

Questionnaire Number

Home Support Workers Job Analysis Questionnaire



CONFIDENTIAL

Introduction

This Job Analysis Questionnaire is intended to collect information so that we can determine if Home Support Workers working in government contracted Home Support Agencies are being paid appropriately.

While at work, you perform a set of duties that:

- require skills,
- involve various types of responsibilities,
- require efforts (physical and intellectual), and
- require you to operate under certain working conditions.

Steps to follow:

1. Please read the Job Analysis Questionnaire carefully, and complete each section (Please print). If you find that some questions do not relate to your job, please write in “N/A” - not applicable.
2. The information you provide should relate to the job as it is presently or related work that you have performed in the past.
3. In completing each section, be as specific and concise as you can.

Once you have completed the Job Analysis Questionnaire, please send it to the Women’s Issues Branch using the self addressed stamped envelope given to you. You may wish to keep a copy.

If you require assistance, please call our toll free number 1-888-576-4444 or by email at nbwagegap@gnb.ca.

This information is confidential and will not be shared with your manager or the agency that you work for.

Please complete the following information:

Region:

- | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Moncton | <input type="checkbox"/> Saint John | <input type="checkbox"/> Fredericton | <input type="checkbox"/> Edmundston |
| <input type="checkbox"/> Restigouche | <input type="checkbox"/> Chaleur | <input type="checkbox"/> Miramichi | <input type="checkbox"/> Acadian Peninsula |

Language of Work:

- | | | |
|----------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Both |
|----------------------------------|---------------------------------|-------------------------------|

Location of Work:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Urban (City or town) | <input type="checkbox"/> Rural (Outside city or town) | <input type="checkbox"/> Both |
|---|---|-------------------------------|

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Key Work Activities:

The following section lists key work activities that are performed by Home Support Workers for the client. Please place a checkmark (✓) next to the activities that apply to your job:

Meal Preparation, Feeding & Kitchen Activities

- Assisting clients with creating menu and grocery shopping lists
- Preparing meals according to Canada's Food Guide
- Preparing foods according to the client's dietary needs (i.e. diabetics, puree or soft diet)
- Assisting in feeding (i.e. spoon feeding, straw feeding)
- Ensuring that a client gets adequate fluids
- Monitoring client during meal time (i.e. choking, swallowing)
- Encouraging client to take meal replacements (i.e. Boost, Ensure)
- Reporting any changes to feeding and drinking habits (i.e. monitoring for proper nutrition)
- Monitoring for unsafe foods (i.e. spoiled or contaminated foods)
- Cleaning surfaces of kitchen appliances
- Disposing of garbage
- Washing client's dishes

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Housekeeping for Clients

- Doing laundry as required in the client's home
- Doing laundry as required in a residential home (apartment building)
- Doing laundry at a Laundromat or other arrangements
- Ironing
- Folding and putting laundry away
- Vacuuming
- Dusting
- Mopping and sweeping floors
- Cleaning and disinfecting bathroom/commode
- Changing and making beds

Bathing and Grooming

Assisting clients with:

- Dressing
- Bathing
- Sponge baths
- Make-up
- Hair care (shampoo/setting/combing)
- Shaving
- Nail care
- Mouth and denture care

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Toileting, Urinary and Bowel Management

- Changing adult diapers/incontinence pads
- Emptying catheter bags
- Caring for bedridden clients (i.e. cleaning feces, urine)
- Reminding clients to use washroom
- Reporting bowel or urinary changes (i.e. evidence of blood)

Transferring and Mobility

Encouraging and/or assisting clients with transfer:

- On and off toilet or commode
- Bed to chair
- In and out of bathtub/shower
- Transferring clients with special equipment (i.e. Hoyer lift, transfer belt, etc.)
- Assisting and encouraging clients with mobility

Medical Treatments/Emergencies

- Reminding/assisting clients with taking medications
- Reporting and monitoring client's medical changes (including mental or physical changes, signs of drug abuse, evidence of falls, abuse and neglect, etc.)

Social Interaction

- Accompanying clients for walks, outings, errands, etc.
- Providing companionship to clients (reading, puzzles, cards, crafts and board games)

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Please place a checkmark (✓) next to the activities that you do and indicate how often you do them:

Key Activity	How often		
	Once	Sometimes	Daily
<input type="checkbox"/> Pet care (i.e. feeding pets, changing litter box, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carrying firewood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooking and cleaning for extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Massaging the throat (delegated function)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tube feeding (delegated function)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Administering enemas/suppositories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changing ostomy bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand washing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hanging clothes to dry indoors or outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sorting and arranging clothes according to season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scrubbing/waxing floors on hands and knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Administering medication (medicated creams, eye drops, suppositories, oral meds, nitro patch, monitoring of blood thinners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blood sugar testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dressing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filling insulin syringes/Injecting insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mending client's clothing and household items (i.e. bedding, curtains, buttons, hems, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changing light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cleaning windows indoors and that can be reached without using a ladder or step stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accompanying clients to medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Applying Thrombo Embolism Deterrent (TED) stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Controlling oxygen levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using a suction machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Postural drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Key Work Activities (continued):

Please specify any other key work activities that you may perform:

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Required Qualifications

Education

What is the minimum level of education or formal training required to do this job?

Please note that this question *is not* referring to the education that you have, but what is required for the job.

(Please check one box only.)

- Less than High School
- Less than High School with related training
- High School or equivalent
- High School or equivalent with related training
- High School plus one-year post-secondary program (i.e. Certificate)
- High School plus two-year post-secondary program (i.e. Diploma)
- Undergraduate Degree in related field

Other courses/training required, please specify:

Experience

What do you think is the **minimum** amount of experience that is required for a new person to have the skills needed to do this job?

Experience may be acquired in any related work or in any pertinent life experience.

- Less than 3 months.
- From 3 months to less than 6 months.
- From 6 months to less than 12 months.
- From one (1) year to less than two (2) years.
- From two (2) years to less than three (3) years.
- From three (3) years to less than five (5) years.
- Five (5) years or more.

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Dexterity and Coordination

Place a checkmark (✓) in the chart below of the activities that you do in your job and place a checkmark (✓) indicating how often you do them.

Frequency:

- **Sometimes** – Once in a while, when necessary
- **Often** – Several times a day or at least five days per week

ACTIVITY EXAMPLES (check (✓) all that apply)	Sometimes	Often
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dressing clients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Opening small containers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taking pills out of blister packs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Putting together objects	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changing diapers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picking up small objects	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Using long handled tool such as mops and brooms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Folding laundry	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifting/transferring clients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climbing/bending	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driving a vehicle	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bathing clients	<input type="checkbox"/>	<input type="checkbox"/>

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Responsibilities

Accountability / Decision Making

For each situation, please place a checkmark (✓) in the column that describes your job.

When there is a situation you have not come across before, do you (check all responses that apply)	Never	Sometimes	Often	Most of the time	Not applicable
Ask your manager/supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask co-workers for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read manuals and figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide with your manager/supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check guidelines and past practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide what to do based on your related experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have to make a decision do you get help from others? If so, please give examples.	Never	Sometimes	Often	Most of the time	Not applicable
Manager/Supervisor Example _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers Example _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Other Professionals (i.e. Extramural, Social Workers, etc.) Example _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Communication / Interpersonal Relations

TYPE OF COMMUNICATION

1) To exchange information.
2) To explain information or ideas.
3) To discuss problems with people in order to get approval, cooperation and/or coordinating activities.
4) Working with people and giving them advice in order to help them by using your professional experience and specialized knowledge.
5) Presenting arguments to convince people to take certain steps or to make decisions in order to come to an agreement or a solution.

Place a checkmark (√) in the chart below of the people you talk with while working and using the information above, tell us what type of communication you have with them.

PEOPLE YOU TALK WITH (check (√) all that apply)	TYPE OF COMMUNICATION				
	1	2	3	4	5
<input type="checkbox"/> Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family members/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health and Other Professionals (i.e. Extramural, Social Workers, Mental Health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Community (i.e. church groups, landlords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Personnel (Police, Fire Department and Ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hospital, doctor's office, telecare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inspectors (i.e. Public Health, Fire Prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Supervision

Do your job duties involve one or more of the following activities on a regular basis? If so, place a checkmark (✓) beside the activity and please provide an example.

Activity	Example
<input type="checkbox"/> Provide orientation to others	
<input type="checkbox"/> Provide advice to others on how to carry out job duties	
<input type="checkbox"/> Assign and/or check work of others	
<input type="checkbox"/> Supervise a work group	
<input type="checkbox"/> Coach/mentor work of others	
<input type="checkbox"/> Ensure that work complies with standards and procedures	
<input type="checkbox"/> Schedule staff/coordinate replacements	
<input type="checkbox"/> Evaluate staff performance	
<input type="checkbox"/> Establish staff's workplan	
<input type="checkbox"/> Responsible for taking disciplinary measures	

Which statement best describes your responsibility for supervising the work of others?

- No responsibility for supervision of other staff
- Supervise other staff who do essentially the same work
- Supervise other staff who hold different positions within the same area of activity
- Other, please specify: _____

How many employees do you supervise? _____

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Required Effort

Intellectual Effort

Place one checkmark (✓) next to the statement that best describes your job. Please consider how much judgment and thought is required to do your job, as well as how hard the duties are to do. Also think about whether procedures and standards are available to help you in making decisions.

- Job duties are very routine with little or no choice as to the procedures used in achieving results
- Job duties are semi-routine with few choices as to what procedures should be followed. Requires some judgment in making minor decisions.
- Job duties are somewhat complex with some choices as to what procedures should be followed. Requires a moderate level of judgment in selecting appropriate procedures and standards.
- Job duties are complex with several choices as to what procedures should be followed. Requires the use of considerable judgment in adapting procedures and standards to fit facts and conditions.
- Job duties are difficult and complex. Requires a high level of judgment where answers and solutions can only be found after careful thought and analysis.

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Please provide examples to support/describe the choice made on the previous page:

Example 1:

Example 2:

Example 3:

What is the most difficult aspect of your job?

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Concentration and Sensory Attention

In the table below, please place a checkmark (✓) indicating the activities in your job that requires concentration and sensory attention (seeing, tasting, smelling, touching, and hearing) and then place a checkmark (✓) indicating how long and how often you perform these activities.

- **Duration** means **how long** you have to perform the activity each time.
- **Frequency** means **how often** you perform these activities.
 - **Sometimes** - Once in a while, most days
 - **Often** - Several times a day
 - **Always** - Most working hours

ACTIVITIES REQUIRING CONCENTRATION & SENSORY ATTENTION (check (✓) all that apply)	DURATION			FREQUENCY		
	Up to and including 1 hr	Over 1 hr up to 2 hrs	More than 2 hrs	Sometimes	Often	Always
<input type="checkbox"/> Preparation of written material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dealing with requests for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concentration on precise work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervising clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Active listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical activities with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medication assistance (i.e. blister packs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Concentration and Sensory Attention (continued)

In performing your job duties, please provide examples where you perform two or more activities at once (i.e. listening and reading, observing and speaking, observing and writing) and/or where your attention must be shifted from one job duty to another.

Example 1:

Example 2:

Example 3:

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Physical Effort

In the table below, please place a checkmark (✓) indicating the activities in your job that requires physical effort and then place a checkmark (✓) indicating how often and how long you perform these activities.

- **Frequency** means **how often** you perform these activities.
 - **Sometimes** – 2 to 3 times per week
 - **Always** – Everyday

- **Duration** means **how long** you have to perform the activity each time.

Physical Activity (check (✓) all that apply)	Frequency		Duration			Working Situations (Please provide an example)
	Sometimes	Always	Up to & including 1 hr	Over 1 hr up to 2 hrs	More than 2 hours	
<input type="checkbox"/> Transferring clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lifting, pushing, pulling, holding or moving light weights/objects (less than 10kg/22lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lifting, pushing, pulling, holding or moving medium weights/objects (from 10kg/22lbs up to 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lifting, pushing, pulling, holding or moving heavy weights objects (more than 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bending over, hunching, squatting, kneeling, climbing over, crawling, reaching, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Working while seated (can get up from time to time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Working while standing (including walking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Physical Effort (continued)

- **Frequency** means **how often** you perform these activities.
 - **Sometimes** – 2 to 3 times per week
 - **Always** – Everyday

- **Duration** means **how long** you have to perform the activity each time.

Physical Activity (check (√) all that apply)	Frequency		Duration			Working Situations (Please provide an example)
	Sometimes	Always	Up to & including 1 hr	Over 1 hr up to 2 hrs	More than 2 hours	
<input type="checkbox"/> Performing repetitive motions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Maintaining one position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bringing a person who is agitated or experiencing a crisis under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Working in confined spaces and/or awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mopping/sweeping/vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bathing/dressing clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dealing with equipment (i.e. wheelchairs, oxygen tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Working Conditions

Please check (✓) the Unpleasant or Hazardous Environmental Conditions that you are exposed to and specify how often they occur.

- Frequency:**
- 1 – Rare (seldom)
 - 2 – Sometimes (weekly, monthly, etc)
 - 3 – Often (several times daily)
 - 4 – Always (almost all of the time)

✓	<u>Unpleasant or Hazardous Environmental Conditions</u> (check (✓) all that apply)	<u>Frequency</u>			
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<input type="checkbox"/>	<u>Noisy environment</u> Noise level such as loud televisions and radios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Repulsive matter and odors</u> Vomit, waste matter, blood, animal feces, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Confidentiality of information</u> Stress caused by the confidential nature of information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Time constraints</u> Tight, numerous, simultaneous, peak period, unforeseen deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Unpleasant or demanding verbal interactions</u> Interactions that are difficult, conflictual, hostile that require patience, comfort, tact, diplomacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Situations involving violent physical interactions</u> E.g. blows, bites, kicks, spits etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Unpredictable schedule and tasks</u> E.g. multiple unpredictable tasks and hours of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Dust, vapours, and chemical odors (i.e. smoke)</u> Requires ventilation or wearing of protective equipment or a protective apparatus, mildew.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Hazardous materials, contaminants, contagious tissues</u> Close contact with, near work, or handled, such as cleaning products, blood, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This information is confidential and will not be shared with your manager or the agency that you work for.

Working Conditions (continued)

- Frequency:**
- 1 – Rare (seldom)
 - 2 – Sometimes (weekly, monthly, etc)
 - 3 – Often (several times daily)
 - 4 – Always (almost all of the time)

✓	<u>Unpleasant or Hazardous Environmental Conditions</u> (check (✓) all that apply)	<u>Frequency</u>			
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<input type="checkbox"/>	<u>Significant temperature variations or bad weather</u> Going from indoor to outdoor, storms, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>High or low temperatures</u> Which make the situation uncomfortable or unpleasant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Difficult visual conditions (lighting, darkness, glare)</u> Which strain the eyes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Driving motor vehicles</u> Exposure to traffic, accidents and weather conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Confined areas</u> Where air circulation makes it difficult to be there a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Limited space</u> Which restricts actions/motions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Dirt, grease</u> On skin or clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Split shifts/ shift work</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Physical Environment</u> Unsafe structures, isolated homes, animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Physical, mental and sexual abuse</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>Other (specify):</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This information is confidential and will not be shared with your manager or the agency that you work for.

Respondent Identification

Questionnaire Number

Name (First and Last): _____

I hereby confirm that the information I have supplied in this questionnaire accurately reflects my job to the best of my knowledge.

Date

Signature

Note

We may have to contact you to get further information on your job. Please indicate:

Phone number: _____

E-mail address: _____

This page will be taken off the Job Analysis Questionnaire so that your answers will remain confidential.

****Please mail Job Analysis Questionnaire to:**

**Women's Issues Branch
Executive Council Office
P.O. Box 6000, 551 King Street
Fredericton, NB
E3B 5H1**