

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:

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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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renewables (solar, wave, wind) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aquaculture (e.g., fish farms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Subsea mineral extraction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon capture and storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Onshore facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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

- ☐ Diving superintendent ☐ Diving supervisor saturation ☐ Surface-supplied diver
☐ Life support supervisor ☐ Life support technician ☐ Assistant LST ☐ Gasman
☐ Diving supervisor surface supply ☐ Surface supplied diver ☐ Platform diving liaison
☐ Dive tech. supervisor ☐ 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?

| | |
|--|--|
| | |
|--|--|

18. Are you currently

A safety delegate/representative?

An employee/union representative?

A member of the working environment committee?

Yes

No

☐
☐
☐
☐
☐
☐

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of NDTT surface-oriented tables? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of offshore diving periods (saturation/surface supplied)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandatory break in bell? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-water time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long-term follow-up of diver's health? (e.g. questionnaire, health review every 3 rd year etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length of stay on board? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Length restriction of divers' umbilical? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Human errors during diving operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical breakdown during diving operations (e.g. cranes, bell/basket handling, hot water, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor technical condition of personal diving equipment (including bail-out) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor cooperation and communication with other team members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems occurring when working inside structures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems when working with systems under pressure differential (overpressure or under pressure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems occurring with management of diver umbilical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collision or entanglement of bell/dive basket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incidents during subsea lifting operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dangerous situations caused by simultaneous operations involving ROV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dangerous situations caused by environmental factors (seabed/surface contamination, sea state, currents, visibility) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems occurring when working inside habitat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fatigue or exhaustion among diving team members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automated control systems failures (e.g. DP failure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual control systems failures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incidents during small boat operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contaminated breathing gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incidents while working near/on electrical systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I started dives without making sure the diving equipment was checked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced hazardous situations during diving operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worried about safety during diving operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The diving operational procedures (diving management system) were sufficient to get the job done in a safe manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I had to follow work-specific procedures that I felt were unsafe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced time pressure during diving operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced noise levels when communicating with divers that compromised safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worked with divers that I would not have trusted in an emergency situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worked with support personnel that I would not have trusted in an emergency situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My diving equipment was in proper condition before the diving operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task briefings before diving were sufficient to get the job done in a safe manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced deviations from standard operating procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructions given during diving were of good quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I followed all instructions provided during diving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced dangerous situations due to instructions given during diving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worried about my own safety during diving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced noise levels when communicating with dive supervisor that compromised safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worked with divers or diving personnel that I would not have trusted in an emergency situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how do you evaluate your own physical condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced my suit being contaminated (e.g., oil spill, drilling mud, chemicals, produced water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleaning of the suit/umbilical/equipment was done when needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There were sufficient precautions taken to avoid harmful exposure to fumes/exhaust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have performed such heavy lifting when diving that it has taken a toll on my health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I experienced high or low temperatures that compromised my working capacity or health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling unwell after decompression/decompression illness (DCI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling unwell after compression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have the necessary access to IT/computer systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The internet speed for use on board the vessel/installation I'm currently stationed is satisfactory. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smart telephone / tablet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearable technology/registration equipment /scanner (e.g. IR camera, RFID) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information visor (e.g. Smart glasses, AR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital personal protective equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other digital tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New work tasks and/or new work processes in your unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you exposed to vibrations to your hands or arms from machines or tools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you work in cold, weather-exposed areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you work under poor indoor climate conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you experience difficulties seeing what you are doing due to insufficient, weak or blinding lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your skin exposed to e.g. oil, drilling mud, detergents or other chemicals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you smell chemicals or clearly see smoke or dust in the air? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you do heavy manual lifting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have to twist or bend your upper body when lifting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you do repetitive and monotonous movements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your hands at or above shoulder height when working? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you work in a squatting position or on your knees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your work involve a lot of static sitting with little possibility of variation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it necessary to work at a rapid pace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you find the shift arrangement a strain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you work so much overtime that it is straining? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get sufficient rest/recreation between workdays? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get sufficient rest/recreation between work periods (at home)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your workplace well adapted to the work tasks you perform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your work require so much attention that you find it a strain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your immediate supervisor value your work results? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you influence decisions which are important to your work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you influence the way you perform your work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do your colleagues help and support you in your work, if you need it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your immediate supervisor help and support you in your work, if you need it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that the cooperation climate in your work unit is encouraging and supportive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have so many tasks that it becomes hard to concentrate on each one? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your immediate supervisor give you feedback on your work performance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get the necessary training in the use of new control systems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the control systems you use provide the necessary support in the performance of your work tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you know exactly what is expected of you at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have to do things that you feel should be done differently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you receive incompatible requests from two or more people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I sleep well the last few nights before going offshore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I sleep well the first few nights after an offshore trip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a problem with noise when sleeping offshore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I must share my cabin with a person on the opposite shift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ringing in the ears/ tinnitus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other ear problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not troubled | A little troubled | Quite troubled | Very troubled | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Feeling exhausted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vertigo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Itching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tingling or numbness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint discomfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck/shoulder/arm pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knee/hip pain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin problems (eczema, rash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White fingers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergic reactions/hypersensitivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stomach/bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiovascular problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depressive symptoms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other psychological symptoms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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.