

MANUAL HANDLING

Initial Questionnaire

Disclaimer: This checklist is intended to obtain basic information only in cases involving manual handling incidents. It is not comprehensive, customised to an individual case or representative of expert opinion or advice. This list is generic so only some questions will be relevant. There may be some overlap in questions.

ABOUT YOU

Name:		Which is your preferred hand?	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
Contact number:		How would you rate your visual health?	<input type="checkbox"/> Perfect <input type="checkbox"/> Medium <input type="checkbox"/> Impaired
Date of birth:		Do you wear prescription glasses?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Sometimes <input type="checkbox"/> Only for reading <input type="checkbox"/> No
Height:		If yes to the above, when did you start wearing glasses?	
Weight: <i>(at time of incident)</i>		Were you wearing any prescription glasses at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't need them

PERSON COMPLETING CHECKLIST *(if different to above, e.g. solicitor, partner)*

Name:	
Date:	

(A) PREVIOUS HISTORY

1. How would you describe your fitness before you commenced working with your employer and in particular, the condition of that part of your body which you later injured?

(B) EMPLOYER DETAILS

2. What is/was the full name of your employer?
3. What is the address where you usually worked?
4. What is the address of where you were working on the date of your incident?
5. When did you commence employment with your employer?
6. What type of work does/did your employer do?

(C) JOB DESCRIPTION

7. What was your job title at the time of the incident?
8. Please explain what your job involved, overall:
9. Were there people at your work that could help you with your job? Were your tasks done in a team?

(C) JOB DESCRIPTION *(continued)*

10. What other roles (if any) did you have with this employer prior to this role?

11. How long had you been performing this most recent role for prior to the incident?

12. How many shifts did you work each week?

13. How many hours would you typically work each shift, and how much did this vary?

14. What days were the shifts you typically worked?

15. What time would you normally start and end a shift?

16. How much overtime did you work? Was this included in the hours mentioned, or were these additional to the hours previously mentioned?

17. What breaks did you usually take and how long were these for?

18. Did you have flexibility with when you could take breaks (even if the breaks were short – say 5 minutes or so)?

19. How would you describe your workload or the work day around the time of the incident?

20. Were there tools, machinery and equipment available to help you do your job, and if so, what were these?

My injury occurred as a result of:

- **A SINGLE INCIDENT:** If you consider that your injury was a result of a **single incident**, go to section (D) INJURY OCCURRED AS RESULT OF SINGLE /MULTIPLE INCIDENT(S) and answer all questions.
- **MULTIPLE INCIDENTS:** If you consider that your injury was a result of **multiple incidents**, go to section (D) INJURY OCCURRED AS RESULT OF SINGLE /MULTIPLE INCIDENT(S) and answer all questions for **EACH** incident using additional paper.
- **OVER COURSE OF EMPLOYMENT:** If you consider that your injury occurred over the course of your employment, go to section (E) INJURY OCCURRED OVER COURSE OF EMPLOYMENT section and answer all questions.
- **BOTH A SINGLE/MULTIPLE INCIDENTS and OVER COURSE OF EMPLOYMENT:** If you consider that your injury was a result of both a single incident or multiple incidents and over the course of your employment, please complete all remaining sections of the questionnaire.

(D) INJURY OCCURRED AS RESULT OF SINGLE /MULTIPLE INCIDENT(S)

Note: If your injury was a result of a **multiple incidents**, please answer the questions below for **EACH** incident using additional paper and attaching it to this questionnaire. I have attached additional incidents to this questionnaire.

21. Date of incident: _____
22. Time of incident: _____
23. What task were you undertaking at the time of the incident (please describe in as much detail as possible)?

24. Was this a task you had done before? _____
25. Was this a task that you normally did? _____
26. If you had done this task before, had you previously complained to your supervisor about any difficulties with this task? Had this type of incident happened before? _____
27. If yes to the above, what was the result of your complaint? _____
28. Please estimate the weights and sizes of the objects you handled (if applicable). _____
29. Please also estimate the heights of the benches and any trolleys that you picked up the objects from and placed them upon (if applicable). _____
30. What would you say was the most difficult thing about this task? (e.g. size, shape and weight of objects being handled, postures adopted, movements undertaken, support or lack of support received, equipment used, effort exerted, time pressures etc.)

31. Was there anything particularly different to usual or noteworthy at the time or day of the incident? (e.g. equipment used, people present, environmental conditions, etc.)

32. What pain or discomfort (if any) was felt at the time of or after the incident? And if it felt a while after the incident, how long after the incident? _____

Please go to **SECTION F: ADDITIONAL INFORMATION** and answer all relevant questions.

(E) INJURY OCCURRED OVER COURSE OF EMPLOYMENT

Note: Please answer questions below for **EACH** difficult/critical working task that you think contributed to your injury. Use additional paper to make notes, if required. I have attached additional tasks to this questionnaire.

33. What difficult/critical task do you think contributed to your injury (please describe in as much detail as possible)?

34. Was this a task that you normally did?

35. Please estimate the weights and sizes of the objects you handled (if applicable).

36. Please also estimate the heights of the benches and any trolleys that you picked up the objects from and placed them upon (if applicable).

37. Please estimate how frequently you handled the objects (if applicable) e.g. number of objects per minute / over a shift.

38. What would you say was the most difficult thing about this job? (e.g. size, shape and weight of objects being handled, postures adopted, movements undertaken, support or lack of support received, equipment used, effort exerted, time pressures etc.)

39. When did you first notice any pain or discomfort?

40. What type pain or discomfort (if any) did you feel?

41. Had you previously complained to or told anyone about the pain you were feeling?

42. If yes to the above, what was the result of your complaint?

43. Did you take any sick days or trips to the doctor as a result of this pain or discomfort that your employer knew about (if applicable)?

Please go to **SECTION F: ADDITIONAL INFORMATION** and answer all relevant questions.

(F) ADDITIONAL INFORMATION

44. Did anyone ever show you or teach you how to do your job or tasks safely? If yes, who and when? _____

45. Are there procedures for how to perform your work? _____

46. If you were not shown how to do your job safely, do you think injury could have been avoided if you were shown how to do it safely? _____

47. Do you think your injury could have been avoided by doing the task another way? If so, how? _____

48. Who did you tell about your pain or discomfort? When? How? _____

49. What did they do about it? _____

50. Do you think additional help and support from people and/or equipment could have assisted you to do your job more safely? _____

(G) OTHER COMMENTS

51. Please provide any other comments you wish to make:

*Thank you for your assistance with this questionnaire.
Please return it as soon as you can.*