

Appendix 1. Study questionnaire***Personal data**

1. To what age-group do you belong?
 - 1) 20 – 29
 - 2) 30 – 39
 - 3) 40 – 49
 - 4) 50 – 59
 - 5) 60 over
2. Indicate your gender
 - 1) Male
 - 2) Female
3. Indicate your religion
 - 1) Jewish
 - 2) Muslim
 - 3) Christian
4. (Relevant only for Jews) - Do you consider yourself
 - 1) Ultra - Orthodox
 - 2) Religious
 - 3) Conservative
 - 4) Secular
5. (Relevant only for Jews) - Descent
 - 1) Sephardi
 - 2) Ashkenazi
6. (Relevant only for Muslims) - Do you consider yourself
 - 1) Religious
 - 2) Secular
7. Indicate what is relevant for you
 - 1) Born in Israel
 - 2) Born abroad
 - 3) New immigrant (immigration within last 5 years)
8. Please fill in relevant data

If you have children please indicate how many	With children Indicate 2	No children Indicate 1	Marital Status
			Married
			Single
			Divorced
			Widowed
			In a permanent relationship
			Other

9. **Education**
 - 1) MA
 - 2) BA
 - 3) PhD
10. Years of education _____
11. **Work data**
 - 1) High school teacher
 - 2) Middle class teacher
 - 3) Primary school teacher
12. Do you work
 - 1) More than a fulltime job
 - 2) Fulltime job – 36 weekly hours
 - 3) Halftime job – 18 weekly hours
 - 4) Quarter time job – 9 weekly hours
 - 5) Less than 9 weekly hours
13. Educational position
 - 1) Class educator
 - 2) Professional teacher
 - 3) Organization – wide position
14. Seniority in teaching (years on the job) _____
15. Seniority in the current work place (years) _____

Workplace characteristics

Indicate whether one or more than the following factors is a cause of stress at your work:

Don't know	Not a cause of stress 0	1	2	3	4	5	6	7	8	9	Cause of maximal stress 10	Stress factor	Question number
99													
												School management	16.
												General supervisor	17.
												Professional supervisor	18.
												Co-worker	19.
												Parents	20.
												School staff (secretaries, logistic workers, guards, etc.)	21.
												Students	22.
												Class composition (student crowding, students with ADD, ADHD etc.)	23.
												Class room physical conditions (room inadequate, no A/C, technological problems, etc.)	24.
												Crowded schedule (no flexibility, not enough breaks, etc.)	25.
												Demanded to teach a subject one is not specialised in	26.
												Home demands conflicting with work demands	27.

Describe in your own words your feelings regarding the stress related factors at work in the above table (please feel free to write in length on back of page)

To what extent have you suffered over the last year from the following symptoms?

Don't know	Have not suffered at all	1	2	3	4	5	6	7	8	9	Suffer much 10	Symptoms	Question number
												Sleep disturbances	28.
												Feeling tired	29.
												Joint stiffness	30.
												Tingling fingers	31.
												Swelling in face and hands	32.
												Irritable bowel symptoms (stomachache, bloating, diarrhea, constipation)	33.
												Feeling anxiety	34.
												Depression	35.
												Problems with concentration	36.
												Problems with memory	37.
												Headache	38.
												Backache	39.
												Widespread pain	40.
												Other pain _____	41.

The following questions are intended for those who have pain in their body (Questiones 38-41) and who gave an answer between 1-10:

42. Has pain lasted for over three months? 1. No 2. Yes 9. Don't know

43. If yes:
How long has the pain lasted?
1. Between 3 months and half a year
 2. Between half a year and a year
 3. Between a year and a year and a half
 4. Between a year and a half and two years
 5. Over two years

44. During the last year have there been days with no pain? 1. No 2. Yes 9. Don't know

45. Is the pain:
- 1 Local pain, limited to hands/feet. Neck or back.
 - 2 Widespread pain, felt both in hands, feet as well as neck and back.
 - 3 Pain directly related to an accident or other recent trauma.
 4. Headache, without pain in other body areas
 5. Pain directly related to a malignant disorder

46. How long have you suffered from this pain (In months)?: _____

Don't know	No	Yes	47. Have you been to the doctor because of this pain?
9	21		

48. If so, how many times have you seen a doctor because of this pain in the last six months?

Don't know	No	Yes	49. Have you been referred to a specialist doctor due to your complaints regarding pain?
9	2	1	

50. If so:

Don't know	No	Yes	Were you referred to a
9	2	1	
			Orthopedist
			Neurologist
			Rheumatologist
			Pain specialist
			Other doctor

51. Have you received treatment for pain?

Don't know	No	Yes	
9	2	1	

52. If so:

Don't know	No	Yes	Have you received:
9	2	1	
			Paracetamol or Dipyron
			Ibuprofen or Diclofenac
			Steroid injections
			Oral steroids (Prednison)
			Physiotherapy
			Other treatment

53. Have you had X-rays done due to pain?

Don't know	No	Yes	
9	2	1	
			53. Have you had X-rays done due to pain?
			54. Have you been hospitalised due to pain?

55. If so, for how many days were you hospitalised? _____
56. Have you missed work days due to pain? During the last month 1. Yes 2. No
57. If so, how many work days have you missed? _____
58. Have you stopped working for a certain period due to pain? 1. Yes 2. No
59. Have you cut down on work hours due to pain? 1. Yes 2. No

We will now ask you to think back about traumatic events which occurred during work over the last month.

9 Don't know	3 Have happened 5 times a week or more	2 Have happened about 2-4 times a week	1 Have happened about once a week or less	0 Have not happened at all	How often have any of the following symptoms/events taken place?
					62. Have had sad thoughts or unwanted visual recollections of a traumatic event
					63. Have re-experienced a traumatic event – felt as if it was happening again
					64.
					65. Have felt down when reminded of the event (such as feeling anxiety, anger, sadness, guilt, etc.)
					66. Have had physical reactions when reminded of a traumatic event, such as increased sweat, increased pulse
					67. Have attempted not to think about, talk about an event or have feelings that remind you of the event
					68. Have tried to avoid activities that remind you of the traumatic event or meeting people who remind you of the traumatic event
					69. Cannot remember an important part of the traumatic event
					70. Have felt less interested in important activities
					71. Have participated less in important activities
					72. Have felt aloof or cut off from people around you
					73. Have felt emotionally dull, for instance unable to cry or feel love
					74. Have felt that your plans or hopes or the future will not come true, for instance that you will not have a career, marriage, children or a long life
					75. Have had difficulty falling asleep or sleeping
					76. Have had feelings of unrest or anger outbreaks
					77. Have had difficulties with concentration, like losing the string of thought during conversation, difficulty following the plot on TV, difficulty remembering what you have read)
					78. You feel hypervigilant (e.g. check who is behind you, feel uncomfortable turning your back to the door, etc.)

Don't know	No	Yes	79. Do you suffer from:
9	2	1	
			Hyperlipidemia or hypercholesterolemia
			Hypertension
			Diabetes
			Chest pain
			Heart disease – have had a heart attack, coronary angiogram angina
			Chronic pulmonary disease
			Chronic infectious disease
			Malignant disease
			Renal failure
			Arthritis
			Other _____

80. In general how would you describe your current state of health?

Don't know	Very poor health										Excellent health
99	0	1	2	3	4	5	6	7	8	9	10

To what degree has your health condition had an effect on your work?

Don't know	Very poor performance										Excellent performance	Kind of work
99	0	1	2	3	4	5	6	7	8	9	10	
												81. Motivation to come in to work
												82. Arriving on time to work
												83. Work absence
												84. Leaving work early

To what extent has your health had an effect on the following aspects of your work?

Don't know	Very poor performance										Excellent performance	Kind of work
99	0	1	2	3	4	5	6	7	8	9	10	
												85. Quality of preparing study materials
												86. Quality of teaching in the class room
												87. Conducting the class to you own satisfaction
and												88. Efforts to induce motivation, curiosity among students
												89. Achieving the amount of studies needed

To what extent has your health had an effect of your relations with others at the school?

Don't know	Very poor performance										Excellent performance	Kind of work
99	0	1	2	3	4	5	6	7	8	9	10	
												90. Your relations with students
												91. Caring and sacrificing for students
												92. Your relations with other teachers
												93. Your relations with school management
												94. Your relations with parents

We thank you for your cooperation!

***The original questionnaire was distributed in Hebrew. The above is an English translation performed by one of the authors (JNA) who is a native English speaker.**

The original questionnaire also included a Hebrew version of the WPI and SSS.