

GB14 Stress-related absence, return to work questionnaire

Company name					Project title		
Location					Contract no.		
Name of person returning to work					Date of birth		
Occupation					Period of absence from work		
Has a fit note been submitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes' provide details		
Is there a return-to-work plan?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes' provide details		
Cause of stress	Questions to consider				If this caused a problem, detail what the problem was <i>(or leave blank if not applicable)</i>	Action to be taken or adjustments to be made	
Demands	Did different people at work demand things from you that were hard to combine?						
	Did you have unachievable deadlines?						
	Did you have to work very intensively?						
	Did you have to neglect some tasks because you had too much to do?						
	Were you unable to take sufficient breaks?						
	Did you feel pressured to work long hours?						
	Did you feel you had to work very fast?						
Control	Could you decide when to take a break?						
	Did you feel you had a say in your work speed?						
	Did you feel you had a choice in deciding how you did your work?						
	Did you feel you had a choice in deciding what you did at work?						
	Did you feel your time could be flexible?						
Support (Manager)	Did your manager give you enough supportive feedback on the work you did?						
	Did you feel you could rely on your manager to help you with a work problem?						
	Did you feel you could talk to your manager about something that upset or annoyed you at work?						
	Did you feel your manager supported you through any emotionally demanding work?						
	Did you feel your manager encouraged you enough at work?						

GB14 Stress-related absence, return to work questionnaire *continued*

Cause of stress	Questions to consider	If this caused a problem, detail what the problem was (or leave blank if not applicable)	Action to be taken or adjustments to be made				
Support (Peers)	Did you feel your colleagues would help you if work became difficult?						
	Did you get the help and support you needed from your colleagues?						
	Did you get the respect at work you deserved from your colleagues?						
	Were your colleagues willing to listen to your work-related problems?						
Support (Relationships)	Were you personally harassed, in the form of unkind words or behaviour?						
	Did you feel there was friction or anger between colleagues?						
	Were you bullied at work?						
	Were relationships strained at work?						
Role	Were you clear about what was expected of you at work?						
	Did you know how to go about getting your job done?						
	Were you clear about what your duties and responsibilities were?						
	Were you clear about the goals and objectives for this department?						
	Did you understand how your work fits into the overall aim of the organisation?						
Change	Did you have enough opportunities to question managers about change at work?						
	Did you feel consulted about change at work?						
	When changes were made at work, were you clear about how they would work out in practice?						
Other issues	Is there anything else that was a source of stress for you, at work or at home, which may have contributed to you going off work with work-related stress?						
Name		Position		Signature		Date	

*Return-to-work plan

Fit for Work provides advice to help support your employees when a health condition is affecting their job. This might involve providing information on the type of adjustments which could help them stay in or return to work, or more general work-related health advice.

The service provides a referral to an occupational health assessment for your employees who have been absent from work for over four weeks due to sickness. Research suggests absence spells of around four weeks in length present a material risk of a more sustained spell of absence or the individual leaving employment altogether. Employees will be contacted within two working days of a referral by their GP or employer. They will receive an assessment by an occupational health professional. This assessment will usually take place over the telephone.

The assessment will seek to identify all potential obstacles preventing the employee from returning to work (including health, work and personal factors) and involve agreeing a plan designed to address each obstacle to enable a safe and sustained return to work. This return-to-work plan will reflect the assessment and provide advice and recommendations for interventions to help the employee return to work more quickly.