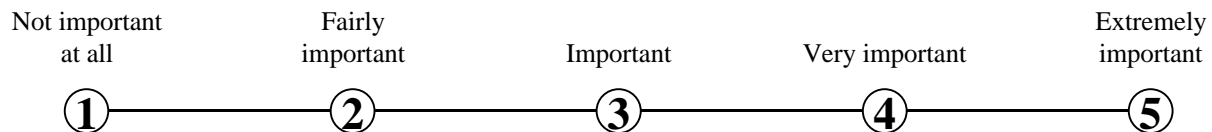
49. How automated is your current job?



50. How important to your current job is being very exact or highly accurate?



51. How important to your current job are continuous, repetitive physical activities (like key entry) or mental activities (like checking entries in a ledger)?



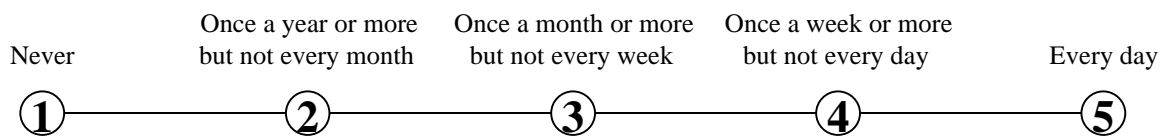
52. How much freedom do you have to determine the tasks, priorities, or goals of your current job?



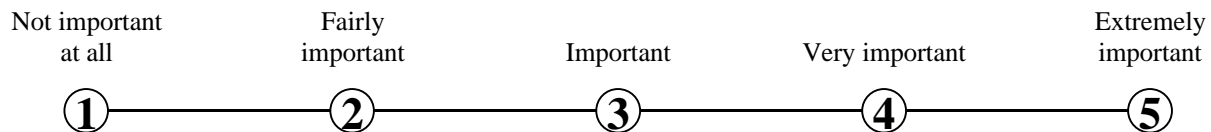
53. How competitive is your current job?



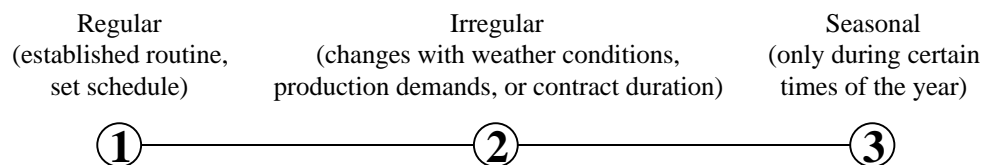
54. How often does your current job require you to meet strict deadlines?



55. How important to your current job is keeping a pace set by machinery or equipment?



56. How regular is your work schedule on your current job?



57. **How many hours** do you work in a typical week on *your current job*?

Less than 40 hours

40 hours

More than 40 hours

①

②

③

Specific Tasks Performed on Your Job

Instructions: Please read the following position description and then answer the question that follows it by marking an X in the appropriate box below.

Psychiatric Aides

Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff.

Which of the following best describes how closely this description matches the duties and responsibilities of your current job?

- It describes almost exactly what I do.
- Most of it matches, but there are a few things that don't match what I do.
- Some things match, but most of it does not match what I do.
- It does not at all describe what I do.

Please proceed to the next page.

Specific Tasks Performed on Your Job (continued)

Instructions: The next section presents a list of tasks. A task is an action or set of actions performed together to accomplish an objective. This list is specific to the job you are describing.

For each task, please make the following three ratings: **Relevance, Frequency, and Importance.** These ratings are described as follows:

RELEVANCE. If the task is NOT RELEVANT at all to performance on the job, mark through the "0" in the NOT RELEVANT column. Carefully read the task before deciding whether it is RELEVANT or NOT RELEVANT to this job. If you select the "0" in the NOT RELEVANT column, however, there is no need to complete the IMPORTANCE and FREQUENCY ratings described below. If the task is part of this job, rate IMPORTANCE and FREQUENCY.

FREQUENCY. (Do not complete if NOT RELEVANT was selected.) Ask yourself, "How often is this task performed on this job?" For example, "Interact with potential customers" is a task that an employee in one job might perform only "once per week or less," but an employee in another job might perform "hourly or more often."

Rate the FREQUENCY with which a task is performed by marking through the appropriate number, from 1 (indicating that the task is performed once per year or less often) to 7 (indicating that the task is performed hourly or more often) on the FREQUENCY scale.

IMPORTANCE. (Do not complete if NOT RELEVANT was selected.) Ask yourself, "How important is this task to performance on this job?" For example, "Develop objectives and strategies to guide the organization" might be very important for an employee in one job, but less important for another job. For the second job, however, "Provide performance feedback to subordinates" might be very important.

Rate importance of the task for performance on the job by marking through the appropriate number, from 1 (indicating that the task is of no importance) to 5 (indicating that the task is extremely important) on the IMPORTANCE scale.

Please proceed to the next page.

1. Accompany patients to and from wards for medical and dental treatments, shopping trips, and religious and recreational events.	0	1	2	3	4	5	6	7	1	2	3	4	5
2. Aid patients in becoming accustomed to hospital routine.	0	1	2	3	4	5	6	7	1	2	3	4	5
3. Maintain patients' restrictions to assigned areas.	0	1	2	3	4	5	6	7	1	2	3	4	5
4. Monitor patients in order to detect unusual behavior, and report observations to professional staff.	0	1	2	3	4	5	6	7	1	2	3	4	5
5. Organize, supervise, and encourage patient participation in social, educational, and recreational activities.	0	1	2	3	4	5	6	7	1	2	3	4	5
6. Participate in recreational activities with patients, including card games, sports, or television viewing.	0	1	2	3	4	5	6	7	1	2	3	4	5
7. Perform nursing duties such as administering medications, measuring vital signs, collecting specimens and drawing blood samples.	0	1	2	3	4	5	6	7	1	2	3	4	5
8. Provide mentally impaired or emotionally disturbed patients with routine physical, emotional, psychological or rehabilitation care under the direction of nursing and medical staff.	0	1	2	3	4	5	6	7	1	2	3	4	5
9. Provide patients with assistance in bathing, dressing, and grooming, demonstrating these skills as necessary.	0	1	2	3	4	5	6	7	1	2	3	4	5

10. Restrain or aid patients as necessary to prevent injury.	0	1	2	3	4	5	6	7	1	2	3	4	5
11. Serve meals, and feed patients needing assistance or persuasion.	0	1	2	3	4	5	6	7	1	2	3	4	5
12. Clean and disinfect rooms and furnishings to maintain a safe and orderly environment.	0	1	2	3	4	5	6	7	1	2	3	4	5
13. Interview patients upon admission and record information.	0	1	2	3	4	5	6	7	1	2	3	4	5
14. Record and maintain records of patient condition and activity, including vital signs, eating habits, and behavior.	0	1	2	3	4	5	6	7	1	2	3	4	5
15. Work as part of a team that may include psychiatrists, psychologists, psychiatric nurses and social workers.	0	1	2	3	4	5	6	7	1	2	3	4	5
Additional Relevant Tasks													
Please write in additional relevant tasks and provide a rating.													
1. _____ _____ _____	0	1	2	3	4	5	6	7	1	2	3	4	5
2. _____ _____ _____	0	1	2	3	4	5	6	7	1	2	3	4	5
3. _____ _____ _____	0	1	2	3	4	5	6	7	1	2	3	4	5
4. _____ _____ _____	0	1	2	3	4	5	6	7	1	2	3	4	5

5.	_____	0	1	2	3	4	5	6	7	1	2	3	4	5

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Please proceed to the next page.*

Information About You

Many workers are being asked to complete this survey. Your answers to these questions will help us know that workers with differing amounts of experience and different backgrounds are included.

Please read each question carefully and mark your answer by putting an **X** in the box beside your answer, or by writing an answer on the line provided.

1. **What is the title of your current job?** (PLEASE PRINT)

2. **For how long have you worked at this job?** (Mark one box)

- Ten years or more
- At least 6 years, but less than 10 years
- At least 3 years, but less than 6 years
- At least 1 year, but less than 3 years
- At least 3 months, but less than 12 months
- At least 1 month, but less than 3 months
- Less than 1 month

3. **In your current job, are you employed by**

- Government
- Private for profit company
- Nonprofit organization including tax exempt and charitable organizations
- Self Employed
- Working in the family business?

4. **If you are working in the family business, is this business incorporated?**

Yes

No

Not working in a family business

5. **In what year were you born?** 1 9

6. **Are you male or female?** (Mark one box)

Male

Female

7. **Are you Hispanic or Latino?** (Mark one box)

Yes

No

8. **What is your race?** (Mark one or more boxes)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

9. Do you have any of the following long-lasting conditions?

Yes No

- a. Blindness, deafness, or a severe vision or hearing impairment?.....

- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?.....

10. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty doing any of the following activities?

Yes No

- a. Learning, remembering or concentrating?

- b. Dressing, bathing, or getting around inside the home?

- c. Going outside the home alone to shop or visit a doctor's office?

- d. Working at a job or business?

11. Indicate the highest level of education that you have completed
(please check only one box):

- Less than a High School Diploma**
- High School Diploma** (or GED or High School Equivalence Certificate)
- Post-Secondary Certificate** - awarded for training completed after high school (for example, in Personnel Services, Engineering-related Technologies, Vocational Home Economics, Construction Trades, Mechanics and Repairers, Precision Production Trades)
- Some College Courses**
- Associate's Degree** (or other 2-year degree)
- Bachelor's Degree**
- Post-Baccalaureate Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Baccalaureate degree, but do not meet the requirements of academic degrees carrying the title of Master.
- Master's Degree**
- Post-Master's Certificate** - awarded for completion of an organized program of study; designed for people who have completed a Master's degree, but do not meet the requirements of academic degrees at the doctoral level.
- First Professional Degree** - awarded for completion of a program that
 - requires at least 2 years of college work before entrance into the program,
 - includes a total of at least 6 academic years of work to complete, and
 - provides all remaining academic requirements to begin practice in a profession
- Doctoral Degree**
- Post-Doctoral Training**

Your Association Memberships

Finally, we would like to know about the professional associations to which you belong.

- 1. Are you currently a member of one or more professional associations?**
(Check all that apply.)

American Psychiatric Association

Yes No (14003)

- 2. Please write in the names of any associations to which you belong that are not listed above:**

a. _____

b. _____

c. _____