

SELF-ASSESSMENT OF WORK AND HEALTH

Instructions for filling this self-assessment

- This self-assessment has been created together with entrepreneurs, so it takes only a few minutes to fill in.
- Take a moment to think about your work environment and your own well-being at work.
- Answer each question by choosing the option that best matches your situation "always/often", "sometimes" or "seldom/never".
- Your occupational health service provider can give you support and advice on how to improve your current situation.

WORK AND THE WORK ENVIRONMENT

Assess the following characteristics of your work and work environment

	always/ often	some- times	seldom/ never
Mental and physical load			
My work involves the following mentally loading factors:			
• time pressure and tight schedules			
• feelings of stress			
• excessively long working days			
• inappropriate behaviour			
• threat of violence or other criminal nature			
My work involves the following physically loading factors:			
• strenuous physical work			
• repetitive movements			
• standing or moving continuously for long periods			
• carrying, lifting or supporting by hand			
• stooped, twisted or awkward positions			
• working at a computer all day, or for several hours at a time			
• sitting all day, or for several hours at a time			
Work environment and risk of accidents			
My workspace is adequate			
My work tools are safe and suited to their purpose			
My workplace is in good order and tidy			
I have sufficient lighting for my work			
My work involves the following factors which affect my health:			
• disruptive, loud, and often repetitive or continuous noise			
• vibration affecting hands and/or whole body			
• heat, cold, draught, dampness, dryness, changes in temperature			
• excessive dust (e.g. sand, flour, metal, fibre)			
• paints, solvents, gases, smoke, welding fumes, washing and cleaning detergents, cosmetics, other chemicals.			
• microbes (bacteria, viruses, moulds)			
I use personal protective equipment when necessary (e.g. breathing or hearing protection, goggles, protective gloves or clothing)			
I use personal protective equipment in risky situations (e.g. a helmet, safety shoes and gloves, reflective vest, safety harness etc.)			
First aid preparedness in my work is good (supplies, training)			
Accidents have occurred in my company			
I have assessed the risks in my enterprise, and corrected any defects found			
I am able to influence my own working habits and work environment			
My company has a contract with an occupational health service provider		X	

HEALTH AND LIFESTYLE

Assess the following factors relating to your health

	always/ often	sometimes	seldom/ never
Mental and physical health			
I am content with the state of my health and work ability			
I am content with my mental well-being			
I have time to attend to personal relationships			
I am content with my level of physical fitness			
I suffer from the following symptoms:			
<ul style="list-style-type: none"> • sleep disorder (e.g. difficulty falling asleep, waking up in the night, pauses in breathing while sleeping) 			
<ul style="list-style-type: none"> • constant irritability and tension 			
<ul style="list-style-type: none"> • constant fatigue 			
<ul style="list-style-type: none"> • long-lasting low spirits/depression 			
<ul style="list-style-type: none"> • muscle and joint pain in the upper or lower limbs, back, neck, or shoulder area 			
<ul style="list-style-type: none"> • chest pains, palpitations 			
<ul style="list-style-type: none"> • stomach problems 			
<ul style="list-style-type: none"> • respiratory problems 			
<ul style="list-style-type: none"> • headache 			
<ul style="list-style-type: none"> • dizziness 			
<ul style="list-style-type: none"> • eye and sight problems 			
I know my blood pressure level			
I know my cholesterol and blood glucose levels			
Lifestyle			
I exercise for at least half an hour 2-3 times a week through everyday exercise or fitness training that makes me sweat			
I take enough days off and holidays			
I get enough sleep			
I have a balanced diet and eat regularly every day			
I avoid animal fat in my diet			
I avoid sweet foods			
My diet consists of lots of vegetables, berries, and fruit			
My diet is low in salt			
My weight is normal			
I smoke daily			
I drink over the safe weekly limit of alcohol (upper limit for men 24 units/week, women 16 units/week; 1 unit= one bottle of approx. 4% beer)			
I can influence my own health			
My health is important to my company			
I have my own family doctor, occupational health physician, or primary care physician			

MY STEPS TO MAKE IMPROVEMENTS TO MY WORK ENVIRONMENT AND HEALTH

You have now assessed your work environment and well-being - this is a great starting point. The green areas portray your strengths and resources at work, and concerning your health and lifestyle - hold on to these. The issues in red demand your attention - take steps to improve these quickly. And do not forget - you are the most important resource of your business.

Think about your answers and what you are going to do to improve your work environment and/or health, and when are you going to do it. Take one step at a time!

WHAT AM I GOING TO DO?	WHEN AM I GOING TO DO IT?
Work	
1.	
2.	
3.	
Health and lifestyle	
1.	
2.	
3.	

Make a habit of this - fill in the self-assessment regularly (for example once a year) on www.syty2000.fi.

Colours in grey-/black and white printing:

green

yellow

red