

# Aarhus University - WPA 2025

Framework of questions decided at the Senior Management Team meeting on 14 August 2024

#	Tema/Modul (EN)	Questions in English
	INTRODUCTION TO THE QUESTIONNAIRE	<p><b>PSYCHOLOGICAL WORKING ENVIRONMENT</b></p> <p><b>PLEASE NOTE:</b> The first part of this survey concerns the psychological working environment, and your answers are <b>anonymous</b>. You will therefore <u>not</u> be contacted as a result of your answers (as opposed to the physical part of the WPA).</p> <p>Your answers will be saved on an ongoing basis, and you will be able to go back and correct answers already given or pause your completion of the questionnaire and resume it later. The survey will run up to and including 12 March 2025.</p>
	YOUR WORK SITUATION	We'll now ask you a number of questions about your work situation, for example about job satisfaction, expectations, influence, motivation, workload etc.
1	YOUR WORK SITUATION	I'm generally happy with my job
2	YOUR WORK SITUATION	I generally feel comfortable at work
3	YOUR WORK SITUATION	I'm happy with my job prospects
4	YOUR WORK SITUATION	My tasks are meaningful
5	YOUR WORK SITUATION	I know what is expected of me as an employee
6	YOUR WORK SITUATION	I feel motivated and engaged in my work
7	YOUR WORK SITUATION	I receive information on important decisions, changes, plans for the future and the like
8	YOUR WORK SITUATION	I have an appropriate level of influence on my work (e.g. tasks, working hours and place of work)
9	YOUR WORK SITUATION	I feel sufficiently recognised for the work I do
10	YOUR WORK SITUATION	I feel that I am part of a community at my workplace
11	YOUR WORK SITUATION	I generally don't feel lonely in connection with my work
12	YOUR WORK SITUATION	At work, I feel respected and valued for who I am
13	YOUR WORK SITUATION	I feel that in general, participating and contributing on an equal footing with others is open to me
14	YOUR WORK SITUATION	There is an appropriate balance between my tasks and the time available for performing them
15	YOUR WORK SITUATION	I'm able to perform my work to a standard that I'm satisfied with
16	YOUR WORK SITUATION	My work/life balance is generally appropriate
17	YOUR WORK SITUATION	<p>I rarely experience stress to a degree which makes me feel unwell (e.g. heart palpitations, stomach-aches, muscle tension, depression, restlessness, difficulty relaxing, poor concentration etc.)</p> <p><i>Please note that you will not be contacted as a result of your answer as you are anonymous in this survey (as opposed to the physical APV). If you feel stressed, we encourage you to contact your immediate supervisor, HR partner, union representative, occupational health and safety representative or Aarhus University's anonymous psychological counselling service so that you can find a way of addressing the problem together.</i></p>
	YOUR DEVELOPMENT	We'll now ask you a number of questions regarding your development and competencies.
18	YOUR DEVELOPMENT	I have the necessary competences to perform my work well
19	YOUR DEVELOPMENT	I have opportunities for development (e.g. through new tasks, training and education, increased responsibilities etc.)
20	YOUR DEVELOPMENT	<p>Have you held a staff development dialogue (SDD) with your manager within the past 12 months?</p> <ul style="list-style-type: none"> <li>- Yes</li> <li>- No, and I have been employed for more than one year</li> <li>- No, I have been employed for less than one year</li> <li>- No, I have been on maternity/paternity leave, sick leave, leave of absence etc.</li> </ul>
21	YOUR DEVELOPMENT	The conducted employee development interview has been a good and relevant part of my development
	YOUR UNIT	The following questions concern your views on everyday life in your unit. When answering the questions, think of the colleagues you work with every day.
22	YOUR UNIT	In my unit, we are good at working on tasks together
23	YOUR UNIT	In my unit, we help and support each other
24	YOUR UNIT	In my unit, we have good working relations with other units
25	YOUR UNIT	In my unit, we take a constructive approach to each other's new ideas and suggestions
26	YOUR UNIT	In my unit, I can express my opinions freely even if there's disagreement
27	YOUR UNIT	In my unit, I experience that – regardless of gender – there are equal opportunities for interesting work assignments, promotion, management responsibility, career development, etc.

28	YOUR UNIT	In my unit, clear targets have been set, and we follow up on whether we meet them
29	YOUR UNIT	In my unit, the tone is pleasant and respectful (without, for example, rude, offensive and/or condescending ways of addressing each other)
30	YOUR UNIT	In my unit, we are tolerant and respect each other's differences.
31	YOUR UNIT	In my unit, we are good at resolving disagreements and conflicts
	YOUR DAY-TO-DAY MANAGEMENT	The following questions concern your experience of the day-to-day management. The day-to-day management is the management you experience on a daily basis – whether exercised by the manager to whom you report, your research director or team leader, or a group of managers.
32	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management creates a good framework for my work
33	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management is constructive in its approach to new ideas and suggestions
34	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management is sufficiently accessible (e.g. physically, by email, telephone etc.)
35	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management gives me sufficient help in prioritising my tasks
36	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management provides sufficient feedback on my work
37	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management acts as a good sounding board on issues of an academic/professional nature
38	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management makes the necessary decisions, even if they can be unpleasant
39	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management communicates overall strategies and targets in a way which makes them meaningful in my day-to-day work
40	YOUR DAY-TO-DAY MANAGEMENT	My day-to-day management communicates and acts uniformly and coherently in everyday working life
	OUR ORGANISATION	<p>We will now ask you a number of questions about your perception of Aarhus University as an organisation.</p> <p>Employees at the administrative centres and in the administrative divisions should think of the administration's leadership team when they answer the question about their confidence in the faculty leadership team.</p> <p>Employees at cross-organisational centres/units which are not part of a faculty or the administration should think of their unit's leadership team.</p> <p>Click for an overview of the leadership teams of the faculties and cross-organisational units (Here comes a mouse-over button or similar showing the text in italics below).</p> <ul style="list-style-type: none"> <li>- At Arts, the faculty leadership team is comprised of the dean, two vice-deans, the three heads of school, the head of the administrative centre and a chief adviser.</li> <li>- At Health, the faculty leadership team is comprised of the dean, two vice-deans, the five heads of department, the head of the graduate school, the head of the secretariat, the head of the administrative centre and the head of communications.</li> <li>- At Nat, the faculty leadership team is comprised of the dean, the three vice-deans, the heads of the faculty's eight largest units and the administrative management.</li> <li>- At Tech, the faculty leadership team is comprised of the dean, the four vice-deans, the heads of the faculty's twelve largest units and the administrative management.</li> <li>- At Aarhus BSS, the faculty leadership team is comprised of the dean, the two vice-deans, the head of the administrative centre and the heads of the faculty's six departments.</li> <li>- The administration's leadership team refers to the six deputy directors and the four heads of administration (US, see next item).</li> <li>- Employees at Enterprise and Innovation, the Centre for Educational Development (CED), the Aarhus Institute of Advanced Studies (AIAS), the secretariat of the Danish University Centre in Beijing (SDC), the Novo Nordisk Foundation CO2 Research Centre, the secretariat of the Danish Biodiversity Council and the Senior Management Team (US) should think of their local leadership team.</li> </ul>
41	OUR ORGANISATION	I have confidence in the faculty management team's leadership of my faculty
42	OUR ORGANISATION	I have confidence in the senior management team's leadership of the university (the senior management team is comprised of the rector, pro-rector, the university director, the director of Enterprise and Innovation and the five deans)
43	OUR ORGANISATION	At Aarhus University, employees are free to express criticism
44	OUR ORGANISATION	I would like to be employed at Aarhus University in a year's time
45	OUR ORGANISATION	I would recommend Aarhus University as a place to work
	OFFENSIVE BEHAVIOUR	In the following, you are asked a number of questions about offensive behaviour. If you are exposed to unpleasant, degrading or hurtful contact, this constitutes offensive behaviour. Offensive behaviour may, for example, be in the nature of bullying, unwanted sexual attention, threats, discrimination, etc. The behaviour may be intentional or unintentional on the part of the offender.

46	OFFENSIVE BEHAVIOUR	<p>In the past 12 months have you personally experienced repeated incidents of being spoken to in an abusive, offensive or derogatory way at work?</p> <p><input type="checkbox"/> Yes, daily  <input type="checkbox"/> Yes, weekly  <input type="checkbox"/> Yes, monthly  <input type="checkbox"/> Yes, occasionally  <input type="checkbox"/> Yes, once  <input type="checkbox"/> No</p> <p>If yes, who was responsible? (tick multiple boxes if necessary)  <input type="checkbox"/> People in my own unit  <input type="checkbox"/> People from other parts of the university  <input type="checkbox"/> A manager  <input type="checkbox"/> Students  <input type="checkbox"/> External parties</p> <p>If yes, where? (tick multiple boxes if necessary)  <input type="checkbox"/> At my workplace (or physical locations associated with my workplace)  <input type="checkbox"/> Away from my workplace (home address, shopping centres or the like)  <input type="checkbox"/> By phone, SMS, email or letter  <input type="checkbox"/> On social media (Facebook, Instagram, Twitter, LinkedIn or the like)</p> <p>If yes, how did you react at the time? (tick multiple boxes if necessary)  <input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough  <input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react  <input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't know what to do  <input type="checkbox"/> I confronted the person/people/I asked them to stop  <input type="checkbox"/> I told one or more of my colleagues  <input type="checkbox"/> I told my manager  <input type="checkbox"/> I told my occupational health and safety representative or union representative  <input type="checkbox"/> Other:</p> <p>Have you spoken to anyone in your workplace about the problem? (tick multiple boxes if necessary)  <input type="checkbox"/> Yes, a colleague  <input type="checkbox"/> Yes, a manager  <input type="checkbox"/> Yes, my occupational health and safety representative  <input type="checkbox"/> Yes, my union representative  <input type="checkbox"/> Yes, other persons than those mentioned above  <input type="checkbox"/> No</p> <p>Do you find that the problem has been solved?  <input type="checkbox"/> Ja  <input type="checkbox"/> No</p>
47	OFFENSIVE BEHAVIOUR	<p>Within the past twelve months, have you personally been subjected to workplace bullying?</p> <p>Bullying is when one or more employees subject one or more other employees to inappropriate behaviours. Bullying can be chronic (take place regularly over a longer time span) or acute (repeated severe actions that may occur over a shorter time span). To be defined as bullying, the abusive behaviours must be perceived as degrading by the person(s) subjected to them. Another condition is that the persons subjected to the inappropriate behaviours are not in a position to defend themselves effectively against them.</p> <p><input type="checkbox"/> Yes, daily  <input type="checkbox"/> Yes, weekly  <input type="checkbox"/> Yes, monthly  <input type="checkbox"/> Yes, occasionally  <input type="checkbox"/> Yes, once  <input type="checkbox"/> No</p> <p>If yes, who was responsible? (tick multiple boxes if necessary)  <input type="checkbox"/> People in my own unit  <input type="checkbox"/> People from other parts of the university  <input type="checkbox"/> A manager  <input type="checkbox"/> Students  <input type="checkbox"/> External parties</p> <p>If yes, where? (tick multiple boxes if necessary)  <input type="checkbox"/> At my workplace (or physical locations associated with my workplace)  <input type="checkbox"/> Away from my workplace (home address, shopping centres or the like)</p>

47	OFFENSIVE BEHAVIOUR	<p>If yes, how did you react at the time? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't know what to do</p> <p><input type="checkbox"/> I confronted the person/people/I asked them to stop</p> <p><input type="checkbox"/> I told one or more of my colleagues</p> <p><input type="checkbox"/> I told my manager</p> <p><input type="checkbox"/> I told my occupational health and safety representative or union representative</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> Yes, a colleague</p> <p><input type="checkbox"/> Yes, a manager</p> <p><input type="checkbox"/> Yes, my occupational health and safety representative (ASR)</p> <p><input type="checkbox"/> Yes, my union representative (TR)</p> <p><input type="checkbox"/> Yes, other than the above</p> <p><input type="checkbox"/> No</p> <p>Do you consider the problem resolved?</p> <p><input type="checkbox"/> Yes</p>
48	OFFENSIVE BEHAVIOUR	<p>Within the past twelve months, have you personally been subjected to sexism in connection with your work?</p> <p>Please note that this question relates solely to sexism in connection with your work. There will also be questions about unwanted sexual attention and sexually inappropriate behaviour.</p> <p><input type="checkbox"/> Yes, someone has spoken about women/men in a derogatory way that I found unwanted or uncomfortable</p> <p><input type="checkbox"/> Yes, someone has expressed opinions about when or if I should have children or how much parental leave I should take that I found inappropriate</p> <p><input type="checkbox"/> Yes, due to my gender I was asked to/encouraged to participate in non-work related activities and on committees (buying a gift for a colleague, organising a social event, welcoming new staff or giving emotional support to a colleague)</p> <p><input type="checkbox"/> Yes, remarks to the effect that my position, influence or performance at work can be attributed to my gender</p> <p><input type="checkbox"/> Yes, other</p> <p><input type="checkbox"/> No</p> <p>If yes, how often have you experienced sexism? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Once</p> <p>If yes, who was responsible? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> People in my own unit</p> <p><input type="checkbox"/> People from other parts of the university</p> <p><input type="checkbox"/> A manager</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> External parties</p> <p>If yes, where? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> At my workplace (or physical locations associated with my workplace)</p> <p><input type="checkbox"/> Away from my workplace (home address, shopping centres or the like)</p> <p><input type="checkbox"/> By phone, SMS, email or letter</p> <p><input type="checkbox"/> On social media (Facebook, Instagram, Twitter, LinkedIn or the like)</p>

If yes, how did you react at the time? (tick multiple boxes if necessary)

- I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough
- I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did
- I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects
- I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react
- I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react
- I didn't take any action at the time or afterwards – I didn't know what to do
- I confronted the person/people/I asked them to stop
- I told one or more of my colleagues
- I told my manager
- I told my occupational health and safety representative or union representative
- Other: \_\_\_\_\_
- Prefer not to answer

Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)

- Yes, a colleague
- Yes, a manager
- Yes, my occupational health and safety representative (ASR)
- Yes, my union representative (TR)
- Yes, other than the above
- No

Do you consider the problem resolved?

- Yes
- No

In the past twelve months, have you personally experienced unwanted sexual attention in connection with your work?

- Yes, inappropriate looks, staring or other behaviour that made me uncomfortable
- Yes, comments, messages or jokes with sexual overtones that felt inappropriate to me
- Yes, questions about my or other people's sex life/private life that felt inappropriate to me
- Yes, someone spread rumours about me.
- Yes, inappropriate invitations for dates or sex
- Yes, unwanted touching (such as kisses, massages, pats on my rear, embraces)
- Yes, attempts to force me to have sex
- Yes, other
- No

If yes, how often have you been subjected to unwanted sexual attention?

- On a daily basis
- Weekly
- Monthly
- Occasionally
- Once

If yes, who was responsible? (tick multiple boxes if necessary)

- People in my own unit
- People from other parts of the university
- A manager
- Students
- External parties

If yes, where? (tick multiple boxes if necessary)

- At my workplace (or physical locations associated with my workplace)
- Away from my workplace (home address, shopping centres or the like)
- By phone, SMS, email or letter
- On social media (Facebook, Instagram, Twitter, LinkedIn or the like)

If yes, how did you react at the time? (tick multiple boxes if necessary)

- I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough
- I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did
- I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects
- I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react
- I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react
- I didn't take any action at the time or afterwards – I didn't know what to do
- I confronted the person/people/I asked them to stop
- I told one or more of my colleagues
- I told my manager
- I told my occupational health and safety representative or union representative
- Other: \_\_\_\_\_
- Prefer not to answer

Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)

- Yes, a colleague
- Yes, a manager
- Yes, my occupational health and safety representative (ASR)
- Yes, my union representative (TR)
- Yes, other than the above
- No

Do you consider the problem resolved?

- Yes
- No

In the past 12 months, have you personally been subjected to threats of violence or threatening behaviour in connection with your work?

Threats of violence or threatening behaviour can be expressed by words or gestures, such as threats of beatings/mutilation, death threats, clenched fists or a finger across the throat, and can be made in person or indirectly, for example by phone or email or on social media.

- Yes, daily
- Yes, weekly
- Yes, monthly
- Yes, occasionally
- Yes, once
- No

If yes, who was responsible? (tick multiple boxes if necessary)

- People in my own unit
- People from other parts of the university
- A manager
- Students
- External parties

If yes, where? (tick multiple boxes if necessary)

- At my workplace (or physical locations associated with my workplace)
- Away from my workplace (home address, shopping centres or the like)
- By phone. SMS. email or letter

50	OFFENSIVE BEHAVIOUR	<p>If yes, how did you react at the time? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't know what to do</p> <p><input type="checkbox"/> I confronted the person/people/I asked them to stop</p> <p><input type="checkbox"/> I told one or more of my colleagues</p> <p><input type="checkbox"/> I told my manager</p> <p><input type="checkbox"/> I told my occupational health and safety representative or union representative</p> <p>Other: _____</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> Yes, a colleague</p> <p><input type="checkbox"/> Yes, a manager</p> <p><input type="checkbox"/> Yes, my occupational health and safety representative (ASR)</p> <p><input type="checkbox"/> Yes, my union representative (TR)</p> <p><input type="checkbox"/> Yes, other than the above</p> <p><input type="checkbox"/> No</p> <p>Do you consider the problem resolved?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
51	OFFENSIVE BEHAVIOUR	<p>Physical violence can include (but is not limited to) hitting with a hand or object, pushing, kicking, choking, biting, assaulting, restraining, throwing objects, pinching, pulling hair.</p> <p><input type="checkbox"/> Yes, daily</p> <p><input type="checkbox"/> Yes, weekly</p> <p><input type="checkbox"/> Yes, monthly</p> <p><input type="checkbox"/> Yes, occasionally</p> <p><input type="checkbox"/> Yes, once</p> <p><input type="checkbox"/> No</p> <p>If yes, who was responsible? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> People in my own unit</p> <p><input type="checkbox"/> People from other parts of the university</p> <p><input type="checkbox"/> A manager</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> External parties</p> <p>If yes, where? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> At my workplace (or physical locations associated with my workplace)</p> <p><input type="checkbox"/> Away from my workplace (home address, shopping centres or the like)</p> <p>If yes, how did you react at the time? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't know what to do</p> <p><input type="checkbox"/> I confronted the person/people/I asked them to stop</p> <p><input type="checkbox"/> I told one or more of my colleagues</p> <p><input type="checkbox"/> I told my manager</p> <p><input type="checkbox"/> I told my occupational health and safety representative or union representative</p> <p>Other: _____</p> <p><input type="checkbox"/> Prefer not to answer</p> <p>Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> Yes, a colleague</p> <p><input type="checkbox"/> Yes, a manager</p> <p><input type="checkbox"/> Yes, my occupational health and safety representative (ASR)</p> <p><input type="checkbox"/> Yes, my union representative (TR)</p> <p><input type="checkbox"/> Yes, other than the above</p> <p><input type="checkbox"/> No</p> <p>Do you consider the problem resolved?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

In the past 12 months, have you personally experienced discrimination in connection with your work? (tick multiple boxes if necessary)

Discrimination is defined as unfair treatment of a person or group motivated by a conscious or unconscious bias related to one or more characteristics of the group to which the person belongs. Even if someone feels they have been treated unfairly, it doesn't automatically amount to discrimination if the treatment can be reasonably and objectively justified.

- Yes, because of my gender
- Yes, because of my age
- Yes, because of my ethnicity/language/cultural background/skin colour
- Yes, because of my religion/political beliefs
- Yes, because of my physical appearance (e.g. weight, clothing, etc.)
- Yes, because of my sexual orientation
- Yes, because of my disability (physical or mental)
- Yes, for reasons other than the above: \_\_\_\_\_
- Yes, but I don't know why
- No

If yes, how often?

- Daily
- Weekly
- Monthly
- Occasionally
- Yes, what form did the discrimination or take? (tick multiple boxes if necessary)

- Compensation discrimination (salary, supplements, other rewards)
- Passed over for promotion or internal transfer
- Lack of opportunity to participate in courses and training
- Multiple incidents of unfair task allocation
- Lack of recognition from managers or colleagues
- Lack of work flexibility or access to work equipment
- Exclusion from participation in social situations
- Prejudiced behaviour, comments, jokes or other forms of derogatory speech
- Lack of access to knowledge and information (e.g. due to language barriers or exclusion from meetings/networks)
- Lack of opportunity to contribute to/be included in projects and applications
- Other
- Don't know/prefer not to say

If yes, who was responsible? (tick multiple boxes if necessary)

- People in my own unit
- People from other parts of the university
- A manager
- Students
- External parties

If yes, where? (tick multiple boxes if necessary)

- At my workplace (or physical locations associated with my workplace)
- Away from my workplace (home address, shopping centres or the like)
- By phone, SMS, email or letter
- On social media (Facebook, Instagram, Twitter, LinkedIn or the like)

If yes, how did you react at the time? (tick multiple boxes if necessary)

- I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough
- I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did
- I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects
- I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react
- I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react
- I didn't take any action at the time or afterwards – I didn't know what to do
- I confronted the person/people/I asked them to stop
- I told one or more of my colleagues
- I told my manager
- I told my occupational health and safety representative or union representative
- Other: \_\_\_\_\_
- Prefer not to answer

Have you spoken to anyone at your workplace about the problem? (tick multiple boxes if necessary)

- Yes, a colleague
- Yes, a manager
- Yes, my occupational health and safety representative (ASR)
- Yes, my union representative (TR)
- Yes, other than the above
- No

Do you consider the problem resolved?

- Yes
- No



53	OFFENSIVE BEHAVIOUR	<p>In the past 12 months, have you witnessed anyone else at your workplace being subjected to OFFENSIVE behaviour, i.e. repeated instances of abusive, offensive or derogatory language, bullying, sexism, unwanted sexual attention, discrimination, threats of violence or threatening behaviour or physical violence in connection with their work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you react at the time? (tick multiple boxes if necessary)</p> <p><input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't feel that the incident was serious enough  <input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't believe that it would make any difference if I did  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was concerned it would affect my job security or career prospects  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how one or more of my managers would react  <input type="checkbox"/> I didn't take any action at the time or afterwards – I was worried about how my colleagues or students would react  <input type="checkbox"/> I didn't take any action at the time or afterwards – I didn't know what to do  <input type="checkbox"/> I confronted the person/people/I asked them to stop  <input type="checkbox"/> I told one or more of my colleagues  <input type="checkbox"/> I told my manager  <input type="checkbox"/> I told my occupational health and safety representative or union representative  <input type="checkbox"/> Other: _____</p>
	WORK-RELATED ABSENCE DUE TO SICKNESS	The following questions about work-related absence due to sickness are related to sickness absence due to physical and / or psychological issues.
54	WORK-RELATED ABSENCE DUE TO SICKNESS	<p>Within the past 12 months, have you been absent due to sickness caused by aspects of your working life?</p> <p>If yes, what were the reasons for your absence due to sickness?</p> <p><input type="checkbox"/> Workload or other job requirements  <input type="checkbox"/> Aspects of my cooperation with or relations to my colleagues or my manager  <input type="checkbox"/> A dramatic and unsettling experience in the workplace  <input type="checkbox"/> An accident at work  <input type="checkbox"/> Muscular or skeletal pain due to working conditions  <input type="checkbox"/> Symptoms of a problematic indoor climate  <input type="checkbox"/> Other factors: _____</p>
	OVERGANG ML. SPØRGSMÅL OM PSYKISK OG FYSISK ARBEJDSMILJØ	Spørgsmålene vedr. hhv. psykisk og fysisk arbejdsmiljø adskilles og tydeliggøres med farvekode
	INTRODUCTION	<p>PHYSICAL WORKING ENVIRONMENT</p> <p>We will now ask you a number of questions about your physical working environment.</p> <p><b>PLEASE NOTE</b> that your answers about the physical working environment are <b>not</b> anonymous. Your name will be linked to the comments you make to ensure optimal follow-up on the physical conditions. If you write comments on the physical conditions, you will obviously still be completely anonymous regarding the questions that you have just answered about the psychological working environment. The physical conditions are reported in a separate report.</p> <p>All employees are asked the same questions. As far as possible, please try to answer all the statements and only use the response option 'Don't know/Not relevant' if you are truly unable to assess a statement or if the work areas in question is not relevant for you. If you have provided an answer to one of the following questions that indicates that you are experiencing problems in this area, you will have an opportunity to elaborate on your answer.</p>
55	PHYSICAL WORK ENVIRONMENT IN GENERAL	My physical work environment is generally good
56	PHYSICAL CONDITIONS	We will now ask you a number of questions about your physical work environment, for example the indoor climate, lighting and noise levels.
57	PHYSICAL CONDITIONS	The physical work environment is conducive to my work (e.g. facilities/rooms, layout, space etc.)
58	PHYSICAL CONDITIONS	I'm not bothered by noise or vibrations in my work
59	PHYSICAL CONDITIONS	The lighting around my work station is satisfactory
60	PHYSICAL CONDITIONS	The indoor climate is satisfactory (e.g. temperature, ventilation, odours, cleaning standards, no draughts etc.)
	ERGONOMICS	We will now ask you a number of questions about ergonomics, i.e. working positions which strain your body, heavy lifting etc.
61	ERGONOMICS	I rarely have to work in uncomfortable working positions
62	ERGONOMICS	I rarely have to perform monotonous repetitive work
63	ERGONOMICS	I generally don't do heavy lifting, pulling or pushing without aids
	CHEMICAL AND BIOLOGICAL CONDITIONS	We will now ask you a number of questions about possible exposure to chemical and biological substances as part of your work. The questions are relevant if you are in direct or indirect contact with chemical and biological substances, i.e. if you work with such substances or work in buildings where you are exposed to such substances.
64	CHEMICAL AND BIOLOGICAL CONDITIONS	I don't experience adverse effects from hazardous products and substances (e.g. cleaning agents, pesticides, medication/drugs, chemicals, dust etc.)
65	CHEMICAL AND BIOLOGICAL CONDITIONS	I feel that chemical products and substances are handled in a safe manner and in accordance with the applicable rules (e.g. as regards the use of gloves, respiratory protection, exhaust ventilation, fume cupboards, waste management, fire hazards etc.)
66	CHEMICAL AND BIOLOGICAL CONDITIONS	I can perform work which involves infectious micro-organisms without being exposed to any risk of infection from liquids, micro-organisms, animals, trial subjects/patients etc.

67	INSTRUCTION AND TRAINING	I receive the information, instruction and training necessary for me to be able to maintain appropriate health and safety standards in my work
68	INSTRUCTION AND TRAINING	I'm well informed about relevant procedures in connection with fires, evacuation etc.
69	RISK OF ACCIDENTS	My workplace has sufficient focus on the prevention and handling of accidents at work
70	RISK OF ACCIDENTS	I can perform my work with animals without suffering adverse health and safety effects
71	COMMENTS ON THE PHYSICAL WORK ENVIRONMENT	If you experience other problems with the physical work environment which are not covered by the above questions, please describe the problems in detail below:
72	BACKGROUND INFORMATION	As a technical/administrative employee, what kind of work do you primarily perform? (Tick one box) <ul style="list-style-type: none"> <li>- Administration, development, IT, executive support, library and communication</li> <li>- Cleaning, building maintenance or other service functions</li> <li>- Research support work, tasks in laboratories, experimental facilities or clinics, animal care or agriculture.</li> </ul>
73	BACKGROUND INFORMATION	Are you employed in a temporary position? <ul style="list-style-type: none"> <li>- No</li> <li>- Yes, for a term of one year or less</li> <li>- Yes, for a term of between one and three years</li> <li>- Yes, for a term of more than three years</li> </ul>
74	BACKGROUND INFORMATION	Does your employment depend on you attracting external funding (e.g. from research foundations)? <ul style="list-style-type: none"> <li>- Yes, my employment depends on me attracting funding for my own and others' employment</li> <li>- Yes, my employment depends on me attracting funding for my own employment</li> <li>- In part. I assist others in attracting funding for my employment</li> <li>- No, my employment is not dependent on me attracting external funding</li> <li>- Don't know/not relevant</li> </ul>

**Scales:** The questionnaire is based on a five-point agreement scale ranging from 'Strongly agree' to 'Strongly disagree'. Different scales are used for questions about inappropriate behaviour. Respondents will have the option to answer "don't know/not applicable" if they are unable to respond to a particular question - for example, because they're new at AU.

**Insertions:** The correct unit name will be automatically inserted where relevant. This will ensure that the respondent has the right unit in mind when responding. The word 'unit' is also defined in order to remove any doubts about what is meant (for example, '1115 Soil Physics and Hydropedology').

**Anonymity:** The general anonymity limit is five responses. For questions about inappropriate behaviour, the anonymity limit is 40 responses. Before the last question about the physical work environment, a text has been inserted explaining that there is limited anonymity with regard to these questions, which means that separate reports will be made on these questions and that there is no requirement for a minimum of five responses. The text also states that if a respondent selects "strongly disagree" or "partially disagree", they can add a free-text comment. The respondent's name (and unit name, if applicable) will automatically appear in the report, which makes it possible to follow up on their comment. The follow-up should include the following information:

Explain what the problem is: \_\_\_\_\_  
 Explain where the problem is (building and room number): \_\_\_\_\_  
 Describe proposed solutions (if any)

Green indicates that the question is new compared to WPA 2022

Yellow indicates that the question has changed compared to WPA 2022