Biographical Information Scale

STRICTLY CONFIDENTIAL

Your response is very important to us! Please note that no one from your organisation will see your questionnaire. A summary may be provided to your employer but no information will be released that might identify any individual. Please do not take too long over each question; we want your first reaction not a long drawn out thought process. Please do not omit any questions. This isn't a test, simply a measure of your attitudes to the factors that influence your experience at work.

Please indicate your answers by filling in the circles like this: , if you make a mistake do this:





BIOGRAPHICAL DETAILS Please remember that we will not identify you and that only summary values from 10 or more individuals will be reported to ensure confidentiality. Please fill in the appropriate circle.			
Your Gender		What type of appointment is your current post?	
Male	0	Permanent / Open ende	ed O
Female	0	Non-permanent / Tempora	ıry 🔘
Your age in years		What are your hours of work?	
Under 25	O	Full tim	
25 to 44	0	Part time / Fractions	al O
45 to 59	0	Part time hourly pai	d O
60 or over	0		
How many years have you continuously worked at your organisation		Approximately how many hours do you work in a typical week?	
Less than 1	0	Less than 2	0 0
1 to 5	0	20 to 40	0 0
6 to 10	0	41 to 5	0 0
11 to 20	0	51 to 6	0 0
More than 20	0	More than 6	0 0
Do you consider yourself to belong to an		Do you have a disability?	
ethnic minority group?			
Yes	O	Yes	O
No	0	No	0
Do you have caring responsibilities for			
dependents in the following categories? Tick all that apply		Approximately how many days have you been off work due to ill health in the last year?	
No	0	None	0
Babies / young children under school age	0	1 to 5	0
School age children	0	6 to 10	0
Disabled relatives	0	11 to 15	0
Elderly relatives / friends	0	More than 15	0
Other	Ō		

QoWL QBIv24 Page 1

YOUR WORK SITUATION Your occupation and department allow the researcher to determine how answers to other questions are distributed across the organisation.
What is your main occupation at work? Examples: Manager, Teaching, Finance, Clerical, Security
In which department or area of the organisation do you do most of your work? Examples: Head Office, Accounts Department, Estates Department
YOUR CHANCE TO COMMENT
Please note that if you have a specific concern that requires action by your organisation, then you should communicate directly with them.
How could the quality of working life be improved in your organisation?

