Evaluation table for Questionnaire G1

 **Date: Klicken Sie hier, um ein Datum einzugeben.**

| Questionnaire number | Number of peoplewithout/with complaints | Whichcomplaintsoccur? | Worst com-plaints in employees‘ opinion | Complaints started occurring … | Do complaintssubside whenemployee is notat workplace? | Suspected causes | Disruptive factors atworkplace | Following changes have occured at workplace recently |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| without | with | No | Yes |
| m1) | f2) | m1) | f2) |
| 1 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 2 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 3 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 4 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 5 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 6 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 7 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 8 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 9 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 10 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 11 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 12 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
| 13 | [ ]  | [ ]  | [ ]  | [ ]  |       |       |       | [ ]  | [ ]  |       |       |       |
|  |     |     |     |     |       |       |       |       |       |       |       |       |

1) m: male
2) f: female