

|  |  |  |
| --- | --- | --- |
| **Your Details** | | |
| 1. | Please provide your full name. |  |
| 2. | Please provide your full address. |  |
| 3. | Please provide your email address. |  |
| 4. | Please provide your phone number. |  |
| 5. | Please provide your National Insurance number. |  |
| 6. | Please provide your Date of Birth. |  |
| 7. | Please confirm which GP surgery you are registered with. Please provide the full name and address. |  |

**Stress at Work Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Your Employment** | | |
| 8. | Who is/was your employer? |  |
| 9. | What is/was your employer’s address? |  |
| 10. | What is/was your job title? |  |
| 11. | On what date did you commence your employment? |  |
| 12. | Did you complete a health questionnaire prior to starting with your employer? \* If so and you have a copy please return it with thisquestionnaire. |  |
| 13. | If the answer to question 12 is yes, please confirm whether you reported any mental health conditions in this questionnaire? If so, what? |  |
| 14. | What is/was your salary? |  |
| 15. | What hours were you contracted to work? |  |
| 16. | Did you often or usually work outside of your contracted hours? (if the answer is yes, please give examples including how it worked). |  |
| 17. | Were you entitled to a bonus? (if yes, please give details). |  |
| 18. | Are you still employed by this company? If no, please confirm the date you left. |  |
| 19. | If you are no longer employed by the company, please explain how your employment came to an end (i.e. whether you resigned or were dismissed). \*If you have any paperwork, please return it with this questionnaire. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Your Health**  Your employer has a duty of care to protect your health in the workplace. In cases of stress at work, an employer is entitled to assume you are able to do your job unless they are aware or become aware of a reason not to. Accordingly, your employer’s duty of care to protect you from stress/psychiatric injury only arises once they are placed on notice that you are at risk of suffering an injury. The usual way to show an employer is/was on notice is where an employee has a previous period of absence due to stress (although, if you have advised your employer, preferably in writing, that you are/were struggling, it may be possible to show this was sufficient to place them on notice). | | |
|  | 20. | Did you have a history of any mental health condition prior to your employment? (if so, please provide full details including start date/return date, type of the condition, how it was treated, how your employer dealt with your absence). |  |
|  | 21. | When did you first notice symptoms of stress during your employment? |  |
|  | 22. | Did you speak to your GP (or other medical professional about the stress you were experiencing? |  |
|  | 23. | If you have spoken to your GP, when did you first do this? |  |
|  | 24. | Roughly how many times have you been to see your GP about work related stress? Please give dates if possible. |  |
|  | 25. | What treatment, if any, have you received for your symptoms of stress? |  |
|  | 26. | On what date did you first tell your employer about the stress you were experiencing? |  |
|  | 27. | Please advise how and when you told your employer (i.e. verbal/writing) and whom you told. |  |
|  | 28. | What did you tell them? Please provide written evidence if possible. |  |
|  | 29. | Please provide dates of all your absences from work due to stress/depression/anxiety. |  |
|  | 30. | Are you currently signed off with work related stress? |  |
|  | **Your Employer’s Conduct**  Once your employer is made aware of actual or potential harm to your health, they have a duty to take reasonable steps to prevent you from suffering psychiatric harm. Employers are not expected to be perfect, and if an employer can show they took steps likely to do ‘some good’, it will be difficult for you to bring a successful claim. | | |
|  | 31. | What do you believe caused your stress-related symptoms? |  |
|  | 32. | If you were bulled/harassed, please give full details of the bullying/harassment you experienced (providing dates/times and details of who was bullying/harassing you). |  |
|  | 33. | If you feel you were overworked, please provide more details in relation to this. |  |
|  | 34. | If you feel your working hours caused you stress, please provide details of the hours you worked each day/week/month and how this compared to comparable colleagues. |  |
|  | 35. | If your workload (not related to working hours) was the cause of your stress, please provide more details in relation to this and explain how your workload differed from your comparable colleagues. |  |
|  | 36. | Did you raise a formal grievance with your employer in relation to the stress you were experiencing? Please supply full details including any paperwork. |  |
|  | 37. | If applicable, please explain the outcome from the grievance you raised. |  |
|  | 38. | Were you satisfied with the way in which your grievance was handled? If not, please explain why. |  |
|  | 39. | What do you think your employer could/should have done to protect you from the stress you experienced? |  |
|  | 40. | What did your employer do to help relieve your stress? |  |
|  | 41. | Did your employer refer you to Occupational Health? If so, please provide details of any recommendations made by Occupational Health.  Please supply copies of any supporting paperwork. |  |
|  | 42. | If recommendations were made, please confirm whether they were implemented by your employer. |  |
|  | **Your Claim** | | |
| |  |  |  | | --- | --- | --- | | 43. | Have you brought an Employment Tribunal claim or sought legal advice relating to the treatment you have suffered at work? If so, please provide full details of the nature of the claim, who is/was acting for you, and when this was submitted. |  | | 44. | Have you sought advice previously from a personal injury solicitor? If so, please provide full details on this, including when it was and what advice you received. |  | | | | |