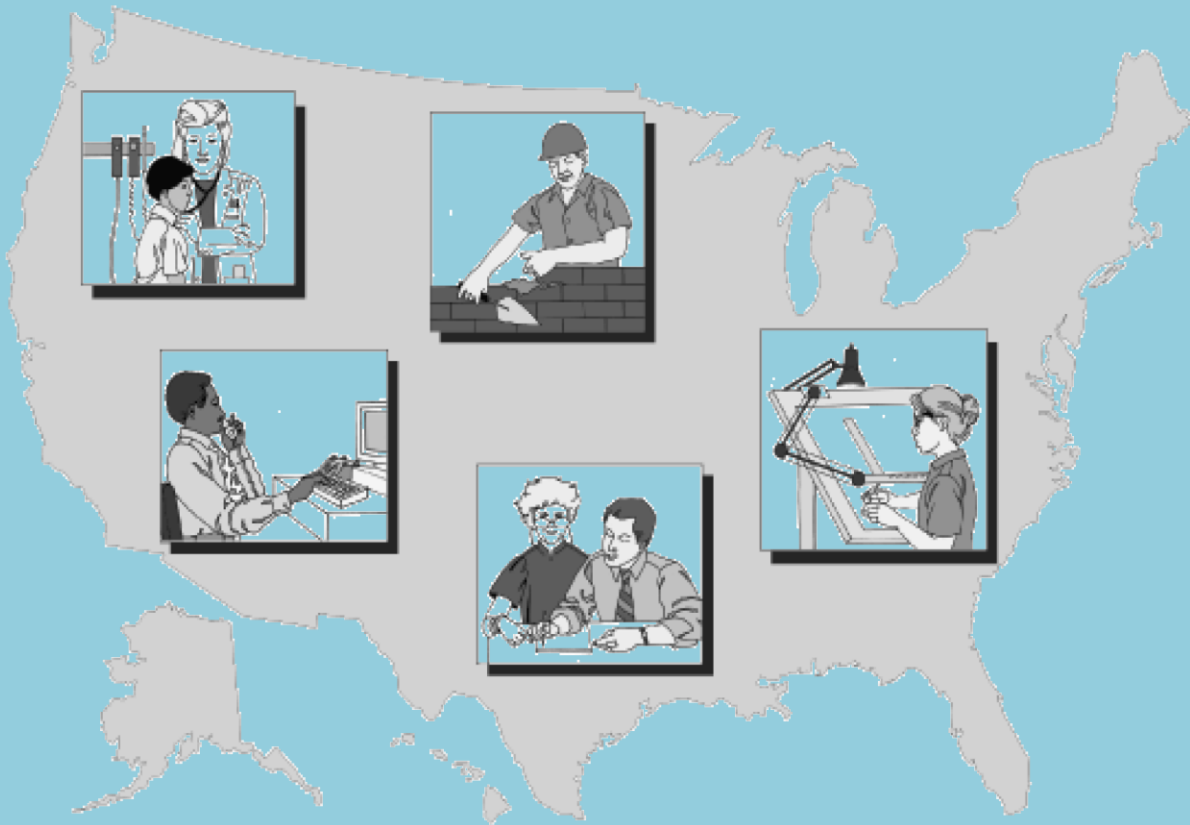


Form D R1  
OMB#1205-0421  
Expires: 9/30/2018  
Ver. 1/2015

O=000000 C=000000 B=00000  
Occupation Title  
Web site username: 000000000000D  
Web site password: context000

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



*Please return your completed questionnaire in the enclosed envelope to:*  
**RTI Research Operations Center, 5265 Capital Blvd. Raleigh, NC 27616-2925**  
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 Workforce Investment, Attn: O\*NET Project, Frances Perkins Building, Mail Stop C4526, 200 Constitution Ave., NW, Washington, DC 20210 (OMB Control Number 1205-0421).

Return to: Research Triangle Institute  
Research Operations Center  
ATTN: O\*NET Data Receipt  
5265 Capital Boulevard  
Raleigh, NC 27616-2925

## 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:

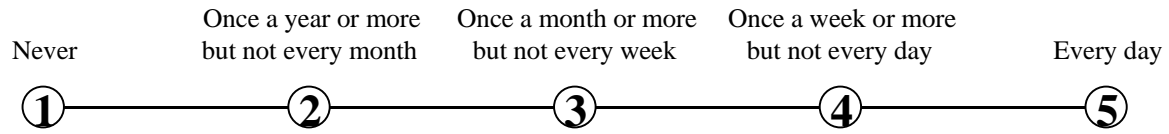
**How many hours do you work in a typical week?**

Less than 40 hours                      40 hours                      More than 40 hours

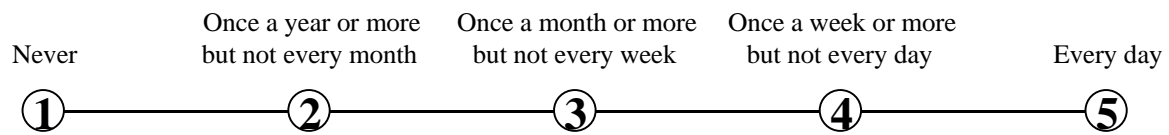
① ————— ~~②~~ ————— ③

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

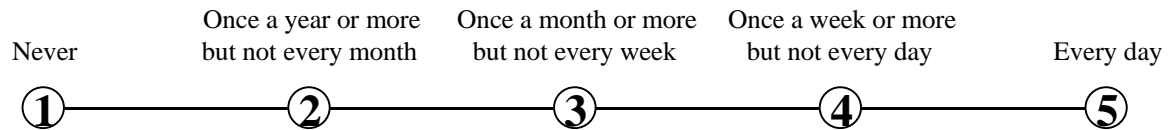
1. How often does *your current job* require face-to-face discussions with individuals and within teams?



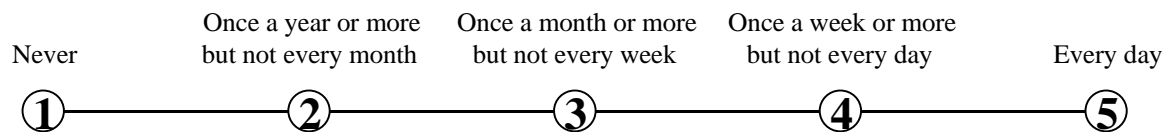
2. How frequently does *your current job* require public speaking (one speaker with an audience)?



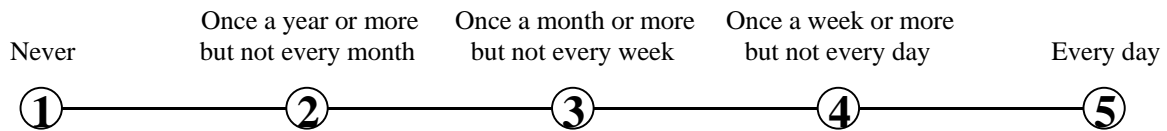
3. How frequently does *your current job* require telephone conversation?



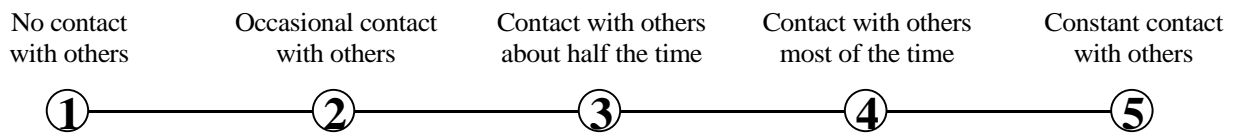
4. How frequently does *your current job* require electronic mail?



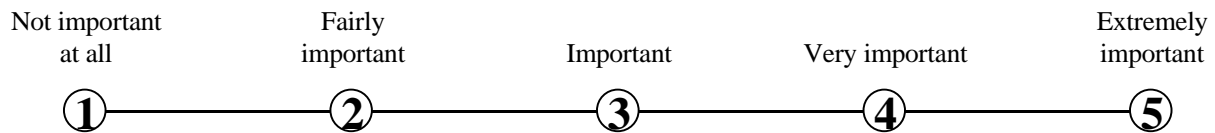
5. How frequently does *your current job* require written letters and memos?



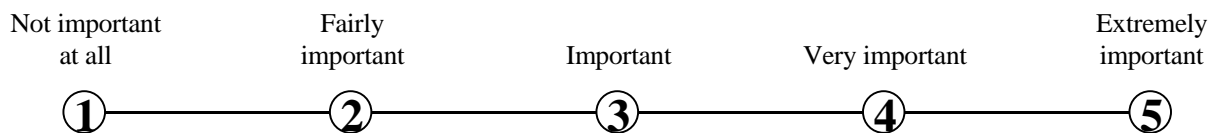
6. How much contact with others (by telephone, face-to-face, or otherwise) is required to perform *your current job*?



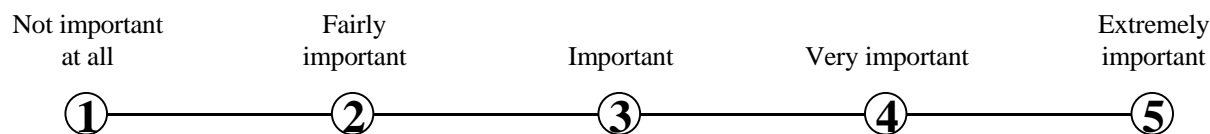
7. How important are interactions that require you to work with or contribute to a work group or team to perform *your current job*?



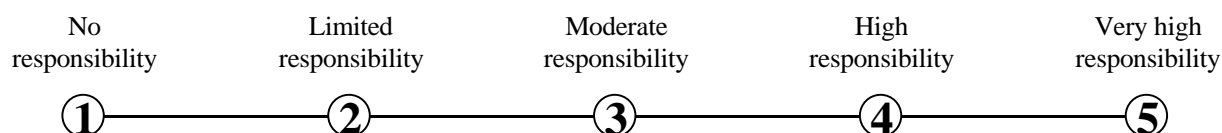
8. In *your current job*, how important are interactions that require you to deal with external customers (as in retail sales) or the public in general (as in police work)?



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)?



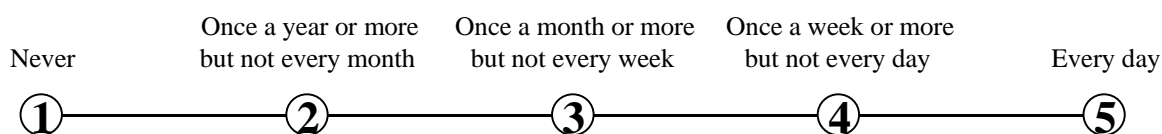
10. How responsible are you for the health and safety of other workers on your current job?



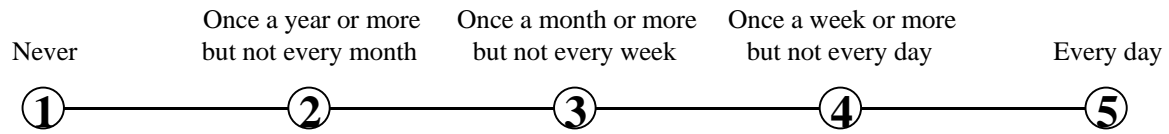
11. How responsible are you for work outcomes and results of other workers on your current job?



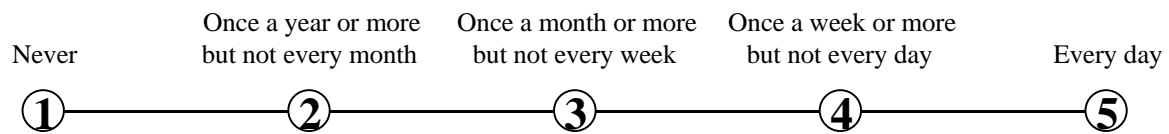
12. How often are conflict situations a part of your current job?



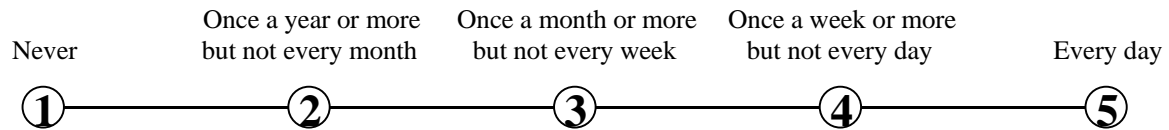
13. How often is dealing with unpleasant, angry, or discourteous people a part of *your current job*?



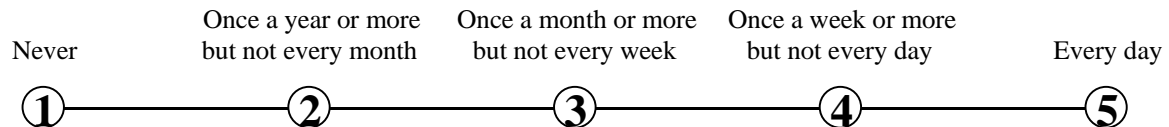
14. How often is dealing with violent or physically aggressive people a part of *your current job*?



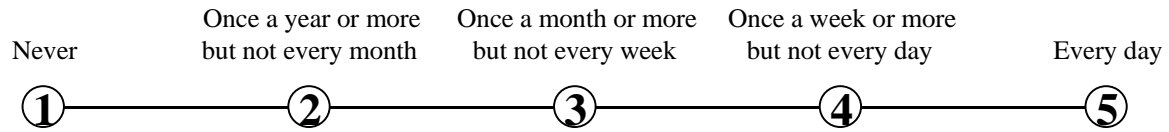
15. How often does *your current job* require you to work indoors in an environmentally controlled environment (like a warehouse with air conditioning)?



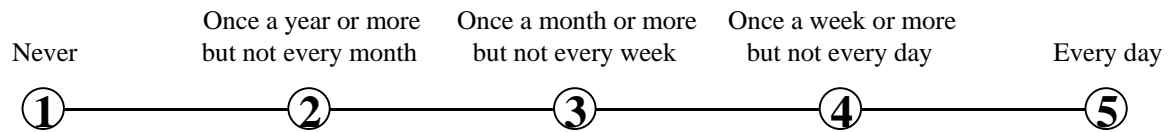
16. How often does *your current job* require you to work in an environment that is not environmentally controlled (like a warehouse without air conditioning)?



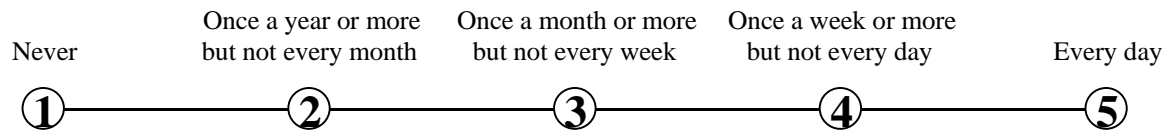
17. How often does *your current job* require you to work outdoors, exposed to all weather conditions?



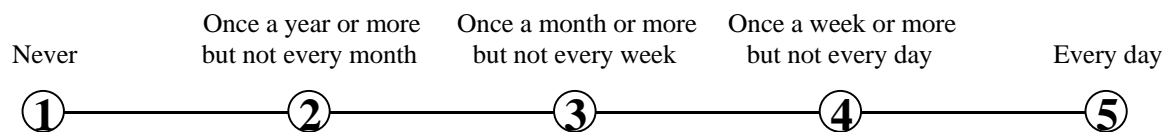
18. How often does *your current job* require you to work outdoors, under cover (like in an open shed)?



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

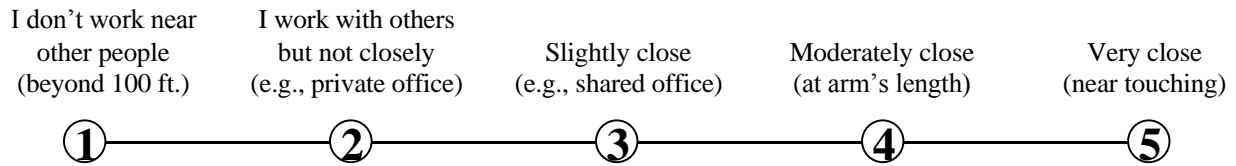


20. How often does *your current job* require you to work in a closed vehicle or operate enclosed equipment (like a car)?

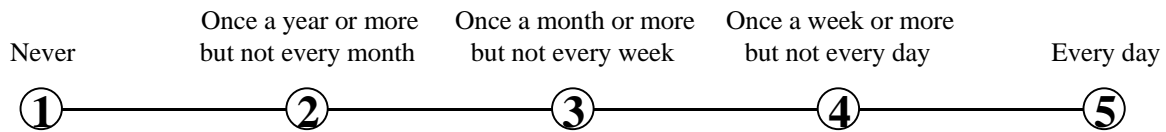




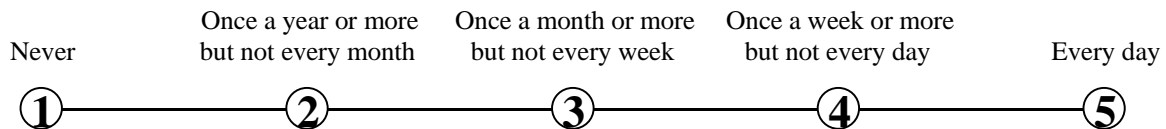
21. How physically close to other people are you when you perform *your current job*?



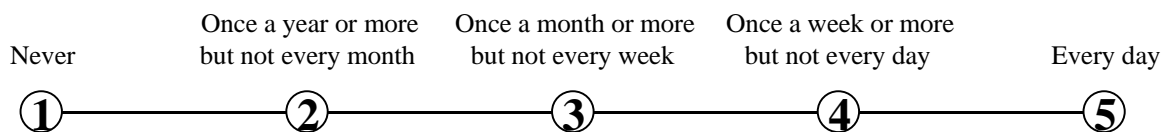
22. In *your current job*, how often are you exposed to sounds and noise levels that are distracting and uncomfortable?



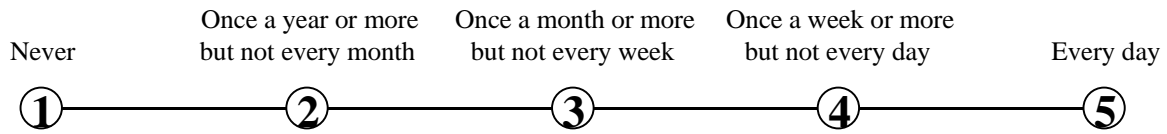
23. In *your current job*, how often are you exposed to very hot (above 90° F) or very cold (under 32° F) temperatures?



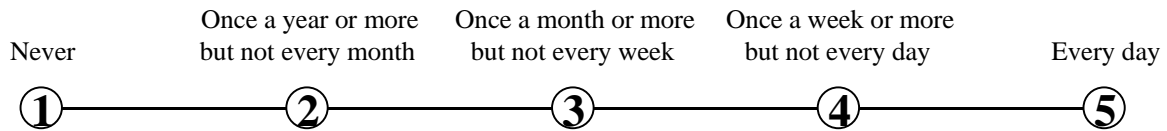
24. In *your current job*, how often are you exposed to extremely bright or inadequate lighting conditions?



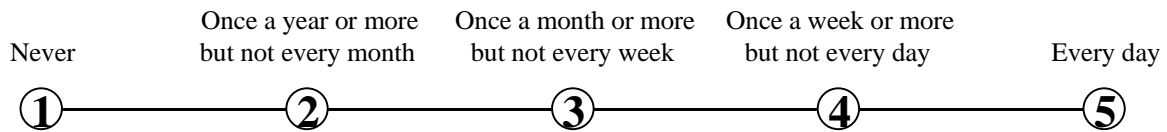
25. In your current job, how often are you exposed to contaminants (such as pollutants, gases, dust, or odors)?



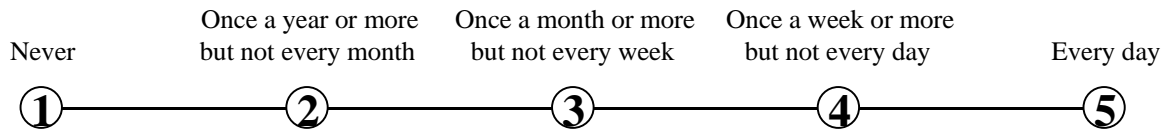
26. In your current job, how often are you exposed to cramped work space that requires getting into awkward positions?



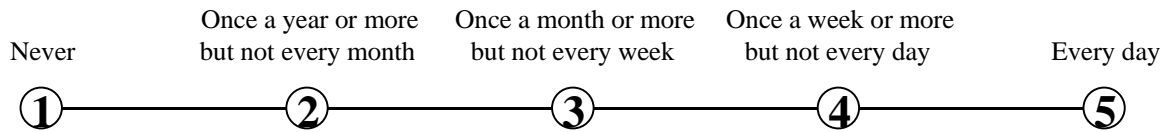
27. In your current job, how often are you exposed to whole body vibration (like operating a jackhammer or earth moving equipment)?



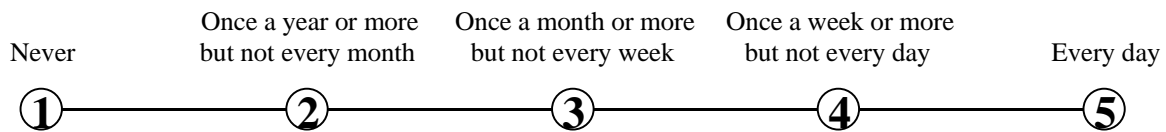
28. How often does your current job require that you be exposed to radiation?



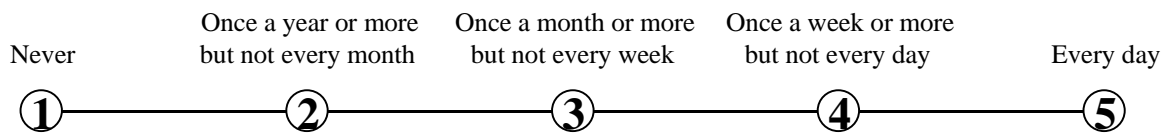
29. **How often does *your current job* require that you be exposed to diseases or infection?** This can happen with workers in patient care, some laboratory work, sanitation control, etc.



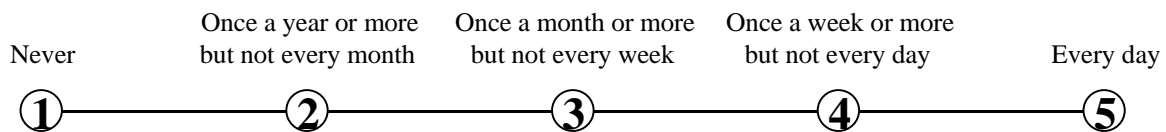
30. **How often does *your current job* require that you be exposed to high places?** This can happen for workers who work on poles, scaffolding, catwalks, or ladders longer than 8 feet in length.



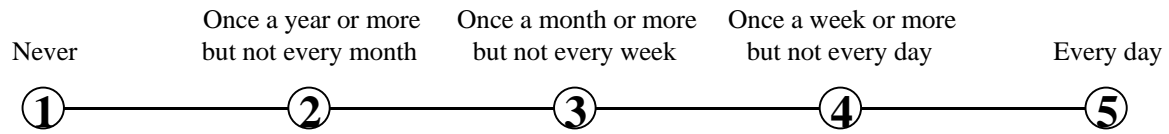
31. **How often does *your current job* require that you be exposed to hazardous conditions?** This can happen when working with high voltage electricity, flammable material, explosives, or chemicals. Do not include working with hazardous equipment.



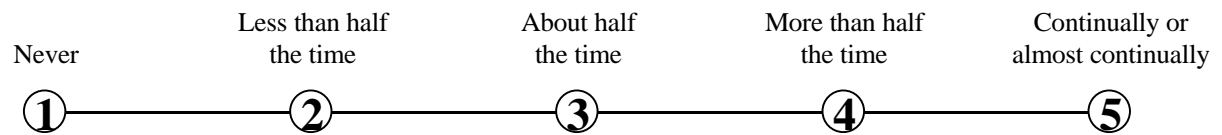
32. **How often does *your current job* require that you be exposed to hazardous equipment?** This includes working with saws, close to machinery with exposed moving parts, or working near vehicular traffic (but not including driving a vehicle).



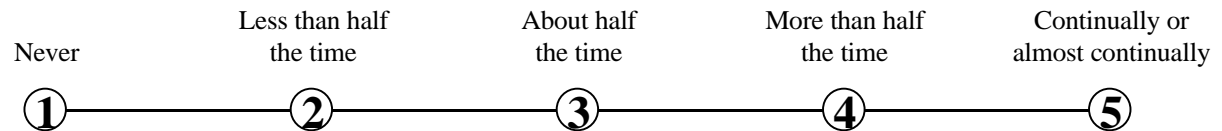
33. How often does *your current job* require that you be exposed to minor burns, cuts, bites, or stings?



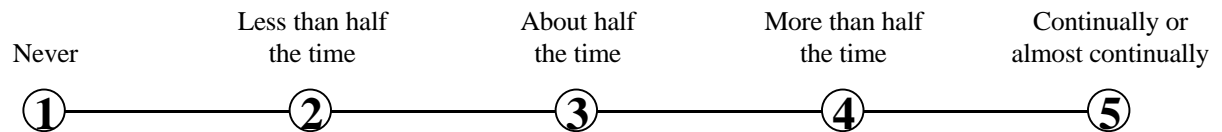
34. How much time in *your current job* do you spend sitting?



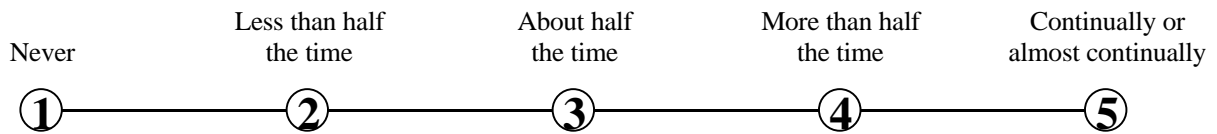
35. How much time in *your current job* do you spend standing?



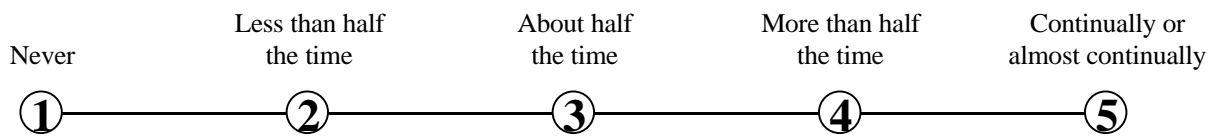
36. How much time in *your current job* do you spend climbing ladders, scaffolds, poles, etc.?



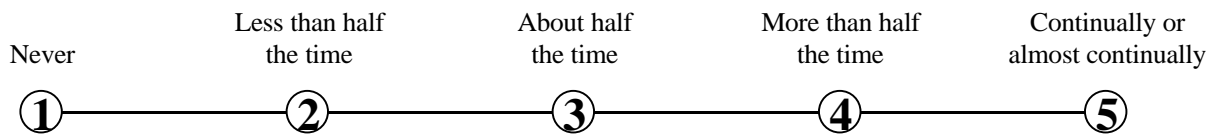
37. How much time in *your current job* do you spend walking or running?



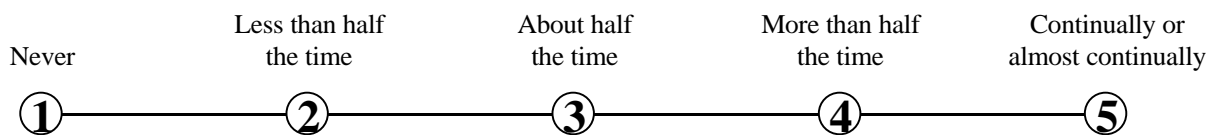
38. How much time in *your current job* do you spend kneeling, crouching, stooping, or crawling?



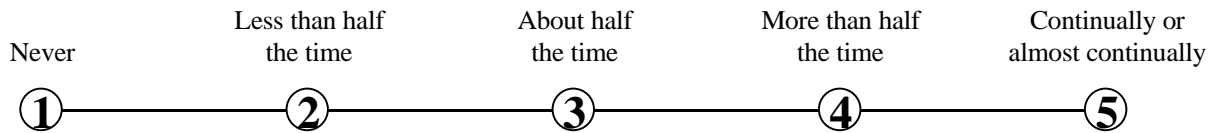
39. How much time in *your current job* do you spend keeping or regaining your balance?



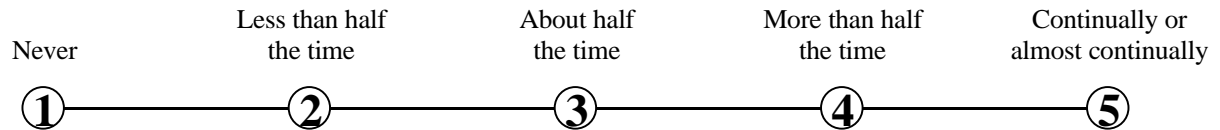
40. How much time in *your current job* do you spend using your hands to handle, control, or feel objects, tools, or controls?



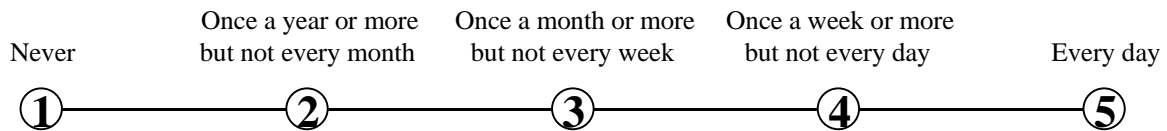
41. How much time in *your current job* do you spend bending or twisting your body?



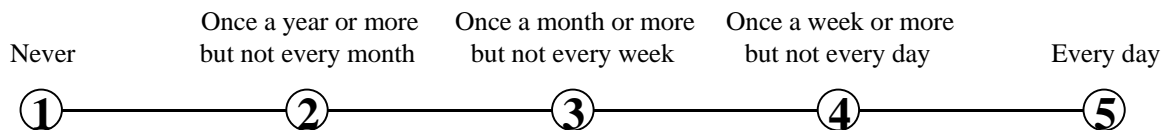
42. How much time in *your current job* do you spend making repetitive motions?



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?



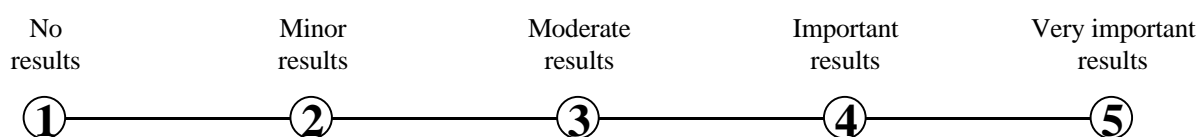
44. In *your current job*, how often do you wear specialized protective or safety equipment, such as breathing apparatus, safety harness, full protection suits, or radiation protection?



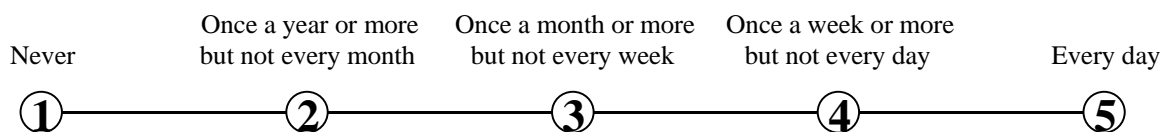
45. **How serious a mistake** can you make on *your current job* (one you can't easily correct)?



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?



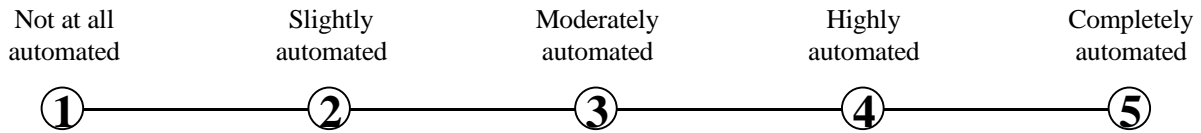
47. In *your current job*, **how often do your decisions affect** other people or the image or reputation or financial resources of your employer?



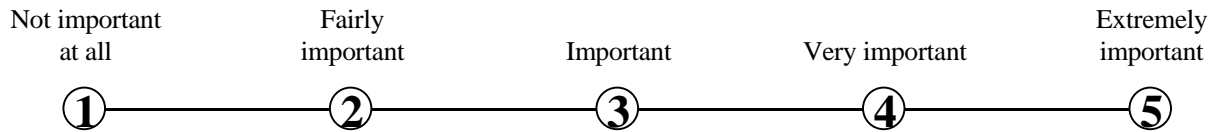
48. In *your current job*, **how much freedom** do you have to make decisions without supervision?



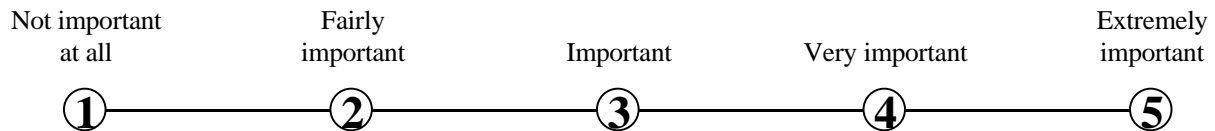
49. How automated is your current job?



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



51. How important to your current job are continuous, 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?

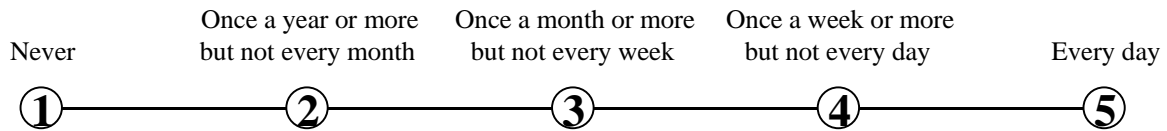




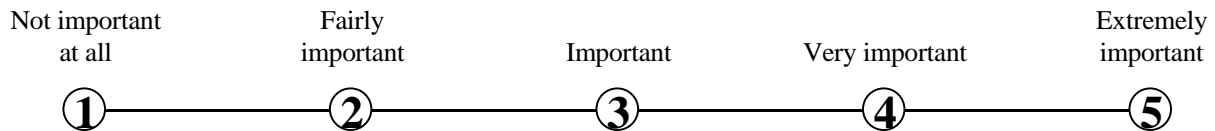
53. How competitive is your current job?



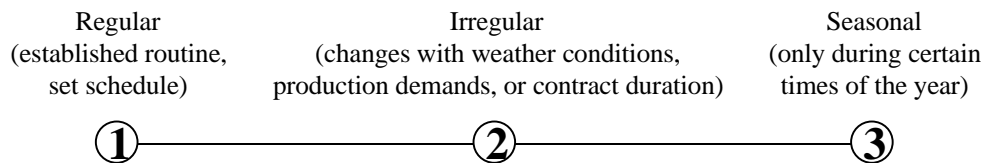
54. How often does your current job require you to meet strict deadlines?



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

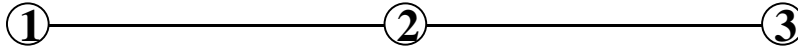
40 hours

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.

### Registered Nurses

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required.

**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.*

## Frequency

## Importance

	Not Relevant	Frequency							Importance				
		Once per year or less	More than once per year	More than once per month	More than once per week	Daily	Several Times per day	Hourly or more often	Not Important	Somewhat Important	Important	Very Important	Extremely Important
1. Consult and coordinate with health care team members to assess, plan, implement and evaluate patient care plans.	0	1	2	3	4	5	6	7	1	2	3	4	5
2. Maintain accurate, detailed reports and records.	0	1	2	3	4	5	6	7	1	2	3	4	5
3. Modify patient treatment plans as indicated by patients' responses and conditions.	0	1	2	3	4	5	6	7	1	2	3	4	5
4. Monitor all aspects of patient care, including diet and physical activity.	0	1	2	3	4	5	6	7	1	2	3	4	5
5. Monitor, record and report symptoms and changes in patients' conditions.	0	1	2	3	4	5	6	7	1	2	3	4	5
6. Observe nurses and visit patients to ensure that proper nursing care is provided.	0	1	2	3	4	5	6	7	1	2	3	4	5
7. Prepare patients for, and assist with, examinations and treatments	0	1	2	3	4	5	6	7	1	2	3	4	5
8. Prepare rooms, sterile instruments, equipment and supplies, and ensure that stock of supplies is maintained.	0	1	2	3	4	5	6	7	1	2	3	4	5

## Frequency

## Importance

	Not Relevant	Once per year or less	More than once per year	More than once per month	More than once per week	Daily	Several Times per day	Hourly or more often	Not Important	Somewhat Important	Important	Very Important	Extremely Important
	0	1	2	3	4	5	6	7	1	2	3	4	5
9. Provide health care, first aid, immunizations and assistance in convalescent and rehabilitation in locations such as schools, hospitals and industry.	0	1	2	3	4	5	6	7	1	2	3	4	5
10. Record patients' medical information and vital signs.	0	1	2	3	4	5	6	7	1	2	3	4	5
11. Assess the needs of individuals, families and/or communities, including assessment of individuals' home and/or work environments to identify potential health or safety problems.	0	1	2	3	4	5	6	7	1	2	3	4	5
12. Conduct specified laboratory tests.	0	1	2	3	4	5	6	7	1	2	3	4	5
13. Consult with institutions or associations regarding issues and concerns relevant to the practice and profession of nursing.	0	1	2	3	4	5	6	7	1	2	3	4	5
14. Direct and supervise less skilled nursing/health care personnel, or supervise a particular unit on one shift.	0	1	2	3	4	5	6	7	1	2	3	4	5
15. Hand items to surgeons during operations.	0	1	2	3	4	5	6	7	1	2	3	4	5

## Frequency

## Importance

	Not Relevant	Once per year or less	More than once per year	More than once per month	More than once per week	Daily	Several Times per day	Hourly or more often	Not Important	Somewhat Important	Important	Very Important	Extremely Important
16. Instruct individuals, families and other groups on topics such as health education, disease prevention and childbirth, and develop health improvement programs.	0	1	2	3	4	5	6	7	1	2	3	4	5
17. Order, interpret, and evaluate diagnostic tests to identify and assess patient's condition.	0	1	2	3	4	5	6	7	1	2	3	4	5
18. Prescribe or recommend drugs, medical devices or other forms of treatment, such as physical therapy, inhalation therapy, or related therapeutic procedures.	0	1	2	3	4	5	6	7	1	2	3	4	5
19. Provide or arrange for training/instruction of auxiliary personnel or students.	0	1	2	3	4	5	6	7	1	2	3	4	5
20. Refer students or patients to specialized health resources or community agencies furnishing assistance.	0	1	2	3	4	5	6	7	1	2	3	4	5
21. Work with individuals, groups, and families to plan and implement programs designed to improve the overall health of communities.	0	1	2	3	4	5	6	7	1	2	3	4	5

## Frequency

## Importance

	Not Relevant	Frequency							Importance				
		Once per year or less	More than once per year	More than once per month	More than once per week	Daily	Several Times per day	Hourly or more often	Not Important	Somewhat Important	Important	Very Important	Extremely Important
22. Administer local, inhalation, intravenous, and other anesthetics.	0	1	2	3	4	5	6	7	1	2	3	4	5
23. Contract independently to render nursing care, usually to one patient, in hospital or private home.	0	1	2	3	4	5	6	7	1	2	3	4	5
24. Deliver infants and provide prenatal and postpartum care and treatment under obstetrician's supervision.	0	1	2	3	4	5	6	7	1	2	3	4	5
25. Direct and coordinate infection control programs, advising and consulting with specified personnel about necessary precautions.	0	1	2	3	4	5	6	7	1	2	3	4	5
26. Engage in research activities related to nursing.	0	1	2	3	4	5	6	7	1	2	3	4	5
27. Inform physician of patient's condition during anesthesia.	0	1	2	3	4	5	6	7	1	2	3	4	5
28. Perform administrative and managerial functions, such as taking responsibility for a unit's staff, budget, planning, and long-range goals.	0	1	2	3	4	5	6	7	1	2	3	4	5



## Frequency

## Importance

29. Perform physical examinations, make tentative diagnoses, and treat patients en route to hospitals or at disaster site triage centers.	Not Relevant	Once per year or less More than once per year More than once per month More than once per week Daily Several Times per day Hourly or more often	Not Important Somewhat Important Important Very Important Extremely Important
0	0	1 2 3 4 5 6 7	1 2 3 4 5

## Frequency

## Importance

### Additional Relevant Tasks

Please write in additional relevant tasks and provide rating.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not Relevant

0

0

0

0

0

Once per year or less  
 More than once per year  
 More than once per month  
 More than once per week  
 Daily  
 Several Times per day  
 Hourly or more often

1 2 3 4 5 6 7

1 2 3 4 5 6 7

1 2 3 4 5 6 7

1 2 3 4 5 6 7

1 2 3 4 5 6 7

Not Important  
 Somewhat Important  
 Important  
 Very Important  
 Extremely Important

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

## 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 (Mark one box)**

- Government
- Private for-profit company
- Nonprofit organization including tax exempt and charitable organizations
- Self-employed
- 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?**    \_\_\_    \_\_\_    \_\_\_    \_\_\_

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. **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 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**
- 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**

Yes   No

10. Are you deaf or do you have serious difficulty hearing? .....
11. Are you blind or do you have serious difficulty seeing even when wearing glasses? .....
- 12a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? .....
- b. Do you have serious difficulty walking or climbing stairs? .....
- c. Do you have difficulty dressing or bathing? .....
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? .....

## Your Professional Certifications

1. Please write the names of job-related professional certifications that you have earned:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

## Your Apprenticeship Certificates

2. Please write the names of job-related apprenticeship programs that you have completed:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

## **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 1  Yes  No (11111)

Association 2  Yes  No (22222)

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

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_



