



# HPQ-SELECT SURVEY

Company Name



**Yellow = Core HPQ-Select Items Required for HPQ-Select Report**  
**Green = Items Specific to Absence and Presenteeism**

Welcome to the HPQ-Select survey. This confidential employee survey is based on work by Dr. Ronald Kessler of Harvard Medical School and the World Health Organization. Dr. Kessler worked with the Integrated Benefits Institute and the Midwest Business Group on Health to create the next generation of this self-report survey, the HPQ-Select. The survey takes approximately 10 minutes to complete.

All the information from this survey is confidential, and none will be released or identified as coming from any specific person. The information will be used to identify overall workforce health issues and to assist in the development of potential programs that might be of use to you in maintaining good health and being able to stay active and engaged, both at work and at home.

The HPQ-Select is derived, in part, from the Health and Work Performance Questionnaire, which was developed by the World Health Organization (WHO) as part of the WHO Composite International Diagnostic Interview (copyright © 2001 by WHO) and is used here with the permission of the World Health Organization.

## A. YOUR HEALTH

	Excellent	Very Good	Good	Fair	Poor
A1. In general, how would you rate your overall health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A2. In general, how would you rate your overall mental health now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A3. Do you have any of the following conditions? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.**

	NO, I don't have this condition	YES, but I never received professional treatment	YES, I previously received (but don't currently receive) professional treatment	YES, and I currently receive professional treatment
A3a. Arthritis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3b. Chronic back/neck pain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3c. Osteoporosis				
A3d. Migraine headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3e. Other frequent or severe headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3f. Any other chronic pain not mentioned above?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3g. High blood pressure or hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3h. Congestive heart failure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3i. Coronary heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3j. High blood cholesterol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A3k. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A4.** Do you have any of the following conditions? If your answer is YES, mark whether you never, previously, or currently receive professional treatment. (Professional treatment is any treatment supervised by a health professional.) If you are unsure if you have a condition, please mark the NO response option.

	<b>NO, I don't have this condition</b>	<b>YES, but never received professional treatment</b>	<b>YES, I previously received (but don't currently receive) professional treatment</b>	<b>YES, and I currently receive professional treatment</b>
<b>A4a. An ulcer in your stomach or intestine?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4b. Irritable bowel disorder (e.g, frequent diarrhea/constipation/ loose bowels and/or nausea/gas/indigestion)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4c. Chronic heartburn or GERD?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4d. Seasonal allergies or hay fever?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4e. Asthma?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4f. Chronic bronchitis or emphysema?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4g. TB, COPD, or any other lung-disease?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4h. Urinary or bladder problems?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4i. Overweight?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4j. Chronic sleeping problems (e.g., getting to sleep, staying asleep or waking up too early)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4k. Chronic fatigue or low energy?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4l. Skin cancer?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4m. Any other kind of cancer?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>A4n. Depression?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4o. Chronic nervousness, worry, or anxiety?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4p. Any other emotional problem?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4q. Alcohol or drug problems?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A4r. Nicotine dependence?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A5. (Women Only) Are you currently pregnant?**

- Yes  
 No  
 Not Sure  
 I am male

**A6. In the past 12 months, how many accidents, injuries, or poisonings did you have that required medical attention?**

 

Number of accidents (00-99)

**A7. About how many days of work did you miss in the past 12 months because of your own work related accident, injury, or poisoning? (If less than 1 day, enter 000.)**

  

Number of days (000-365)

**A8. In the past 12 months, how many work-related accidents did you have that either damaged company property, led to a work delay, or otherwise had a financial cost to your company?**

 

Number of accidents (00-99)

**A9. In the past 30 days, did you have any of the following health problems?**

	<b>YES</b>	<b>NO</b>
<b>A9a. A cold or flu?</b>	<input type="radio"/>	<input type="radio"/>
<b>A9b. A strain or sprain?</b>	<input type="radio"/>	<input type="radio"/>
<b>A9c. A broken bone?</b>	<input type="radio"/>	<input type="radio"/>
<b>A9d. Any other condition that is not ongoing?</b>	<input type="radio"/>	<input type="radio"/>

## B. YOUR WORK

**B1. Please choose the category that best describes your main job. If none of the categories fits you exactly, please respond with the closest category to your experience. (Select only one.)**

- Executive, administrator, or senior manager  
(e.g., CEO, sales VP, plant manager)
- Professional  
(e.g., engineer, accountant, systems analyst)
- Technical support  
(e.g., lab technician, legal assistant, computer programmer)
- Sales  
(e.g., sales representative, stockbroker, retail sales)
- Clerical and administrative support  
(e.g., secretary, billing clerk, office supervisor)
- Service occupation  
(e.g., security officer, food service worker, janitor)
- Precision production and crafts worker  
(e.g., mechanic, carpenter, machinist)
- Chemical/Production Operator  
(e.g., shift supervisors and hourly employees)
- Laborer  
(e.g., truck driver, construction worker)

**B2. Is your work schedule best described as a regular schedule (roughly the same hours every day), a rotating schedule (e.g., working a day shift some days and a night shift other days), or an irregular schedule (e.g., unpredictable hours controlled by situations or workload)?**

- Regular schedule day shift
- Regular schedule evening shift
- Regular schedule night shift
- Rotating schedule
- Irregular schedule

**B3. How many people do you personally supervise on your job? (If more than 97, enter 97.)**

 

Number of people (00-97)

**B4. Are you employed full-time or part-time?**

- Full-time  
 Part-time  
 Other

**B5. About how many hours a week does your employer expect you to work? (If you are expected to work as many hours as it takes to get the job done, estimate that number for a typical 7-day week. If it varies, estimate the average. If more than 97, enter 97.)**

Number of hours (00-97)

**B5a. About how many hours in a 7-day week does the typical worker in your job work?**

Number of hours (00-97)

**B5b. About how many hours do you work in a typical 7-day week? (If it varies, estimate the average. If more than 97, enter 97.)**

 

Number of hours (00-97)

**B5c. How many hours altogether did you work in the past 7 days? (If more than 97, enter 97.)**

 

**B6. Now please think of your work experiences over the past 4 weeks (28 days). About how many hours altogether did you work in the past 4 weeks (28 days)? (See examples below.)**

  

Number of hours in the past 4 weeks (28 days)

Number of hours (000-672)

### Examples for Calculating Hours Worked in the Past 4 Weeks

40 hours per week for 4 weeks = 160 hours

35 hours per week for 4 weeks = 140 hours

40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours

40 hours per week for 4 weeks with 3 4-hour partial days missed = 148 hours

35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours

**B7. Again, think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of hours (00-160) you spent in each of the following work situations.**

**In the past 4 weeks (28 days), how many hours did you...**

	<b>Number of hours (00-160)</b>
<b>B7a. ...miss work because of problems with your own physical or mental health?</b>	<input type="text"/> <input type="text"/>
<b>B7b. ...miss work for any other reason (including vacation)?</b>	<input type="text"/> <input type="text"/>
<b>B7c. ...come in early, go home late, or work on your day off?</b>	<input type="text"/> <input type="text"/>

**B8. Consider your total missed work of (answer from B7a inserted here) in the past four weeks (28 days) when you missed work because of problems with your own physical or mental health.**

How many of (answer from B7a inserted here) hour(s) were you paid ...

	<b>Number of hours (00-160)</b>
<b>B8a. ...at full salary/wage?</b>	<input type="text"/> <input type="text"/>
<b>B8b. ...at partial salary/wage?</b>	<input type="text"/> <input type="text"/>
<b>B8c. ... unpaid?</b>	<input type="text"/> <input type="text"/>
<b>TOTAL: The total to the right should equal (answer from B7a inserted here) (your answer to B7a) when done.</b>	<input type="text"/> <input type="text"/>

**B9. The next questions are about the time you spent during your hours at work in the past 4 weeks (28 days). Select the one response for each question that comes closest to your experience.**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<b>B9a. How often did you not concentrate enough on your work?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B9b. How often did you find yourself not working as carefully as you should?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B9c. How often did you do no work at times when you were supposed to be working?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B9d. How often did you get less done than other workers?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B9e. How often did you have any difficulty doing minor physical activities, like walking, lifting, sitting or doing repetitive motions?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B9f. How often did you have a lot of difficulty doing minor physical activities?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B10. On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?**

Worst Performance											Top Performance	
	0	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**B11. Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?**

Worst Performance											Top Performance	
	0	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**B12. Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?**

Worst Performance											Top Performance	
	0	1	2	3	4	5	6	7	8	9	10	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



**B13. How would you compare your overall job performance on the days you worked during the past 4 weeks (28 days) with the performance of most other workers who have a similar type of job? (Select only one.)**

- You were **a lot better** than other workers
- You were **somewhat better** than other workers
- You were **a little better** than other workers
- You were about **average**
- You were **a little worse** than other workers
- You were **somewhat worse** than other workers
- You were **a lot worse** than other workers

## C. DEMOGRAPHICS

**C1. How old are you?**

 

YEARS OLD (18-97)

**C2. Are you male or female?**

- Male
- Female

**C3. What is your current marital status?**

- Married or Cohabiting
- Separated
- Divorced
- Widowed
- Never Married

**C4. How many children do you have?**

- None
- One
- Two
- Three
- Four or more

**C5. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**C6. What is your height?**
 

FEET (3-9)

 

Inches (00-11) (Please round to the nearest inch)

**C7. What is your weight?**


Pounds (Please round to the pound 060-700)

**C8. Are you salaried or are you paid hourly? ("Salaried" means that you're paid the same amount each week or month no matter how many hours you work. "Hourly" means that you're paid a different amount each week or month depending on how many hours you work.)**

- Salaried → GO TO C9  
 Paid hourly → GO TO C10

**C9. What is your annual income from your job, before taxes?**

- |   |   |   |
|---|---|---|
| <input type="radio"/> \$1 - \$999         | <input type="radio"/> \$11,000 - \$11,999 | <input type="radio"/> \$30,000 - \$34,999   |
| <input type="radio"/> \$1,000 - \$1,999   | <input type="radio"/> \$12,000 - \$12,999 | <input type="radio"/> \$35,000 - \$39,999   |
| <input type="radio"/> \$2,000 - \$2,999   | <input type="radio"/> \$13,000 - \$13,999 | <input type="radio"/> \$40,000 - \$44,999   |
| <input type="radio"/> \$3,000 - \$3,999   | <input type="radio"/> \$14,000 - \$14,999 | <input type="radio"/> \$45,000 - \$49,999   |
| <input type="radio"/> \$4,000 - \$4,999   | <input type="radio"/> \$15,000 - \$15,999 | <input type="radio"/> \$50,000 - \$74,999   |
| <input type="radio"/> \$5,000 - \$5,999   | <input type="radio"/> \$16,000 - \$16,999 | <input type="radio"/> \$75,000 - \$99,999   |
| <input type="radio"/> \$6,000 - \$6,999   | <input type="radio"/> \$17,000 - \$17,999 | <input type="radio"/> \$100,000 - \$149,999 |
| <input type="radio"/> \$7,000 - \$7,999   | <input type="radio"/> \$18,000 - \$18,999 | <input type="radio"/> \$150,000 - \$199,999 |
| <input type="radio"/> \$8,000 - \$8,999   | <input type="radio"/> \$19,000 - \$19,999 | <input type="radio"/> \$200,000 - \$299,999 |
| <input type="radio"/> \$9,000 - \$9,999   | <input type="radio"/> \$20,000 - \$24,999 | <input type="radio"/> \$300,000 - \$499,999 |
| <input type="radio"/> \$10,000 - \$10,999 | <input type="radio"/> \$25,000 - \$29,999 | <input type="radio"/> \$500,000 - \$999,999 |
| <input type="radio"/> \$1,000,000 or more |   |   |

**C10. How much are you paid per hour, before taxes?**

- |   |   |   |  |
|---|---|---|--|
| <input type="radio"/> \$5.00 - \$8.00   | <input type="radio"/> \$18.01 - \$20.00 | <input type="radio"/> \$32.01 - \$35.00 | <input type="radio"/> \$55.01 - 60.00    |
| <input type="radio"/> \$8.01 - \$10.00  | <input type="radio"/> \$20.01 - \$22.00 | <input type="radio"/> \$35.01 - \$38.00 | <input type="radio"/> \$60.01 - \$70.00  |
| <input type="radio"/> \$10.01 - \$12.00 | <input type="radio"/> \$22.01 - \$24.00 | <input type="radio"/> \$38.01 - \$41.00 | <input type="radio"/> \$70.01 - \$80.00  |
| <input type="radio"/> \$12.01 - \$14.00 | <input type="radio"/> \$24.01 - \$26.00 | <input type="radio"/> \$41.01 - \$45.00 | <input type="radio"/> \$80.01 - \$90.00  |
| <input type="radio"/> \$14.01 - \$16.00 | <input type="radio"/> \$26.01 - \$29.00 | <input type="radio"/> \$45.01 - \$50.00 | <input type="radio"/> \$90.01 - \$100.00 |
| <input type="radio"/> \$16.01 - \$18.00 | <input type="radio"/> \$29.01 - \$32.00 | <input type="radio"/> \$50.01 - \$55.00 | <input type="radio"/> More than \$100    |

**D1. Earlier in the interview you mentioned having one or more work-related accidents that damaged company property, led to a work delay, or otherwise had a financial cost to your company. What is your best estimate of the financial loss to your company caused by your accident(s) over the past 12 months?**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Less than \$100   | <input type="radio"/> \$101 - 500        | <input type="radio"/> \$501 - 1000      |
| <input type="radio"/> \$1001 - 2000     | <input type="radio"/> \$2001 - 3000      | <input type="radio"/> \$3001 - 4000     |
| <input type="radio"/> \$4001 - 5000     | <input type="radio"/> \$5001 - 10,000    | <input type="radio"/> \$10,001 - 25,000 |
| <input type="radio"/> \$25,001 - 50,000 | <input type="radio"/> More than \$50,000 |   |

**That completes the survey. Thanks very much for your participation.**