

01.09.2016

Questionnaire for returning travellers (occupational stay abroad)

The Occupational Health Service (Betriebsärztlicher Dienst) conducts an anonymous survey (questionnaire) to be filled out after returning from your field research abroad. The goal is to secure and if necessary to improve the high standard of occupational health and safety for staff and researchers travelling for the University of Bonn. After completing the form you may **send** it to the following address:

Betriebsärztlicher Dienst
Sigmund- Freud- Str. 25
53127 Bonn

or **via mail** to: betriebsarzt@ukb.uni-bonn.de

No.	Questions	Answers (please check box / fill in print) - <i>if necessary please use seperate sheet</i>	
1	Destination?		
2	Institute?		
3	Number of participants?		
4	Date of departure/ Date of return		
5	Did you experience serious health problems (infections, accidents, hospitalisation)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
6	Animal contact (bites, stitches, ticks)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
7	Did you have occupational accidents?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
8	Was the supply with food and water safe and sufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
9	If necessary: Did you have a mosquitonet, repellents, malaria tablettts, sun protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
10	Were there assigned responsables for first aid? Did you know whom and how to contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
11	Was there a first aid kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
12	If necessary: Was there equipment for personal protection (helmets, working gloves, safety shoes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
13	Did you know the location and phone number of the next adequate hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:

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14	Was a communication in case of emergency permanently available (mobile phone, satellite)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
15	If appropriate: Did you have access to at least one vehicle to bring injured or ill people to the next hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
16	Did you have to drive a car yourself?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
17	Did you have a local driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
18	Was the accommodation standard deficient (safety, hygiene)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
19	Was a translator available or did a team member speak the local language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
20	Do you speak the local language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Were there any internal or external conflicts/ harrassment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:
22	Did you receive a risk assessment/ information about health- and safety precautions concerning your task prior to your departure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify:
23	Did you make an appointment with the Occupational Health Service (Betriebsärztlicher Dienst) prior to your departure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please specify: