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



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## 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 $\mathbf{X}$ through the number for the answer that best describes your current job.

For example:

## How many hours do you work in a typical week?



Mark your answer by putting an $\mathbf{X}$ 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?

Never
Once a year or more Once a month or more Once a week or more

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

Once a year or more Once a month or more Once a week or more
Never but not every month but not every week but not every day Every day

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 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)?

|  | Once a year or more | Once a month or more | Once a week or more |  |
| :--- | :--- | :---: | :---: | :---: |
| Never | but not every month | but not every week | but not every day | Every day |


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

| I don't work near <br> other people <br> (beyond 100 ft ) | I work with others <br> but not closely <br> (e.g., private office) | Slightly close <br> (e.g., shared office) | Moderately close <br> (at arm's length) |
| :---: | :---: | :---: | :---: | | Very close |
| :---: |
| (near touching) |


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 $90^{\circ} \mathrm{F}$ ) or very cold (under $32^{\circ} \mathrm{F}$ ) 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)?

Never
Once a year or more Once a month or more Once a week or more
(1) but not every month but not every week
but not every day

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

Never
Once a year or more Once a month or more Once a week or more
Never but not every month but not every week but not every day Every day

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

Once a year or more Once a month or more Once a week or more
Never but not every month but not every week but not every day Every day

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?

Never
Less than half the time

About half
 the time

More than half the time

Continually or almost continually

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

Never
Less than half the time
About half
the time

More than half the time

Continually or almost continually

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

Less than half the time
(2)


More than half the time


Continually or almost continually

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?

| Less than half |  |  |  |
| :---: | :---: | :---: | :---: |
| the time | About half <br> the time | More than half <br> the time | Continually or <br> almost continually |


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, repetitious 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?

| Not at all <br> competitive | Slightly <br> competitive | Moderately <br> competitive |
| :---: | :---: | :---: | | Highly |
| :---: |
| competitive |$\quad$| Extremely |
| :---: |
| competitive |

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?

| Not important <br> at all | Fairly <br> important | Important |
| :---: | :---: | :---: |

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

| Regular <br> (established routine, | Irregular <br> (changes with weather conditions, | Seasonal <br> (only during certain |
| :---: | :---: | :---: |
| set schedule) | production demands, or contract duration) | times of the year) |


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


## 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.

## Sales Managers

Plan, direct, or coordinate the actual distribution or movement of a product or service to the customer. Coordinate sales distribution by establishing sales territories, quotas, and goals and establish training programs for sales representatives. Analyze sales statistics gathered by staff to determine sales potential and inventory requirements and monitor the preferences of customers.

Which of the following best describes how closely this description matches the duties and responsibilities of your current job?
$\square$ It describes almost exactly what I do.
$\square$ Most of it matches, but there are a few things that don't match what I do.
$\square$ Some things match, but most of it does not match what I do.
$\square$ 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.

Frequency

|  |  |  |  |  |  |  |  |  |  |  | 皆 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 |  | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 5 |
| 0 |  | 2 | 3 | 4 | 5 | 6 | 7 |  | 2 | 3 |  | 5 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | 2 | 3 |  | 5 |
| 0 |  | 2 | 3 | 4 | 5 | 6 |  |  |  | 3 |  | 5 |
| 0 |  | 2 | 3 | 4 | 5 | 6 | 7 |  |  | 3 |  | 5 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  | 3 |  | 5 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  | 3 |  | 5 |
| 0 |  | 2 | 3 | 4 | 5 | 6 |  |  |  |  |  | 5 |

Frequency

| $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | Not Relevant |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\rightarrow$ | $\rightarrow$ | － | $\sim$ | $\sim$ | $\sim$ | $\sim$ | Once per year or less |
| N | N | N | N | N | N | N | More than once per year |
| $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | More than once per month |
| － | ＋ | － | － | － | ＋ | － | More than once per week |
| 0 | $\cdots$ | or | or | cr | $\cdots$ | or | Daily |
| の | の | の | の | の | の | の | Several times per day |
| $v$ | $v$ | $v$ | $v$ | $v$ | $v$ | $v$ | Hourly or more often |
| $\sim$ | $\rightarrow$ | $\sim$ | － | $\sim$ | － | $\sim$ | Not Important |
| N | N | N | N | v | N | N | Somewhat Important |
| $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | $\omega$ | Important |
| － | － | － | － | － | ＋ | － | Very Important |
| 0 | G | G | cr | Or | O | cr | Extremely Important |

Frequency


16. Confer with potential customers regarding equipment needs and advise customers on types of equipment to purchase.
17. Confer or consult with department heads to plan advertising services and to secure information on equipment and customer specifications.

Frequency
Importance


## 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 $\mathbf{X}$ 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 moreAt least 6 years, but less than 10 yearsAt least 3 years, but less than 6 yearsAt least 1 year, but less than 3 yearsAt least 3 months, but less than 12 monthsAt least 1 month, but less than 3 monthsLess than 1 month
3. In your current job, are you employed by (Mark one box)
$\square$ GovernmentPrivate for-profit companyNonprofit organization including tax exempt
and charitable organizations
$\square$ Self-employedFamily business
4. If you are working in the family business, is this business incorporated?Yes
$\square$ NoNot working in a family business
5. In what year were you born?
6. Are you male or female? (Mark one box)
$\square$ Male
$\square$ Female
7. Are you Hispanic or Latino? (Mark one box)
$\square$ Yes
$\square$ No
8. What is your race? (Mark one or more boxes)American Indian or Alaska Native
$\square$ AsianBlack or African AmericanNative Hawaiian or Other Pacific Islander
$\square$ White
9. Indicate the highest level of education that you have completed (please check only one box):

## $\square$ Less than a High School Diploma

$\square$ High School Diploma - or the equivalent (for example, GED)Post-Secondary Certificate - awarded for training completed after high school (for example, in agriculture or natural resources, computer services, personal or culinary services, engineering technologies, healthcare, construction trades, mechanic and repair technologies, or precision production)


## Some College Courses

Associate's Degree (or other 2-year degree)
## Bachelor's Degree

$\square$ 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
$\square$ 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.
$\square$ First Professional Degree - awarded for completion of a program that
o requires at least 2 years of college work before entrance into the program,
o includes a total of at least 6 academic years of work to complete, and
o provides all remaining academic requirements to begin practice in a profession.

## Doctoral Degree

## Post-Doctoral Training

10. Are you deaf or do you have serious difficulty hearing? $\qquad$
$\square$

11. Are you blind or do you have serious difficulty seeing even when wearing glasses? $\qquad$
$\square$


12a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? $\qquad$
$\square$

b. Do you have serious difficulty walking or climbing stairs? $\qquad$
$\square$

c. Do you have difficulty dressing or bathing? $\qquad$ $\square$ $\square$
13. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? $\qquad$ $\square$

## Your Professional Certifications

1. Please write the names of job-related professional certifications that you have earned:
a.
b.
c.
d. $\qquad$
e. $\qquad$

## Your Apprenticeship Certificates

2. Please write the names of job-related apprenticeship programs that you have completed:
a.
b.
c.
d.
e. $\qquad$

## Your Association Memberships

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

1. Are you currently a member of the following job-related association(s)? (Please respond for each association listed.)

Association of Sales Administration ManagersYes $\square$ No (14055)
Association of Sales and Marketing CompaniesYes No (14056)

North American Industrial Representatives AssociationYes N (14169)

Professional Sales AssociationYes $\square$ No (14173)
Sales and Marketing Executives International, Inc.Yes $\square$ No (14177)
2. Please write in the names of any job-related associations to which you belong that are not listed above:
a. $\qquad$
b. $\qquad$
c. $\qquad$

Thank you so much for your participation in the O*NET Data Collection Program. We appreciate the time and effort you have taken to answer these questions.

Please make any comments about the survey or the O*NET Data Collection Program in general in the space below.

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