QUESTIONNAIRE

Instructions : - This questionnaire is framed to identify the stress levels in your life. Kindly furnish the details, as it will enable my research study. Read each question carefully and answer as accurately as you can. Please note that your personal information and other details provided by you will be kept confidential.

Kindly furnish your personal particulars by ticking appropriate options.

1. Name: OPTIONAL

2. Sex : (1) Male (2) Female

3. Age: ( 1) Up to 25 years ( 2) 26 -35 years( 3) 36-45 years ( 4) 46- 55 years (5) Above 55

4. Job industry (1) bank (2) telecom

5.Name of the organization

6. Designation: ( 1) executive /clerk (2) assistant manager (3) manager

7. Educational Qualification: - (1) under graduate ( 2) graduate ( 3) post graduate (4) doctorate

8. Job Experience: (1) Less than 5 years (2) 6 -10 years ( 3) 11-15 years ( 4) More than 16 years

9. annual Income: (1) under 3 lac (2) 3-6 lac (3)6-9 lac (4)above 9 lac

10. Marital Status: (1) Married (2) Unmarried (3) widow (4) divorce

11. Family Type: (1) Nuclear family (2) Joint family

12. Number of Dependents: (1) < 4 (2) 4 – 5 (3) >5

13. place

14.New job stress scale.

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| Sr.No | Statements | | | | | | | | | | Scale | | | | | |
| Job stress scale | | | | | | | | | | | | | | | | |
| 1 | I have a lot of work and fear that very little time to do. | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
|  |  | |  | | |  | | |  | | |  | |  | | |
| 2 | I feel that I l never take a leave. | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
| 3 | Many people at my office are tired of the company demand. | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
| 4 | My job make me nervous | Strongly Disagree | | | Disagree | | | neutral | | | | | Agree | | Strongly Agree |
|  |  |  | | |  | | |  | | | | |  | |  |
| 5 | Many a time my job became a big burden. | Strongly Disagree | | | Disagree | | | neutral | | | | | Agree | | Strongly Agree |
|  |  |  | | |  | | |  | | | | |  | |  |
| 6 | I feel bad when I take a leave. | Strongly Disagree | | | Disagree | | | neutral | | | | | Agree | | Strongly Agree |
| Role expectation conflict | | | | | | | | | | | | | | | |
| 1 | I am not able to satisfy the different demands of various people above me. | | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
| 2 | I am not able to satisfy the conflicting demand of my colleagues and juniors. | | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
| 3 | I am not able to satisfy the demand of clients and others, because they are opposite to each other. | | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
| 4 | The expectation of my seniors is different from my juniors. | | | Strongly Disagree | | | Disagree | | | neutral | | | Agree | | Strongly Agree | | |
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| --- | --- | --- | --- | --- | --- | --- |
| Coworker support | | | | | | |
| 1 | Have the people working with me ever given any information or advice to me? | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 2 | Have the people working with me ever understand me and given advise? | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 3 | Has anyone given me a clear and helpful feedback about my work? | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 4 | Has anyone given me assistance in my work? | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| Work -life balance | | | | | | |
| 1 | I am able to balance between time at work and time at other activities. | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 2 | I have difficulty balancing my work and activities. | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 3 | I feel that the job and other activities are currently balanced. | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |
| 4 | Overall, I believe that my work and other activities are balanced. | Strongly Disagree | Disagree | neutral | Agree | Strongly Agree |

PHYSICAL INDICATORS: How often would you say:

5- Almost Always (on five days a week) 4- Most of the time (on three days a week) 3- Some of the time ( on one and one-half days a week) 2- Almost never (less than two hours a week) 1- Never

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | My body feels tense all over | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 2 | I have severe or chronic lower back pain | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 3 | I get severe or chronic headaches | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 4 | I get tension or muscle spasms in my face, jaw, neck or shoulders. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 5 | I feel short of breath after mild exercise like climbing up four flights of stairs | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 6 | I smoke tobacco. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 7 | Because of my busy schedule I miss at least two meals during the week. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 8 | I spend less than 3 hours a week getting vigorous physical exercise (running, playing basketball, tennis, swimming, et | Never | Almost never | Some of the time | Most of the time | Almost Always |  |

SLEEP INDICATORS: How often would you say:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | I have trouble falling asleep | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 2 | I take pills to get to sleep. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
|  |  |  |  |  |  |  |  |
| 3 | I wake up at least once in the middle of the night for no apparent reason | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 4 | No matter how much sleep I get, I awake feeling tired | Never | Almost never | Some of the time | Most of the time | Almost Always |  |

BEHAVIORAL INDICATORS: How often would you say: 5- Almost Always (on five days a week) 4- Most of the time (on three days a week) 3- Some of the time ( on one and one-half days a week) 2- Almost never (less than two hours a week) 1- Never

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | I stutter or get tongue tied when I talk to other people. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 2 | I try to work While I'm eating lunch. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 3 | I have to work late | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 4 | I go to work even when I feel sick. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 5 | I drink alcohol or use drugs to relax. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 6 | In any given week, I take at least one prescription drug without the recommendation of a physician, e.g. amphetamines, barbiturates | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 7 | I have problems with my sex life | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 8 | I arrive at work late. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| 9 | At least once during the week I have a shouting match with a co-worker or supervisor. |  | Almost never | Some of the time | Most of the time | Almost Always |  |

EMOTIONAL INDICATORS: How often would you say : 5- Almost Always (on five days a week) 4- Most of the time (on three days a week) 3- Some of the time ( on one and one-half days a week) 2- Almost never (less than two hours a week) 1- Never

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| --- | --- | --- | --- | --- | --- |
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| I have trouble remembering things. | Never | Almost never | Some of the time | Most of the time | Almost Always |
| I feel anxious or frightened about problems I can't really describe. | Never | Almost never | Some of the time | Most of the time | Almost Always |
| It is hard for me to relax at home. | Never | Almost never | Some of the time | Most of the time | Almost Always |
| I find it hard to talk when I get excited. | Never | Almost never | Some of the time | Most of the time | Almost Always |
| I have temper outbursts I can't control | Never | Almost never | Some of the time | Most of the time | Almost Always |
| I feel extremely sensitive and irritable. | Never | Almost never | Some of the time | Most of the time | Almost Always |
| Generally I am not optimistic about my future |  | Almost never | Some of the time | Most of the time | Almost Always |

PERSONAL HABITS: How often would you say:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| I lack time to read the daily newspaper | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| I watch television for entertainment more than one hour a day. | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| When I feel stressed, it is difficult for me to plan time and activities to construct- ively release my stress | Never | Almost never | Some of the time | Most of the time | Almost Always |  |
| I spend less than 30 minutes a day working toward a life goal or ambition of mine | Never | Almost never | Some of the time | Most of the time | Almost Always |  |

**OBJECTIVES OF THE STUDY**

* To compare the stress level between Banks and Telecom Sector’s employees.
* To study the impact of stress on Employee.
* To find the impact of demographic factors on employees stress level.