

Design Team Survey

For each question, please mark the box that best corresponds to your answer.

| 1. Involvement | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly agree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I am interested in remaining involved in future design team activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am being asked for my personal input in discussions about health and safety issues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As a member of the design team, I have been actively involved in planning health and safety interventions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. Knowledge Base | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| There are experts I can meet with to develop plans for workplace interventions to improve the health and safety of employees. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is training available to help me understand and identify health and ergonomic risks of concern to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am able to obtain useful information about health and ergonomics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3. Managerial Support | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Upper management is supportive of workplace interventions proposed by the design team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My immediate supervisor is supportive of workplace interventions proposed by the design team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My supervisor encourages me to take advantage of training programs that are health related. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 4. Employee Supportiveness | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I try to represent the views of other employees when I participate on the design team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think workplace changes made by the design team are a good thing for my employer to support and/or invest in. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I support the workplace changes that were proposed by the design team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 5. Unplanned Consequences | <i>Strongly disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly agree</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Workplace changes or proposed activities by the design team have created other problems in the workplace. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workplace changes or proposed activities by the design team are a source of conflict between me and my coworkers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. A. Has participating in the Design Team had a positive impact on you personally? How so?

B. Has participating in the Design Team had a negative impact on you personally? How so?

7. A. Do you think participating in the Design Team has had a positive impact on your coworkers or the Workplace, in general? How so?

B. Do you think participating in the Design Team has had a negative impact on your coworkers or the workplace, in general? How so?