

Self-Assessment questionnaire



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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'll 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'll 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.

Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

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

6

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

Tell us what you expect

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When do you expect to get a job or, if you're 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'll ever be able to work
- I don't really know

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

↓ **Please tell us how much support you'll need for each one**

- | | | | |
|--|-------------------------------------|------------------------------------|---|
| Reading | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Writing | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Hearing and/or talking with people | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Physical access and/or moving around at work | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Lifting and carrying | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Getting on with people at work | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Learning new jobs, remembering things or understanding what people want done | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Managing tiredness or fatigue | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Getting to and from the job | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |
| Managing medication | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most of the time |

