

Insurer: \_\_\_\_\_

## EMPLOYEE QUESTIONNAIRE

Employee Number: \_\_\_\_\_

Length of time worked in this position: \_\_\_\_\_

Total Number of days off work (non consecutive) due to injury :  0-59 days     60 days +

No of employees:  1-10     11-50     51-100     101-250     251 -500     501-1000     1001+

Date of Injury : \_\_\_\_\_

Injury : \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you:                      Female [ ]    or    Male [ ]

Your current age:        Less than 25 years [ ]    26-35 years [ ]    36 to 50 years [ ]    51 to 64 years [ ]    Greater than 65 years [ ]

Are you:                      Single [ ]    Married [ ]    Divorced [ ]    Other [ ]

Country of birth is:

Number of dependents:

What is your occupation:    (Please specify)

How long have you worked in this occupation:    (Please specify period in days or months or years)

How long have you been employed by your present employer:    (Please specify period in days, months or years)

Are you:    (please tick the most relevant)

Permanent [ ]                      Casual [ ]                      Fixed contract [ ]                      Other [ ] please specify \_\_\_\_\_

Fulltime [ ]                      Part-time [ ]                      How long is the fixed contract? \_\_\_\_\_

Do you normally work:                      Fixed roster [ ]                      Rotating rosters [ ]

The questions below relate to how you feel about your general health. You need to tick ✓ the box that most describes how you feel:

Question		Tick ✓	Explanation or Comment
1.	Most people have days when they feel pretty “blue” or depressed during most of the day. How often does this happen to you?		
a.	Two or three times a week		
b.	About once a week		
c.	Once or twice a month		
d.	About once a month		
e.	Less than once a month		
2.	Most people have days when they feel tired or worn out during a good part of the day? How often does this happen to you?		
a.	Two or three times a week		
b.	About once a week		
c.	Once or twice a month		
d.	About once a month		
e.	Less than once a month		
3.	How often do you feel nervous, tense or edgy while on the job?		
a.	More than 50% of the time		
b.	About 50% of the time		
c.	About 25% of the time		
d.	About 10% of the time		
e.	About 5% of the time		
f.	Very rarely or never		

Please circle the correct yes or no to the statements below:

Question		Response	Don't Know
a.	I am often bothered by indigestion?	Yes / No	
b.	I sometimes feel weak all over?	Yes / No	
c.	I have trouble getting to sleep?	Yes / No	
d.	I get irritated or annoyed over the way things are going?	Yes / No	
e.	I consider I have good or excellent health?	Yes / No	
f.	I consider I have fairly health only	Yes / No	
g.	I consider I have poor health	Yes / No	

h.	I wake up with stiffness or aching in joints or muscles?	Yes / No	
i.	I seem to tire quickly	Yes / No	
j.	My job tends to directly affect my health	Yes / No	
k.	I work under a great deal of tension	Yes / No	
l.	I have felt fidgety or nervous as a result of my job?	Yes / No	
m.	If I had a different job my health would probably improve?	Yes / No	
n.	Problems associated with my job have kept me awake at night?	Yes / No	
o.	I often take my job home with me in the senses that I think about it when doing other things	Yes / No	

Please tick  the most appropriate response to the statements below:

Question		Tick <input type="checkbox"/>	Explanation or Comment
4.	In the past two (2) months which of the following best describes your smoking habits?		
a.	Nil cigarettes per day		
b.	1 – 10 cigarettes per day		
c.	11 – 20 cigarettes per day		
d.	More than 20 cigarette per day		
5.	In the past two (2) months tick which of the following best describes your alcohol intake?		
a.	Nil		
b.	An occasional drink		
c.	1 – 3 drinks per day		
d.	More than 3 drinks per day		

Please circle the correct yes or no to the statements below:

Question		Response	Explanation or Comment
6.	Within the last twelve (12) months have you had;		
a.	Back pain related to work activities?	Yes / No	
b.	A back injury at work?	Yes / No	
c.	Other related work strain or sprains?	Yes / No	
d.	Headaches at work?	Yes / No	
e.	Cold or flu?	Yes / No	
f.	High blood pressure?	Yes / No	
g.	Unintentional weight loss?	Yes / No	

h.	Cardiac problems?	Yes / No	
i.	Unintentional weight gain?	Yes / No	
j.	Rash?	Yes / No	
k.	Mood changes?	Yes / No	
l.	Arthritis?	Yes / No	
m.	Gastro-intestinal disorder?	Yes / No	
7.	Would you describe your position as a manual, physically or mentally demanding?	Yes / No	
8.	During the interview process for my present employment position I was asked about previous injuries and how they would affect my ability to do the work.	Yes / No	
9.	If previous injuries exist, I was provided assistance and education with modifications to the work as applicable	Yes / No	
10.	I attended a pre-employment medical	Yes / No	
11.	When inducted to the organisation I was provided with a formal induction	Yes / No	
12.	At induction I received instruction regarding the work environment and safe work processes	Yes / No	
13.	At induction I received formal training on the safe use of the company's equipment	Yes / No	

Please circle the correct yes or no to the statements below:

Scale	1 = Strongly Dissatisfied	2 = Dissatisfied	3 = Neither satisfied or dissatisfied	4 = satisfied	5 = Strongly satisfied
14.	How satisfied or dissatisfied are you with;				
a.	Working hours		1, 2, 3, 4, 5		
b.	Work team		1, 2, 3, 4, 5		
c.	Duties performed		1, 2, 3, 4, 5		
d.	Work family life balance		1, 2, 3, 4, 5		
e.	Your present job in light of your career ambitions		1, 2, 3, 4, 5		
f.	The chance that your job gives you to do what you are best at		1, 2, 3, 4, 5		
g.	Your present job when you consider the expectation you had when you took the job		1, 2, 3, 4, 5		
h.	The company's performance appraisal process		1, 2, 3, 4, 5		
15.	My working relationship with my supervisor is effective		1, 2, 3, 4, 5		
16.	My supervisor recognises my potential		1, 2, 3, 4, 5		
17.	My supervisor understands my problems and needs		1, 2, 3, 4, 5		
18.	Other employees make mistakes and I do not		1, 2, 3, 4, 5		

