Fibromyalgia in nurses / L. Barski et al. 12. Appendix 1. Study Questionnaire* Do you work Fulltime **Personal Data** 2) Part time 1. To what age – group do you belong? 13. Job Description 20 - 291) Head nurse of department 1) 30 - 392) 2) Deputy head nurse 3) 40 - 493) Shift supervisor 50 – 59 Nurse 4) 4) 5) 60 over 14. Nurse experience (years on the job)_ 2. gender 15. Seniority in the current work place (years)_ Male 1) 2) Female Workplace characteristics Indicate whether one or more than the following factors is a cause of 3. religion stress at your work: Jewish 1) 1 2 3 4 5 6 7 8 9 Cause of Don't Not a Stress factor Ν 2) Muslim know cause maximal 3) Christian of stress stress 10 0 4. (Relevant only for Jews) - Do you consider yourself Ultra - Orthodox 1) Hospital 16. 2) Religious management 3) Conservative 4) Secular 17. Chief nurse Professional 18. 5. Ethnic group (Relevant only for Jews) supervisor Sephardi 2) Ashkenazi Co-worker 19. Do you consider yourself (Relevant only for Muslims) 6. Patient's family 20. Religious 1) 2) Secular Manager (secretary, 21. superintended, other) 7. Indicate what is relevant for you Born in Israel Patients 22. 1) 2) Born abroad 2) New Immigrant (immigration within last 5 years) Work load 23. Please fill in relevant data 8. Lack of physical 24. working conditions Duty to perform 25. additional shifts

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) B.A. or B.S.
- 2) M.A.

10. Years of education _____

11. Workplace

- 1) Hospital department
- 2) Ambulatory clinic

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

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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 Questi numbe	
												Sleep disturbances 2	28.
												Feeling tired 2	29.
												Joint stiffness 3	30.
												Tingling fingers 3	31.
												Swelling in face 3 and hands	32.
												Irritable bowel 3 symptoms (stomachache, bloating, diarrhea, constipation)	33.
												Feeling anxiety 3	34.
												Depression 3	35.
												Problems with concentration	36.
												Problems with 3 memory	37.
												Headache 3	38.
												Backache 3	39.
												Widespread pain 4	10.
												Other pain 4	11.

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

42 Hac	the n	ain lactor	d for over	throp	monthe

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.
- 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	No	Yes	47. Have you been to the doctor because of this pain?
know	2	1	

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

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

50. If so:

Don't know 9	No 2	Yes	Were you referred to a
			Orthopedist
			Neurologist
			Rheumatologist
			Pain specialist
			Other doctor
Don't know 9	No 2	Yes 1	51 . Have you received treatment for pain?

52. If so:

Don't know 9	No 2	Yes 1	Have you received:
			Paracetamol or Dipyrone
			Ibuprofen or Diclofenac
			Steroid injections
			Oral steroids (Prednisone)
			Physiotherapy
			Other treatment
Don't know 9	No 2	Yes 1	
			53. Have you had X-rays done due to pain?
			54. Have you been hospitalized due to pain?

55.	If so.	for h	now	many	days	were	you	hospitalized?	

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

Don't know 9	Have happened 5 times a week or more 3	Have happened about 2-4 time a week 2	Have happened about once a s week or less	Have not happened at all 0	How often have any of the following symptoms /events taken place?
			1		62. Have had sad thoughts or unwanted visual recollections of a traumatic events
					63. Have re-experienced a traumatic event – felt as if it is happening again
					64.
					65. Have felt down when reminded of the event (such as feeling anxiety, anger, sadness, guilt etc.)
					66. Have had physical re- actions when reminded of a traumatic event, such as increased sweating, increased pulse
					67. Have you 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 he 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 for 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 9	No 2	Yes 1	.79 Do you suffer from:
			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?

	Very poor										Excellent health
know	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 99	Very poor performance 0	1	2	3	4	5	6	7	8	9	Excellent performance 10	Kind of work		
												otivation to in to work		
												82 . Arriving on time to work		
											83. Work absence			
											84. Le early	eaving work		

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

Don't know 99	Very poor performance	1	2	3	4	5	6	7	8	9	Excellent Kind of performance work
											83. concentration in ulfilling tasks
											84. empathy towards patients
											85. empathy towards colleagues
											86. empathy towards patient's families
											87. motivation towards high quality work

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

Don't know 99	Very poor performance 0	1	2	3	4	5	6	7	8	9	Excellent performance 10	Kind of work	
											88. relationship with managers		
											89. relationship with physicians		
												relationship h nurses	

We thank you for your cooperation!

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

^{*}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.