



- 0-3 months
- 4 months to 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- 10-19 years
- 20 years or more

**11 If temporary employment or day rate: what was the duration of the current or previous contract?**

- 1 offshore period
- 1-2 months
- 3-5 months
- 6 months-1 year
- > 1 year

**12 How many diving companies have you worked for during the last 12 months world wide?**

- Always the same company
- Two or more companies

**13 How many diving vessels (DSV/LDC) have you worked from during the last 12 months world wide?**

- Always the same DSV/LDC
- Several DSV/LDCs

**14 What is your current shift arrangement?**

- 6/6 hours
- 12/12 hours
- Other arrangements

**15 What time at day and night do you work?**

- Permanent day shift
- Permanent night shift
- Both day and night
- Shift arrangements vary

**16 Are you currently:**

	Yes	No
Employee representative?	<input type="checkbox"/>	<input type="checkbox"/>
Safety delegate?	<input type="checkbox"/>	<input type="checkbox"/>
Member of working environment committee?	<input type="checkbox"/>	<input type="checkbox"/>

**17 Have you completed the mandatory 40-hour basic course for safety delegates/worker representatives and members of working environment committees?**

- Yes
- No

**18 Have you received course/training in Norwegian offshore HSE regulation?**

- Yes
- No

## Questions for divers and dive supervisors

If you are not a diver or dive supervisor, please skip this section and continue to question XX at page XX.

The questions in this section ask about different time periods. "Last period" refers to the period before your latest off-period. "Present period" refers to your current work period.

YOUR JOB AS A DIVER OR DIVE SUPERVISOR

19 Which is your main work area?

- Norwegian sector  UK sector  World wide

20 During the last 12 months, how many offshore dive periods (saturation/air) have you had?

--	--

**SAFETY EQUIPMENT**

21 Which bailout system do you prefer?

- Rebreather  Standard bailout

22 During the last two years, have you ever had to use the bailout system?

- No  Yes  Only during drill or training

23 How do you regard the communication system between bell, diver and diver supervisor?

- Unreliable malfunctioning  Occasional  Acceptable  Good  Very good

24 Have you been trained in the use of emergency equipment in the bell, basket or habitat?

- No  Yes



**PERCEPTION OF RISK:**

25 Please describe your perception of risk connected to the elements listed below. Place an X in one box for each situation.

	Very slight hazard (1)	(2)	(3)	(4)	(5)	Very great hazard (6)
Gas cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human errors during diving operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical breakdown during diving operations (e.g., cranes, bell handling, hot water..)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal diving equipment (including bailout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with other team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation of the installation /platform structures you are working on (e.g., water inlet/outlet, crane lifting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inside structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on hydrocarbon systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended umbilical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bell located over structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSV lifting operations (Crane or lift bags)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simultaneous operations with ROV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental factors (sea state, currents visibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within habitat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated control systems failures during diving operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manual control systems failures during diving operations

**SAFETY RELATED BEHAVIOR IN DIVING OPERATIONS**

<b>26 During the last diving operation on NCS:</b>	<b>Very seldom or never</b>	<b>Rather seldom</b>	<b>Some-times</b>	<b>Rather often</b>	<b>Very often or always</b>
Do you experience hazardous situations during diving operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about safety during diving operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work with divers that you are not relying on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work with support personnel that you are not relying on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you find it hard to follow all operational procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to follow procedures you feel should be done differently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did it happen that formal procedures were not followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you experience time pressure during diving operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you start dives even if you were not sure if diving equipment was checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you check if the divers were in good shape before dives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you ask divers to break safety regulations/procedures in order to get things done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you ask the divers whether they need a break during the dive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL WORK FACTORS**

<b>27 What is your opinion on the following issues related to working in Norway:</b>	<b>Very preferable</b>	<b>Somewhat preferable</b>	<b>Indifferent</b>	<b>Somewhat not preferable</b>	<b>Not preferable at all</b>
Use of NORSOK saturation/decompression tables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of saturation periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory break in bell? In water time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term follow up of divers health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of stay on board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Umbilical length?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SAFETY RELATED BEHAVIOR IN DIVING**

<b>28 During your last diving period in Norway:</b>	<b>Very rarely or never</b>	<b>Quite rarely</b>	<b>Some-times</b>	<b>Quite often</b>	<b>Very often or always</b>
Were you confident in your own capability to handle unforeseeable emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel in good shape for your last dive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

periods (physical/psychological/illness)?

Did you report deviations from planned procedures?

Did time pressure make it hard to follow operational procedures?

Were the operational procedures relevant for your specific task?

Did it happen that procedures were not followed?

Did you dive even if dive equipment was not checked according to procedures?

Did you dive even if not all parts of your diving equipment were in proper condition?

Have you asked for a break if you feel fatigue or do not feel well during a dive?

Were you worried about your own safety during diving?

Before diving: Did you consider task briefings to be adequate?

Did you work with divers or diving personnel that you regarded incompetent?

Did you work with supervisors or support personnel that you regarded incompetent?

During a dive period, did you ask for medical assessment if you were unwell?

Did you ask to be excused from diving if not well?

Did you break safety procedures in order to get things done?

Have you declined an offshore dive period if not feeling well?

**PHYSICAL DEMANDS**

**29 How physically demanding did you find your job during the last dive period in Norway:**

	Very little demanding		Somewhat demanding		Very demanding
	1	2	3	4	5
With regard to overall physical work load, how demanding is your job (circle the answer)?					

**EXPOSURE TO CONTAMINATIONS WHEN DIVING**

**30 Contamination includes eg. oil spill, drilling mud, chemicals, produced water pollution from pipes etc.:**

	Very rarely or never	Quite rarely	Some- times	Quite often	Very often or always
<b>During dives:</b>					
Are you exposed to high levels of chemicals and pollution when working at the sea bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you experienced your suit being contaminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cleaning of the suit/umbilical/equipment given priority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been exposed to welding fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you informed of potential harmful effects of chemicals and pollution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions for all personnel

- 31 Below are some statements of importance to health, working environment and safety (HSE). Some statements only apply to working environment or safety. Based on your experiences from your workplace, indicate to what degree you agree with the various statements by placing an X in one box for each statement. If you find a statement irrelevant, leave the box unchecked

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
Risk-filled operations are always carefully planned before they are begun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I am pressured to work in ways that threaten safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My lack of knowledge of new technology may sometimes increase accident risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough manning to properly safeguard HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the necessary competence to perform my job in a safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thoroughly familiar with the operation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management takes input from the safety delegates seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel uncomfortable pointing out breaches of safety rules and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The work permit (WP) system is always adhered to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
I can influence HSE matters at my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes breach safety rules in order to get a job quickly done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In practice, work progress takes priority over HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about undesirable incidents is used efficiently to prevent recurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being too preoccupied with HSE can be a disadvantage to your career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication between me and my colleagues often fail in a way that may lead to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The HSE laws and regulations are not good enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather not discuss HSE with my immediate supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficient maintenance has caused poorer safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stop work if I believe that it may be dangerous for me or others to continue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My manager appreciates me pointing out matters of importance to HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been given adequate safety training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been given adequate training of work environment factors (e.g. chemicals, noise, ergonomics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues will stop me if I work unsafely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I doubt that I will be able to perform my emergency preparedness tasks in case of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are often simultaneous work operations which lead to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The emergency preparedness is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports about accidents or dangerous situations are often "moderated"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask my colleagues to stop work which I believe is performed in an unsafe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company I work for takes HSE seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
Lack of cooperation between oil company and contractors often lead to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I report any dangerous situations I see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety is my number one priority when I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is committed to the HSE work on the vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to tell the nurse/company health service about complaints and illnesses that might be work-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues are very committed to HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am unsure about my role in the emergency preparedness organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The safety delegates do a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy to find what I need in the governing documents (requirements and procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The operation procedures cover my work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are different procedures and routines for the same matters on different facilities and this poses a threat to the safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sufficiently rested when I am at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The equipment I need to carry out my work safely is easily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have easy access to procedures and instructions concerning my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel peer pressure which affects HSE assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to the information necessary to make decisions which ensure the HSE aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous situations arise because everyone does not speak the same language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience a pressure not to report personal injuries or other incidents which may "mess up the statistics"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know which chemicals I may be exposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of the risks of the chemicals I work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of the risks associated with noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been dangerous situations because people have been under the influence of alcohol or drugs at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERCEIVED RISK**

**32 Below is a list of some hazard and accident situations which may occur. Please state how much of a hazard you feel the different situations constitute to you. Place an X in one box for each situation:**

**Mark with an "X"**

	Very slight hazard (1)	(2)	(3)	(4)	(5)	Very great hazard (6)
Helicopter accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination /emissions/discharge/ of toxic gases/substances/chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collisions with ships/vessels/floating objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabotage/acts of terror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of the vessels stability or loss of buoyancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious work accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control systems failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33 Indicate how satisfied or dissatisfied you are:**

**Mark with an "X"**

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Quality of food and drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other recreational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 Below is a list of some questions concerning your work situation. Indicate your experience of the various issues by ticking one box for each question. If you find a question irrelevant, leave the box unchecked.

Mark with an "X"

Very rarely or never    Quite rarely    Sometimes    Quite often    Very often or always

Are you exposed to noise levels so high that you have to stand close to people and shout to be heard, or have to use headsets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you exposed to vibrations to your hands or arms from machines or tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work in cold areas exposed to the weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work under poor indoor conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience difficulties seeing what you are doing due to insufficient, weak or blinding lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your skin exposed to e.g. oil, drilling mud, detergents or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you do heavy manual lifting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your work static sitting with little possibility of variation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you find the shift arrangement a strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work so much overtime that it is a strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get sufficient rest/recreation between shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get sufficient rest/recreation between work periods (at home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your workplace well adapted to the work tasks you perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your work require so much attention that you find it a strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your work challenging in a positive way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very rarely or never	Quite rarely	Sometimes	Quite often	Very often or always
Can you set your own work speed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you influence decisions, which are important to your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you influence the way you perform your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your colleagues help and support you in your work, if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your immediate supervisor help and support you in your work, if you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that the cooperation climate in your work unit is encouraging and supportive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have so many tasks that it becomes hard to concentrate on each one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your immediate supervisor give you feedback on your work performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the necessary access to IT-/computer systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get necessary training in the use of new control systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the control systems you use provide the necessary support in the performance of your work tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 Do you feel sure that you will have a job as good as the one you have now in two years' time?

- Very sure     Quite sure     Somewhat sure     Quite unsure     Very unsure

36 Over the last six months, have you been subjected to repeated bullying and harassment at your workplace?

- Yes     No

37 If yes, by whom? Feel free to place an X in more than one box.

- Colleagues     Supervisor(s)     Subordinates     Others at the vessel

38 Indicate how often the various statements apply to you by marking one box per statement with an "X".

	Very often or always	Quite often	Sometimes	Quite rarely	Very rarely or never
I sleep well when offshore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sleep well the last few nights before going offshore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sleep well the first few nights after an offshore tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a problem with noise when sleeping offshore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I must share cabins with others when I sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39 How many hours

Hours

... were you awake before going on your first shift?

--	--

...overtime did you work on your last tour on the NCS?

--	--

40 How many days did you spend offshore on your last tour on the NCS?

--	--

41 Have you worked more than 16 hours during the course of a 24-hour period one or more times during the last year?

Yes       No

42 During your last offshore tour, were you woken up in your off shift to do a work task?

Yes       No

43 Do you normally have one or more additional jobs when you are onshore between offshore tours?

Yes       No

<b>HEALTH</b>
---------------

44 How would you generally describe your health?

Very good       Good       Neither good nor poor       Poor       Very poor

45 Have you been absent from work because you have been ill during the last year?

No       Yes, 1-14 days       Yes, more than 14 days

46 The next question should only be answered if you answered “yes” to the last question. If you answered “no”, proceed to question 45.

47 Do you believe that your last sick leave period was fully or partly caused by your work situation?

Yes       No

48 Have you been injured in a work accident while at the vessel offshore during the last year?

Yes       No

49 If yes, was the injury reported to your supervisor or nurse/ company health service?

Yes       No

50 If so: How was the injury classified?

First aid                                       Medical treatment                                       Alternative work  
 Lost time injury                                       Serious lost time injury                                       Unfit for diving

51 Working capacity

	Very good	Quite good	Moderate	Quite poor	Very poor
How do you evaluate your own work capacity with respect to the physical demands at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you evaluate your own work capacity with respect to the psychological demands at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52 Over the last three months, have you been troubled by any of the following:

	Not troubled	A little troubled	Quite troubled	Very troubled	Mark ("X") here if you feel that your symptoms are fully or partially caused by your work situation
Reduced hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringling in the ears/ tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ear problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling or numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck/shoulder/arm pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee/hip pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin complaints (eczema, rash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergic reactions/hypersensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological problems (anxiety, depression, sadness, unease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

