

NATIONAL TAIWAN UNIVERSITY

Abnormal Workload Checklist

- Reason(s) for filling out this form: Shift/Nighttime personnel Long working hours
 High cardiovascular disease risk
 Newly-hired personnel having worked at NTU for six months
 Required during regular health checkup
 Self-reported abnormal workload

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

A. Basic information	
Unit: _____	Job title: _____
Name: _____	Gender: _____
Phone no.: _____	Years of service: _____
Age: _____	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic disease(s): _____	Average monthly overtime hours: _____
B. Abnormal workload assessment scale	
a. Personal fatigue	Score
1. I feel tired. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
2. I feel physically exhausted. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
3. I feel emotionally exhausted. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
4. I feel like I cannot cope anymore. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
5. I feel like I have no more energy left. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
6. I feel weak and on the verge of illness. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never	
Total score for personal fatigue: Please convert the options into scores as follows: 1) 100; 2) 75; 3) 50; 4) 25; 5) 0	
Average score for personal fatigue: (Total score divided by number of items, i.e., sum of the scores of the six items divided by 6)	
b. Job-related fatigue	Score
1. My job makes me feel emotionally exhausted.	

<input type="checkbox"/> 1) Extremely <input type="checkbox"/> 2) Severely <input type="checkbox"/> 3) Somewhat <input type="checkbox"/> 4) Mildly <input type="checkbox"/> 5) Very slightly 2. My job tires me to the extent that I feel like I am going to burn out. <input type="checkbox"/> 1) Extremely <input type="checkbox"/> 2) Severely <input type="checkbox"/> 3) Somewhat <input type="checkbox"/> 4) Mildly <input type="checkbox"/> 5) Very slightly 3. I am frustrated at work. <input type="checkbox"/> 1) Extremely <input type="checkbox"/> 2) Severely <input type="checkbox"/> 3) Somewhat <input type="checkbox"/> 4) Mildly <input type="checkbox"/> 5) Very slightly 4. I feel utterly exhausted after a full-day's work. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never 5. In the morning, just thinking about another full day at work makes me feel drained. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never 6. I find every minute at work to be unbearable. <input type="checkbox"/> 1) All the time <input type="checkbox"/> 2) Most of the time <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Seldom <input type="checkbox"/> 5) Never or almost never 7. I have the energy to spend time with friends and family when I am not at work. <input type="checkbox"/> 1) Never or almost never <input type="checkbox"/> 2) Seldom <input type="checkbox"/> 3) Sometimes <input type="checkbox"/> 4) Most of the time <input type="checkbox"/> 5) All the time			
Total score for job-related fatigue: Please covert the options into scores as follows: 1) 100; 2) 75; 3) 50; 4) 25; 5) 0			
Average score for job-related fatigue: (Total score divided by number of items, i.e., sum of the scores for the seven items divided by 7)			
c. Workload level			
Workload level	Personal fatigue (score)	Job-related fatigue (score)	Average monthly overtime hours
Low workload	< 50 points: Slightly overworked <input type="checkbox"/> _____ points	< 45 points: Slightly overworked <input type="checkbox"/> _____ points	< 45 hours <input type="checkbox"/> _____ hours
Medium workload	50-70 points: Moderately overworked <input type="checkbox"/> _____ points	45-60 points: Moderately overworked <input type="checkbox"/> _____ points	45-80 hours <input type="checkbox"/> _____ hours
High workload	> 70 points: Severely overworked <input type="checkbox"/> _____ points	> 60 points: Severely overworked <input type="checkbox"/> _____ points	> 80 hours <input type="checkbox"/> _____ hours
Overall assessment (choose the highest workload level among the three categories, i.e. Personal fatigue, Job-related fatigue, and Average monthly overtime hours): <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High workload			

Note: Explanation of personal and job-related fatigue scores

Fatigue category	Score	Level	Explanation
Personal fatigue	< 50 points	Mild	You are experiencing mild personal fatigue, which means that you don't often feel tired, physically/mentally exhausted, or weak to the point of illness.
	50-70 points	Moderate	You are experiencing moderate personal fatigue. You might sometimes feel tired, physically/mentally exhausted, or weak to the point of illness. It is recommended that you locate the source(s) of stress in your life, make adjustments, and find time for relaxation and rest.
	> 70 points	Severe	You are experiencing severe personal fatigue. You often feel tired, physically/mentally exhausted, or weak to the point of illness. It is recommended that you make appropriate changes to your lifestyle, find time for some exercise and recreation, and seek professional help as necessary.
Job-related fatigue	< 45 points	Mild	You are experiencing mild job-related fatigue, which means your job doesn't make you feel unmotivated, exhausted, or frustrated.
	45-60 points	Moderate	You are experiencing moderate job-related fatigue. You may sometimes feel unmotivated by, uninterested in, or frustrated at work.
	> 60 points	Severe	You are experiencing severe job-related fatigue. You are on the verge of total exhaustion. You feel burnt out and frustrated, and find the idea of going to work unbearable. Furthermore, you might feel like you don't have any time for recreation or to spend with friends and family. It is recommended that you make appropriate changes to your lifestyle, find time for some exercise and recreation, and seek professional help as necessary.

C. Average monthly overtime hours

- > 100 hours of overtime work in one month (____ hours)
- > 80 hours of average monthly overtime work within the past 2-6 months (____ hours) > 45 hours of average monthly overtime work within the past 1-6 months (____ hours)

If your overtime hours meet any of the above levels, please have your immediate supervisor sign this form:

D. Risk assessment for cerebral and cardiovascular disease (Please provide the report from a health examination taken within the past year or your most recent regular checkup.)

a. Please assess the risk of cerebral or cardiovascular disease in the next 10 years using your labor health examination report based on the Framingham Cardiac Risk Score:

Health examination report: No Yes

Date of examination: ____/____/____ (yyyy/mm/dd)

Total cholesterol level: ____ mg/dl HDL level: ____ mg/dl

Blood pressure: ____ mmHg

Low risk: <10% Medium risk: 10-20% High risk: ≥20%

b. Cerebral/cardiovascular disease and workload matrix (to be filled out by a clinical health management physician)

1. 風險分級矩陣

十年內發生 腦、心血管疾病風險	工作者工作負荷		
	低負荷 (0)	中負荷 (1)	高負荷 (2)
< 10% (0)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10-20% (1)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
≥ 20% (2)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

備註：

風險分級		健康管理措施	
低風險	0	不需諮詢	不需處理，可從事一般工作。
中風險	1	不需諮詢	建議生活型態改變，注意工時調整，至少每年追蹤一次。
	2	建議諮詢	建議生活型態改變，注意工時調整，至少每半年追蹤一次。
高風險	3	需要諮詢	建議醫療協助及生活型態改變，需工作限制，至少每三個月追蹤一次。
	4	需要諮詢	建議醫療協助及生活型態改變，需工作限定，至少每一至三個月追蹤一次。

2. 醫師綜合評估：

不需諮詢 建議諮詢 需要諮詢

評估醫師簽名：_____ 日期：____年 ____月 ____日