NATIONAL TAIWAN UNIVERSITY
Abnormal Workload Assessment Questionnaire
(Medium to High Risk)

Assessment date: _____/_____/_____ (yyyy/mm/dd)

1. Basic information			
Name		Gender	□ Male □ Female
Date of birth	_____/___/___ (yyyy/mm/dd)	Marital status	□ Single □ Married □ Divorced □ Widowed
Work Unit		Years of service	_____ year(s) and _____ month(s)
Job title		Phone no.	

2. Personal medical history (from all the items below, choose all that have been formally diagnosed by a physician)

□ Cardiovascular disease

(□ Angina pectoris □ Coronary heart disease □ Myocardial infarction □ Cardiac catheter stent surgery □ Coronary artery bypass surgery □ On medication for coronary artery disease □ Hypertension □ Arrhythmia □ Other: _____)

□ Stroke □ Dyslipidaemia (abnormal blood lipids)

□ Sleep-related respiratory disease (such as sleep apnea) □ Central nervous system disease (such as epilepsy and spinal diseases)

□ Peripheral nervous system disease (such as carpal tunnel syndrome) □ Emotional or psychological disease

□ Eye disease (excluding correctable near- or farsightedness) □ Loss of hearing

□ Upper/lower limb disease (such as diseases that cause symptoms like joint stiffness and weakness)

□ Diabetes □ Asthma

□ Long-term medication (Name of medication: _____) □ Other: _____

□ **None of the above**

3. Family history

□ N/A

□ One or more family members within the first degree of kinship (parents, grandparents, and children) have had cardiovascular disease or angina pectoris before the age of 55 (for males) or 65 (for females).

□ There is a history of stroke in the family.

□ Other: _____

4. Lifestyle and habits

1) Smoking □ No □ Yes (____ packs per day for ____ years) □ Quit for ____ years
2) Betel nut □ No □ Yes (____ per day for ____ years) □ Quit for ____ years
3) Alcohol consumption □ No □ Yes (Type of alcohol consumed: _____, frequency: _____, volume per consumption: approx. _____ ml)
4) Irregular meal times: □ No □ Yes Frequency of eating out: □ 0 □ 1 □ 2 □ 3 meal(s) per day
5) Self-reported sleep deprivation: □ No □ Yes (Average sleep hours on workdays: _____ hours/day; average sleep hours during holidays: ____ hours/day)
6) Regular exercise: □ No □ Yes (_____ times per week, _____ minutes per exercise)
7) Other: _____

5. Health examination measurements (not required for those who have already submitted the report for the new or current employee health examination)

1) BMI: _____ kg/m^2 ($18.5 \leq$ BMI 24) [Height: _____ cm; Weight: _____ kg]
2) Waist circumference: _____ cm (Male: < 90 cm; Female: < 80 cm)
3) Pulse: _____
4) Blood pressure: _____/_____ mmHg (SBP 120 mmHg; DBP 80 mmHg)
5) Total cholesterol level: _____ mg/dL (< 200 mg/dL)
6) LDL level: _____ mg/dL (< 100 mg/dL)
7) HDL level: _____ mg/dL (Male: $\geqq$ 40 mg/dL; Female: $\geqq$ 50 mg/dL)
8) Triglyceride level: _____ mg/dL (< 150 mg/dL)
9) Fasting blood sugar level: _____ mg/dL (< 100 mg/dL)
10) Proteinuria: _____ (negative)
11) Hematuria: _____ (negative)

6. Job-related factors

1) Average work hours: ____ hours per day, ____ hours per week, and ____ hours of average overtime work per month
2) Shift: □ Day shift □ Night shift □ Rotating shifts (□ Fixed rotation □ Irregular rotation; method of rotation): _____
3) Work environment (choose all that apply):
   □ Noise (_____ dB) □ Abnormal temperatures (High temperature approx. _____ ℃; Low temperature approx. _____ ℃)

□ Lack of ventilation □ Unergonomic design (seat/vibration/freight lifting or transportation) □ **None of the above**

4) Job-related sources of daily stress (choose all that apply):

□ I am in charge of dangerous tasks that constitute a threat to the life and property of myself or others.

□ I am in charge of danger mitigation.

□ I am in charge of making major decisions involving life or death or that may radically change other people's lives.

□ I am in charge of handling high-risk materials.

□ I am in charge of tasks that may result in huge losses to society.

□ I am in charge of excessive or extremely stringent time-sensitive work.

□ I am required to complete demanding tasks within strict deadlines.

□ I am in charge of handling major client disputes or complicated employer-employee issues.

□ I have to complete difficult tasks independently without support or understanding from others.

□ I am in charge of complex developmental or organizational restructuring tasks.

□ **None of the above**

5) Have you experienced any work-related emergencies (such as a car accident or major vehicle breakdown while driving) recently?

□ No □ Yes (Please specify: _____)

6) Do you experience any problems with organizational culture or workplace politics (such as interpersonal conflicts or lack of internal communication channels)?

□ No □ Yes (Please specify: _____)

7) Do you feel that your work schedule or tasks are unpredictable or subject to constant change, or that you are often notified of a task at the last minute?

□ No □ Yes (Please specify: _____)

8) Do you often have to go on business trips, resulting in frequent jet lag, lack of rest/relaxation/proper accommodations, long-distance road trips, or irrecoverable fatigue from commuting?

□ No □ Yes (Please specify: _____)

7. Non-job-related factors

1) Familial factors: □ No □ Yes (Please specify: _____)

2) Financial factors: □ No □ Yes (Please specify: _____)