



Appendices

APPENDIX - AQUESTIONNAIRE FOR WORKERSI) PERSONAL DETAILS :

- 1) Name : Age :
2) Education : Experience :
3) Department ; Auto-loom Type of work : Battery
filler
4) Member of Household :

AdultsChildren

Male

Female

5) Habits :

- a) Tobacco chewing
b) Smoking
c) Pan eating
d) Gambling

6) Mode of conveyance :

- a) Train b) Bicycle
c) Walking c) City Bus

II) ABOUT ACCIDENTS :

- 1) Have you ever met with any accident? Yes/No



- 2) If yes, what was the cause for that accident?
 - a) Personal (b) Machine (c) Environmental
- 3) Which part of your body was injured in that accident. HAND
- 4) What was nature of that accident
 - a) Major (b) Minor (c) Temporary Disablement
- 5) Who is mainly responsible for accident?
 - (a) Men (b) Machine (c) Environment
 - (d) God wish.
- 6) Do you feel very tired during work? Yes/No
- 7) How do you find your work?
 - (a) Laborious (b) Interesting (c) Boring
 - (d) Do not like it.
- 8) In which shift you were there at the time of accident?
- 9) Have you received compensation from E.S.I. for that accident? If yes how much.
- 10) Do you remember the time and date of the accident.

- 11) After accident whether the same or different work was given to you?
- 12) After accident when you came back for work whether your efficiency had been reduced?
- 13) Are you suffering from personal problems?
 - (a) Sickness
 - (b) Money Problems
 - (c) Quarrels
 - (d) Mental disturbance
 - (e) No
- 14) Do you like your present job? Yes/No
- 15) Which Shift you like most? I, II, III,
- 16) Which shift is suspected to be the accident prone? I, II, III,
- 17) Are you given additional work load?
 - (a) Frequently
 - (b) Occasionally
 - (c) Not at all
- 18) When do you have more pressure of work? or when do you feel strain of work?
 - (a) before lunch break
 - (b) after lunch break
 - (c) at the end of shift.

- 19) Are you satisfied with safety devices provided to you presently? Yes/No
- 20) Are you using them or not? If not why?
- 21) Are they replaced at proper times?
- 22) Are you provided training to avoid accidents or given any special instructions? If not what are your suggestions? No
- 23) Do you think that your officers are really interested in implementing safety measures? Yes
- 24) Does your union take any part in safety training education.
- 25) How are your relations with other workers?
(a) Indifferent (b) Co-operative
(c) Friendly (d) Do not know
- 26) Do you have good relations with your supervisors? Yes/No
- 27) What is your opinion about supervisor's instructions?
(a) Useful (b) Misleading
(c) Confusing

- 35) What is your opinion about the working conditions such as air, light, temperature etc. (Noise, dust, cotton-particles etc.)
- 36) Do you think that your work or the working conditions have any adverse effect on your health? Is there any disease?