Screening
(2013)

Name:	
State ID no.:	
Address:	
Tel.:	
E-mail:	
Date:	
Counsellor:	
Union/pension fund:	

1a. When did you start having difficulty in carrying out your work?

Date:_____

1b. When did you become unable to work because of health reasons?

Date:_____

2. When do you expect to be able to return to work?

I can go back to work after: ○ 0-3 months ○ 4-6 months ○ 7-12 months ○ more then 12 m

○ don´t know

3. Have you contacted your place of work/superior during your illness/absence from work?

○ Yes ○ No ○ Not applicable

4. Has anything been done at the workplace during your illness/difficulty to help you to continue to hold down your present job or to adapt your work for your workplace/return to work?

○ Yes ○ No ○ Not applicable

4a. If yes, what?

4b. If no, what would have been possible to do in your workplace?

5. Do you think that your present employer will continue to make use of your work ability?

○ Yes ○ No ○ Don‘t know ○ Not applicable

6. Is your present difficulty/inability to work because of:

○ Accident ○ Work related illness ○ Illness ○ Traumatic experience ○ Other setback

6a. If accident, what kind?

○ Work related accident ○ Traffic accident ○ Leisure accident

6b. If illness, what kind?

7. Do you have a law firm working on an accident claim for you?

○ Yes which law firm? ○ No ○ Not applicable

8. Rehabilitation that has already taken place, where and when:

9. Do you feel you get enough exercise?

○ Yes ○ No ○ Don't know

How often during the week do you exercise for at least 30 minutes at a time? ___ times

How? ☐ Walk ☐ Swim ☐ Jog ☐ Cycle ☐ group sport ☐ Exercise machines ☐ Other

10. Does physical pain make it hard for you at work or to carry out daily tasks?

○ Yes, very hard ○ Yes, considerably ○ Yes, somewhat ○ No, only a little ○ Not at all

11. Do you/did you find your work physically demanding?

○ Yes ○ No

11a. If yes, in what way

- ☐ Having to make precise hand movement
- ☐ Having to make the same movements often per minute
- ☐ Having to work with arms straight forward or up
- ☐ Having to lift heavy objects
- ☐ Having to maintain the same work position for a long time
- ☐ Standing for long periods
- ☐ Having to kneel or bend over

12. Do you/ did you find your work emotionally demanding?

○ Yes ○ No

12a. If yes, what was difficult about the work?

- ☐ Having to work with others on a project
- ☐ Adapting to changes
- ☐ To be able to participate in new tasks
- ☐ Having to be in direct contact with clients, customers or students
- ☐ Work load too heavy
- ☐ Too many projects
- ☐ Keep paying attention and concentrating
- ☐ Controlling my emotions
- ☐ Having to memorize things
- ☐ Other?_____

13. Does emotional stress influence your work ability?

○ Yes ○ No ○ Don't know

14. Does sadness or anxiety have influence on your work ability?

○ Yes	○ No	○ Don‘t know

15. Do you presently have or have you in the past had problems with alcohol or drugs?

○ Yes	○ No	○ Not applicable

15a. If yes, how?

16. Has your illness had an influence on your financial position?

○ Yes	○ No	○ Not applicable

17. Do your finances need reviewing?

○ Yes	○ No	○ Not applicable

18. Have you survived a serious head injury that caused unconsciousness or other temporary nervous system symptoms such as paralysis, considerable loss of memory or confusion, immediately after the blow?

○ Yes	○ No

19. Do you struggle with sleep problems?

○ Yes	○ No

If yes, how often? ___ times a week or ___ times a month

19a. If yes, do your sleep problems affect your daily work?

○ Yes	○ No	○ Sometimes

20. Are you worried that your illness will worsen if you go (back) to work?

○ Yes	○ No	○ Don‘t know	○ Not applicable

21. How would you describe your health as a whole?

○ Very good	○ Good	○ Okay	○ Poor	○ Very poor