Self-Assessment questionnaire



If you have a health condition, injury or disability we need to understand how this impacts on your ability to work.

We want you to tell us about your work background and your health. When you answer these questions we will be able to work out the best way to help you.

You can choose someone to help you answer the questions if you want.

How to fill in this questionnaire

To answer the questions you will need to:

• tick the box next to the statement that you think best describes your situation

or

· write in the space provided.

Please bring this questionnaire with you when you next meet with us.

	f you have a Community Service Card or have received any financial help from us before, write your client number here. It can be found on your Community Service Card.		
Client number			
Tell us your details	What is your full name? First and middle names		
	Surname or family name		
2	What date were you born?		
	Day Month Year		

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3 Think about things like sport, hobbies, volunteering and work experience that Tell us you do or have done. What did you enjoy and what skills do you think you have about your gained? work 1 HOW TO ANSWER Q3: This could include things like community work, organising church events, caring for children, using a computer, coaching sports teams. Describe the things you like to do, enjoy and the skills you have gained. What sort of work would you like to do in the future?

What sort of work do you think you would be good at?

6	What sort of jobs have you don	ne in the past?	
	Tick the one that best describ	pes the kind of work you have done.	
	Work I have done has mostly involved he	eavy physical work	
	Work I have done did not involve much h	neavy physical work	
	Work I have done has been a mix of jobs,	, some physical and some not	
	I haven't had a job		
Tell us what you expect	When do you expect to get a job or, if you are working part-time, when do you expect to increase your hours? Please tick one of the following		
	Within the next 3 months		
	Within the next 6 months		
	Within the next 12 months		
	In a couple of years		
	I don't think I will ever be able to work		
	I don't really know		
8	When I get a job I may need wo	rkplace support with:	
	↓ Please tell us how much support		
	Reading	Not at all Sometimes Most of the time	
	Writing	Not at all Sometimes Most of the time	
	Hearing and/or talking with people	Not at all Sometimes Most of the time	
	Physical access and/or moving around at work	Not at all Sometimes Most of the time	
	Lifting and carrying	Not at all Sometimes Most of the time	
	Getting on with people at work	Not at all Sometimes Most of the time	
	Learning new jobs, remembering things or understanding what people want don	e Not at all Sometimes Most of the time	
	Managing tiredness or fatigue	Not at all Sometimes Most of the time	
	Getting to and from the job	Not at all Sometimes Most of the time	
	Managing medication	Not at all Sometimes Most of the time	

O HOW TO ANSWER Q9: This could include		What do you think would help you get a job?		
	anything you think may help you get a job.			
(2) HOW TO ANSWER Q10: This could include		What do you think would stop you from getting a job?		
	anything you think may get in the way of getting			
	a job.			
	11	Is pain making it hard for you to do the sorts of things you want to do?		
		Please tick one of the following		
		No, not really		
		Yes, a bit hard to do what I want		
		Yes, quite hard to do what I want		
		Yes, the pain makes it extremely difficult to do what I want		
		Please bring this questionnaire with you when you next meet with us		