

Before starting your response, we need your consent to participate in this survey. Your response will be treated as strictly confidential, and it will not be possible to identify individuals in the published results.

You can withdraw your consent at any time by contacting:

Safetec at Marita Pytte marita.pytte@safetec.tuv.com tel. +47 96 23 26 40.

The Norwegian Ocean Industry Authority at Astrid Schuchert astrid.schuchert@havtil.no, tel. +47 93 83 12 81.

1. I consent to participate in this survey

2. This survey runs throughout 2026 and should be answered once per project/diving operation. Are you participating in this survey for the first time in 2026?

Yes No Not sure

3. Gender

Male Female Other

4. Age

20 years or younger 21-24 years 25-30 years 31-40 years
 41-50 years 51-60 years 61 years or older Do not wish to answer

5. Nationality

Norwegian British Canadian Australian

Other, please specify country. Use capital letters:

6. What is your highest achieved level of higher education, in addition to professional diving certificates?

None Apprentice Trade certificate(s) University/College

7. Approx. how much of your working time during the last twelve months spent on the Norwegian Continental Shelf (NCS) has been spent on diving operations in:

	None	1-24 percent	25-49 percent	50-74 percent	75-100 percent
Oil and gas	<input type="checkbox"/>				
Renewables (solar, wave, wind)	<input type="checkbox"/>				
Aquaculture (e.g., fish farms)	<input type="checkbox"/>				
Subsea mineral extraction	<input type="checkbox"/>				
Carbon capture and storage	<input type="checkbox"/>				
Onshore facilities	<input type="checkbox"/>				

8. With whom is your employment contract?

Diving contractor Manning agency Self-employed/
Freelance Other

9. What type of employment contract do you have?

Permanent contract with
diving contractor (fixed salary) Day rate Employed for current project /
Project employment

10. If temporarily employed: What is the duration of the current engagement?

1 offshore period 1-2 months 3-5 months
 6 months -1 year More than 1 year Not sure

11. How much experience with diving do you have in total?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

12. How long have you held your current position?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

13. What is your current position on board?

Diving personnel

<input type="checkbox"/> Diving superintendent	<input type="checkbox"/> Diving supervisor saturation	<input type="checkbox"/> Surface-supplied diver	
<input type="checkbox"/> Life support supervisor	<input type="checkbox"/> Life support technician	<input type="checkbox"/> Assistant LST	<input type="checkbox"/> Gasman
<input type="checkbox"/> Diving supervisor surface supply	<input type="checkbox"/> Surface supplied diver	<input type="checkbox"/> Platform diving liaison	
<input type="checkbox"/> Dive tech. supervisor	<input type="checkbox"/> Dive technician		

Non-diving personnel involved in diving operations

Offshore manager DP operator Coxswain LDC
 ROV supervisor ROV operator

14. What is your work schedule?

Permanent day shift Permanent night shift Both day and night shift Adapted to diving operations (floating)

15. What is the name of the vessel/installation (DSV/LDC/other) where you are currently working? Please use capital letters.

16. Do you work permanently on this vessel/installation?

Yes, every trip Yes, mostly No, it varies

17. If you work on varying vessels/installations: How many vessels/installations have you worked on in the past twelve months?

100

18. Are you currently

A safety delegate/representative?

Yes No

No

An employee/union representative?

10 of 10

1

A member of the organization, or a representative.

19. Have you completed the mandatory 40-hour basic course for safety delegates/representatives and members of working environment committees?

No Yes, less than 5 years ago Yes, 5-10 years ago Yes, more than 10 years ago Not applicable

20. Have you received any course/training in Norwegian offshore HSE regulations?

Yes No

QUESTIONS FOR DIVING PERSONNEL

If you are not **diving personnel**, please skip this section and continue to question 39 on page 7.

21. Where do you mainly work?

Norwegian sector UK sector Worldwide

22. During the last twelve months, how many offshore diving periods (saturation/surface) have you had:

	None	1-5	6-10	more than 10
On the Norwegian Continental Shelf:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the UK Continental Shelf:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. General work factors. What is your opinion on the following related to working on the Norwegian Continental Shelf?

If you find the statement irrelevant, select the option "not applicable"

	Very preferable	Somewhat preferable	Indifferent	Somewhat not preferable	Not preferable at all	Not applicable
Use of NORSOK saturation/decompression framework?	<input type="checkbox"/>					
Use of NDTT surface-oriented tables?	<input type="checkbox"/>					
Length of offshore diving periods (saturation/surface supplied)?	<input type="checkbox"/>					
Mandatory break in bell?	<input type="checkbox"/>					
In-water time?	<input type="checkbox"/>					
Long-term follow-up of diver's health? (e.g. questionnaire, health review every 3 rd year etc.)	<input type="checkbox"/>					
Length of stay on board?	<input type="checkbox"/>					
Length restriction of divers' umbilical?	<input type="checkbox"/>					

24. During the last twelve months, how often have you performed training drills that involve the following?

	Every trip	Once	Twice or more	Not performed
Use of the bail-out system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of emergency equipment* in the bell, basket, habitat or LDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Examples of emergency equipment (not limited to): deck decompression chamber, diver hoist, oxygen bag mask administration, chest compression device etc.

25. How do you regard the quality of the communication system between diver and dive supervisor (and bell if relevant)?

Very bad Bad Acceptable Good Very good

26. How reliable do you regard the communication system between diver and dive supervisor (and bell if relevant)?

Unreliable Mostly reliable Fully reliable

27. During the last twelve months, how concerned were you that the following could occur?

Normally, if all is as it should be, the default is "not concerned". If you find the statement irrelevant, select the option "not applicable".

	Not concerned (1)	(2)	(3)	(4)	(5)	Very concerned (6)	Not applicable
Incorrect breathing gas content/loss of main gas supply	<input type="checkbox"/>						
Human errors during diving operations	<input type="checkbox"/>						
Mechanical breakdown during diving operations (e.g. cranes, bell/basket handling, hot water, etc.)	<input type="checkbox"/>						
Poor technical condition of personal diving equipment (including bail-out)	<input type="checkbox"/>						
Poor cooperation and communication with other team members	<input type="checkbox"/>						
Operation of the installation/platform structures you are working on (e.g. water inlet/outlet, crane lifting, etc.) affecting diving operations	<input type="checkbox"/>						
Problems occurring when working inside structures	<input type="checkbox"/>						
Problems when working with systems under pressure differential (overpressure or under pressure)	<input type="checkbox"/>						
Problems occurring with management of diver umbilical	<input type="checkbox"/>						
Collision or entanglement of bell/diver basket	<input type="checkbox"/>						
Incidents during subsea lifting operations	<input type="checkbox"/>						
Dangerous situations caused by simultaneous operations involving ROV	<input type="checkbox"/>						
Dangerous situations caused by environmental factors (seabed/surface contamination, sea state, currents, visibility)	<input type="checkbox"/>						
Problems occurring when working inside habitat	<input type="checkbox"/>						
Fatigue or exhaustion among diving team members	<input type="checkbox"/>						
Automated control systems failures (e.g. DP failure)	<input type="checkbox"/>						
Manual control systems failures	<input type="checkbox"/>						
Incidents during small boat operations	<input type="checkbox"/>						
Contaminated breathing gas	<input type="checkbox"/>						
Incidents while working near/on electrical systems	<input type="checkbox"/>						
Other (Specify):	<hr/>	<input type="checkbox"/>					

QUESTIONS FOR DIVING SUPERVISORY PERSONNEL

If you are not a **diving supervisor, diving superintendent, offshore manager, life support supervisor or dive tech. supervisor**, please skip this section and continue to question 32 below on this page.

28. How much active saturation dive supervision experience do you have?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

29. How much active surface diving supervision experience do you have?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

30. My initial supervisor training adequately prepared me for the job as a:

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree	Not applicable
Surface supplied supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturation diving supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Safety related practices in diving operations in the past twelve months:

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
Before diving operations, I remembered to ask all divers if they were fit for diving	<input type="checkbox"/>				
I started dives without making sure the diving equipment was checked	<input type="checkbox"/>				
I experienced hazardous situations during diving operations	<input type="checkbox"/>				
I worried about safety during diving operations	<input type="checkbox"/>				
The diving operational procedures (diving management system) were sufficient to get the job done in a safe manner	<input type="checkbox"/>				
I had to follow work-specific procedures that I felt were unsafe	<input type="checkbox"/>				
I experienced time pressure during diving operations	<input type="checkbox"/>				
I experienced noise levels when communicating with divers that compromised safety	<input type="checkbox"/>				
I worked with divers that I would not have trusted in an emergency situation	<input type="checkbox"/>				
I worked with support personnel that I would not have trusted in an emergency situation	<input type="checkbox"/>				

QUESTIONS FOR DIVERS

Answer the following questions if you **are a saturation diver or surface supplied diver**. Everyone else, please skip this section and continue to question 39 on page 7.

32. How much active saturation diving experience do you have?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

33. How much active surface diving experience do you have?

0-1 year 2-5 years 6-10 years 11-19 years 20 years or more

34. My initial diver training adequately prepared me for the job as a:

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree	Not applicable
Surface supplied diver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturation diver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Safety related practices in diving operations in the past twelve months:

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
Diving equipment was checked according to procedures before the diving operation	<input type="checkbox"/>				
My diving equipment was in proper condition before the diving operation	<input type="checkbox"/>				
Task briefings before diving were sufficient to get the job done in a safe manner	<input type="checkbox"/>				
I experienced deviations from standard operating procedures	<input type="checkbox"/>				
Instructions given during diving were of good quality	<input type="checkbox"/>				
I followed all instructions provided during diving	<input type="checkbox"/>				
I experienced dangerous situations due to instructions given during diving	<input type="checkbox"/>				
I worried about my own safety during diving	<input type="checkbox"/>				
I experienced noise levels when communicating with dive supervisor that compromised safety	<input type="checkbox"/>				
I worked with divers or diving personnel that I would not have trusted in an emergency situation	<input type="checkbox"/>				
I have worked with supervisors or life support personnel that I would not have trusted in an emergency situation	<input type="checkbox"/>				

36. Safety related practices in diving operations overall:

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree	Not applicable
I will freely speak up if I am in need of an extra break during a dive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am reluctant to ask to be excused from diving if I feel unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel free to decline an offshore dive period if I feel unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will freely speak up if I am in need of a medical assessment during a dive period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Working capacity

	Very good	Quite good	Moderate	Quite poor	Very poor
Overall, how do you evaluate your own mental condition?	<input type="checkbox"/>				
Overall, how do you evaluate your own physical condition?	<input type="checkbox"/>				

38. Exposure during diving in the past twelve months

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
I have been exposed to harmful chemicals without being informed of this prior to diving	<input type="checkbox"/>				
I have been exposed to harmful chemicals when diving (saturation/surface supplied) that affected my working capacity or health	<input type="checkbox"/>				
I experienced my suit being contaminated (e.g., oil spill, drilling mud, chemicals, produced water)	<input type="checkbox"/>				
Cleaning of the suit/umbilical/equipment was done when needed	<input type="checkbox"/>				
There were sufficient precautions taken to avoid harmful exposure to fumes/exhaust	<input type="checkbox"/>				

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
I have been exposed to uncomfortable noise levels	<input type="checkbox"/>				
I have performed such heavy lifting when diving that it has taken a toll on my health	<input type="checkbox"/>				
I experienced high or low temperatures that compromised my working capacity or health	<input type="checkbox"/>				
Feeling unwell after decompression/decompression illness (DCI)	<input type="checkbox"/>				
Feeling unwell after compression	<input type="checkbox"/>				

QUESTIONS FOR ALL PERSONNEL

39. Below is a list of some questions concerning your work situation. Indicate your experience of the various issues by ticking one box for each question. If you find the statement irrelevant, tick off the box "not applicable".

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always	Not applicable
Digital solutions I use provide the necessary support in the performance of my tasks (e.g. new software, portable technology, digital work permit system)	<input type="checkbox"/>					
I have the necessary access to IT/computer systems	<input type="checkbox"/>					
The internet speed for use on board the vessel/installation I'm currently stationed is satisfactory.	<input type="checkbox"/>					

**40. How often do you use digital technology in your work?
Tick one box for each equipment**

	Most of the day	Daily	Weekly	More seldom	Never
PC	<input type="checkbox"/>				
Smart telephone / tablet	<input type="checkbox"/>				
Wearable technology/registration equipment /scanner (e.g. IR camera, RFID)	<input type="checkbox"/>				
Information visor (e.g. Smart glasses, AR)	<input type="checkbox"/>				
Digital personal protective equipment	<input type="checkbox"/>				
Other digital tools	<input type="checkbox"/>				

41. Has your workday changed during the last twelve months as a result of:

	To a very small extent	To a small extent	To some extent	To a large extent	To a very large extent
Change in forms of cooperation due to the use of digital solutions (e.g. moving tasks onshore, integrated operations, remote support or remote work)?	<input type="checkbox"/>				
New work tasks and/or new work processes in your unit?	<input type="checkbox"/>				
Use of automated solutions in connection with the preparation and execution of your work (e.g. new software, digital work permit system)?	<input type="checkbox"/>				

42. Below are some statements of importance to health, safety and environment (HSE), including working environment. Based on your experiences from your workplace, indicate to what degree you agree with the various statements by ticking off one box for each statement. If you find a statement irrelevant, leave the box unchecked.

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
Risk-filled operations are always carefully planned before they are started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, I am pressured to work in ways that threaten safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough manning to properly safeguard HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues have the necessary competence to perform their job in a safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thoroughly familiar with the procedures and instructions regarding my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management takes input from the safety delegates/representatives seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel uncomfortable pointing out breaches of safety rules and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The work permit (PTW) system is always adhered to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence HSE matters at my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes breach safety rules in order to get a job quickly done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In practice, production takes priority over HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about undesirable incidents is used efficiently to prevent recurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being too preoccupied with HSE can be a disadvantage to your career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication between me and my colleagues often fails in a way that may lead to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather not discuss HSE with my immediate supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficient maintenance has caused poorer safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My manager appreciates me pointing out matters of importance to HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been given adequate training of working environment factors (e.g. chemicals, noise, ergonomics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues will stop me if I work in an unsafe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sufficiently trained to carry out my preparedness tasks in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are often simultaneous work operations, which leads to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The emergency preparedness is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports about accidents or dangerous situations are often "underplayed"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company I work for takes HSE seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of cooperation between operators and contractors often leads to dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor is committed to the HSE work on the vessel/installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to tell the nurse/company health service about complaints and illnesses that might be work-related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues are very committed to HSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The safety delegates/representatives do a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy to find what I need in the governing documents (requirements and procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are different procedures and routines for the same matters on different vessels/installations and this poses a threat to the safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sufficiently rested when I am at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have easy access to procedures and instructions concerning my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Fully agree	Partially agree	Neither agree nor disagree	Partially disagree	Fully disagree
I experience peer pressure which negatively affects HSE assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to the information necessary to make decisions which ensure the HSE aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous situations arise because everyone does not speak the same language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience a pressure not to report personal injuries or other incidents which may "mess up the statistics"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of the risks of the chemicals I work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been informed of the risks associated with noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I arrive at a new vessel/installation, there is enough time for me to familiarize with everything I need to know to do a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How satisfied are you with the accommodation conditions on the vessel/installation?

Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied

44. Below is a list of some questions concerning your work situation. Indicate your experience of the various issues by ticking one box for each question. If you find the statement irrelevant, leave the box unchecked.

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
Are you exposed to noise levels so high that you have to stand close to people and shout to be heard, or have to use headsets?	<input type="checkbox"/>				
Are you exposed to vibrations to your hands or arms from machines or tools?	<input type="checkbox"/>				
Do you work in cold, weather-exposed areas?	<input type="checkbox"/>				
Do you work under poor indoor climate conditions?	<input type="checkbox"/>				
Do you experience difficulties seeing what you are doing due to insufficient, weak or blinding lighting?	<input type="checkbox"/>				
Is your skin exposed to e.g. oil, drilling mud, detergents or other chemicals?	<input type="checkbox"/>				
Can you smell chemicals or clearly see smoke or dust in the air?	<input type="checkbox"/>				
Do you do heavy manual lifting?	<input type="checkbox"/>				
Do you have to twist or bend your upper body when lifting?	<input type="checkbox"/>				
Do you do repetitive and monotonous movements?	<input type="checkbox"/>				
Are your hands at or above shoulder height when working?	<input type="checkbox"/>				
Do you work in a squatting position or on your knees?	<input type="checkbox"/>				
Does your work involve a lot of static sitting with little possibility of variation?	<input type="checkbox"/>				
Is it necessary to work at a rapid pace?	<input type="checkbox"/>				
Do you find the shift arrangement a strain?	<input type="checkbox"/>				
Do you work so much overtime that it is straining?	<input type="checkbox"/>				
Do you get sufficient rest/recreation between workdays?	<input type="checkbox"/>				
Do you get sufficient rest/recreation between work periods (at home)?	<input type="checkbox"/>				
Is your workplace well adapted to the work tasks you perform?	<input type="checkbox"/>				
Does your work require so much attention that you find it a strain?	<input type="checkbox"/>				
Does your immediate supervisor value your work results?	<input type="checkbox"/>				

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
Can you set your own work pace?	<input type="checkbox"/>				
Can you influence decisions which are important to your work?	<input type="checkbox"/>				
Can you influence the way you perform your work?	<input type="checkbox"/>				
Do your colleagues help and support you in your work, if you need it?	<input type="checkbox"/>				
Does your immediate supervisor help and support you in your work, if you need it?	<input type="checkbox"/>				
Do you feel that the cooperation climate in your work unit is encouraging and supportive?	<input type="checkbox"/>				
Do you have so many tasks that it becomes hard to concentrate on each one?	<input type="checkbox"/>				
Does your immediate supervisor give you feedback on your work performance?	<input type="checkbox"/>				
Do digital tools you use provide the necessary support in the performance of your tasks (e.g. new software, portable technology, digital work permit system)?	<input type="checkbox"/>				
Do you get the necessary training in the use of new control systems?	<input type="checkbox"/>				
Do the control systems you use provide the necessary support in the performance of your work tasks?	<input type="checkbox"/>				
Do you know exactly what is expected of you at work?	<input type="checkbox"/>				
Do you have to do things that you feel should be done differently?	<input type="checkbox"/>				
Do you receive incompatible requests from two or more people?	<input type="checkbox"/>				

45. How sure are you that you will have a job as good as your current one two years from now?

Very Sure Quite Sure Somewhat sure Quite unsure Very unsure Planning to retire, not relevant

46. Over the last six months, have you been subjected to bullying at your workplace?

No Occasionally Now and then About once a week Many times a week

47. If yes, by whom? Feel free to tick off more than one box.

Colleagues Supervisor(s) Subordinates Others at the vessel/installation

48. Have you been subjected to unwanted sexual attention at your workplace or other places where you have been with your colleagues (e.g., courses, parties etc.) during the last six months?

Never Once 2-5 times More than 5 times

49. If yes, from whom? Feel free to tick off more than one box.

Colleagues Supervisor(s) Subordinates Others at the vessel/installation

50. Indicate how often the various statements apply to you by ticking off one box per statement.

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
I sleep well when offshore	<input type="checkbox"/>				
I sleep well the last few nights before going offshore	<input type="checkbox"/>				
I sleep well the first few nights after an offshore trip	<input type="checkbox"/>				
I have a problem with noise when sleeping offshore	<input type="checkbox"/>				
I must share my cabin with a person on the opposite shift	<input type="checkbox"/>				

51. How many hours were you awake before going on your first shift this trip?

0-5 hours 6-10 hours 11-15 hours 16 hours or more

52. How many hours overtime did you work on your last trip?

No overtime 1-5 hours 6-10 hours 11-15 hours
 16-20 hours 21-30 hours 31 hours or more

53. How many days did you spend offshore on your last trip?

0-4 days 5-8 days 9-13 days 14 days
 15-21 days 22 days or more

54. Have you worked more than 16 hours during the course of a 24-hour period one or more times during the last year?

Yes No

55. During your last offshore trip, were you woken up in your free time to do a work task?

Yes No

56. Do you normally have one or more additional jobs when you are onshore between offshore trips?

Yes No

57. How would you describe your general health?

Very good Good Neither good nor poor Poor Very poor

58. Have you been absent from work because you have been ill during the last twelve months?

No Yes, 1-14 days Yes, more than 14 days

59. If so: Do you believe that your last sick leave period was fully or partly caused by your work situation?

Yes No

60. Have you been injured in a work accident while at the vessel/installation during the last twelve months?

Yes No

61. If yes, was the injury reported to your supervisor or nurse/company health service?

Yes No

62. If so: How was the injury classified?

First aid Medical treatment Lost time injury Permanent disability Restricted / alternative work

63. Over the last three months, have you been troubled by any of the following:

	Not troubled	A little troubled	Quite troubled	Very troubled	Tick the box here if you feel that your symptoms are fully or partially caused by your work situation
Reduced hearing	<input type="checkbox"/>				
Ringing in the ears/ tinnitus	<input type="checkbox"/>				
Other ear problems	<input type="checkbox"/>				

	Not troubled	A little troubled	Quite troubled	Very troubled	Tick the box here if you feel that your symptoms are fully or partially caused by your work situation
Feeling exhausted	<input type="checkbox"/>				
Vertigo	<input type="checkbox"/>				
Nausea	<input type="checkbox"/>				
Itching	<input type="checkbox"/>				
Tingling or numbness	<input type="checkbox"/>				
Dental problems	<input type="checkbox"/>				
Joint discomfort	<input type="checkbox"/>				
Headache	<input type="checkbox"/>				
Neck/shoulder/arm pain	<input type="checkbox"/>				
Back pain	<input type="checkbox"/>				
Knee/hip pain	<input type="checkbox"/>				
Eye problems	<input type="checkbox"/>				
Skin problems (eczema, rash)	<input type="checkbox"/>				
White fingers	<input type="checkbox"/>				
Allergic reactions/hypersensitivity	<input type="checkbox"/>				
Stomach/bowel problems	<input type="checkbox"/>				
Respiratory problems	<input type="checkbox"/>				
Cardiovascular problems	<input type="checkbox"/>				
Depressive symptoms	<input type="checkbox"/>				
Anxiety	<input type="checkbox"/>				
Other psychological symptoms	<input type="checkbox"/>				

64. We have now asked all our questions. If you have opinions or comments to the topics raised in this form or in your answers, you can write them here. Please use capital letters.

Please remember to consent to participate in the beginning of the questionnaire, so that we may include your response in the results.