



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 (Questions 38-41) and who gave an answer between 1-10:**

**42. Has the 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 1	No 2	Yes 1	47. Have you been to the doctor because of this pain?

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 1	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 Dipyron
			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 how 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 week or less 1	Have not happened at all 0	How often have any of the following symptoms /events taken place?
					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 reactions 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?**

Don't know 99	Very poor health 0	1	2	3	4	5	6	7	8	9	Excellent health 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
												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 heath had an effect on the following aspects of 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
												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

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
												90. relationship with nurses

**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.