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.

If 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

1. What is your full name?
   First and middle names
   Surname or family name

2. What date were you born?
   Day Month Year
Tell us about your work

**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.

**3**

Think about things like sport, hobbies, volunteering and work experience that you do or have done. What did you enjoy and what skills do you think you have gained?

**4**

What sort of work would you like to do in the future?

**5**

What sort of work do you think you would be good at?
### What sort of jobs have you done in the past?

Tick the one that best describes the kind of work you have done.

- Work I have done has mostly involved heavy physical work
- Work I have done did not involve much heavy physical work
- Work I have done has been a mix of jobs, some physical and some not
- I haven’t had a job

### 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

### When I get a job I may need workplace support with:

Please tell us how much support you will need for each one.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Sometimes</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing and/or talking with people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical access and/or moving around at work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting and carrying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting on with people at work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning new jobs, remembering things or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>understanding what people want done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing tiredness or fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting to and from the job</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing medication</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What do you think would help you get a job?

What do you think would stop you from getting a job?

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.