**Regulation of the work ability in small and micro enterprises through multimedia tools**



**Tool 25**

**Assessment of employees’ health situation and ability to work**

**Description of the aim**

This tool allows micro-enterprises, small business and potential entrepreneurs to identify employees at increased risk of long term incapacity and employees who are in need of immediate therapeutic help. It also identifies and isolates known risk factors related to the individual´s attitudes, social circumstances and health to detect known barriers to work. It is also used to get an overview of what the individual thinks is needed to improve his/her work ability

**Target group**

Employees and Small and Micro Enterprises Managers, HR team members.

**Benefit of the tool**

Thanks to the questionnaire offered, the tool allows employers to early identify the employees who may suffer from health problems due to the work conditions or other factors. It ensures that the company retains skilled staff and spares the additional costs of recruitment and training new employees. It prevents from long-term sick leaves of employees. While for employees, it results in having a sense of security and being taken care of by employers. It also ensures them that their voice is heard by superiors and their needs are not neglected.

**Duration**

This tool can be developed in approximately 10 minutes, but can increase if later examination of answers by managers or HR personnel is conducted.

**How to use the tool**

The tool consists of 14 questions (both open and close). The questionnaire should be filled in periodically especially by employees who show reduced efficiency and deteriorated quality of work. The detailed analysis of worker’s responses, conducted by manager or HR team member should indicate the problems to address and areas to improve. The problems to be solved should be elaborated in the checklist action plan.

Employee Form

Read carefully the next questions and choose the answer that adequate the most to your personal situation. In some questions, you can choose more than one option.

|  |
| --- |
| 1. How would you describe your health as whole?
 |
| Very good |  |
| Good |  |
| Okay |  |
| Poor |  |
| Very poor |  |

|  |
| --- |
| 1. Do you have any difficulty in carrying out your work?
 |
| Yes |  |
| No |  |

|  |
| --- |
| 1. Do you find your work physically demanding?
 |
| Yes |  |
| Not |  |
| Not applicable  |  |

|  |
| --- |
| 1. If you find your work physically demanding, in what way is it demanding? (You can choose more than one option)
 |
| Very sedentary |  |
| Standing for a long time |  |
| Changing position |  |
| Lot of walking |  |
| Having to kneel or bend over |  |
| Having to work with arms straight forward or up |  |
| Having to lift heavy objects |  |
| Having to make precise hand movement |  |
| Having to make the same movements often per minute |  |
| Having to maintain the same work position for a long time |  |

|  |
| --- |
| 1. Do you find your work emotionally demanding?
 |
| Yes |  |
| No |  |
| Not applicable |  |
| Eye pain. |  |
| Migraines or dizziness. |  |
| Eyelids heaviness. |  |

|  |
| --- |
| 1. If you find your work emotionally demanding, in what way is it demanding?
 |
| Keep paying attention and concentrating |  |
| Controlling my emotions |  |
| Having to memorize things |  |
| Adapting to changes |  |
| Having to work with others on a project |  |
| Having to be in direct contact with clients, customers or students |  |
| Too heavy workload  |  |
| Engagement in too many projects |  |
| Too much stress related to work |  |

|  |
| --- |
| 1. Do you think that these physical and/or emotional difficulties have any effect on your effectiveness in the workplace?
 |
| None |  |
| A little |  |
| Some |  |
| A lot |  |
| A great deal |  |
| Non applicable |  |

|  |
| --- |
| 1. Do you suffer from any illness that influences your ability to work?
 |
| Yes |  |
| Not |  |
| Don’t know  |  |

|  |
| --- |
| 1. If you suffer from any illness that influences your ability to work, what kind of illness is it?
 |
|  |

|  |
| --- |
| 1. Have you discussed your illness and/or difficulties with your superior?
 |
| Yes |  |
| Not |  |
| Not applicable |  |

|  |
| --- |
| 1. Do you feel that you need more support/assistance in your workplace to overcome the difficulties and/or be able to work despite the illness?
 |
| Yes |  |
| Not |  |
| Don’t know |  |
| Not applicable |  |

|  |
| --- |
| 1. If you chose yes in Q11, what kind of assistance could you use?
 |
|  |

|  |
| --- |
| 1. Do you feel that there are areas that need to be changed so that you can handle your work despite the difficulties/illness?
 |
| Yes |  |
| No |  |
| Don’t know |  |
| Not applicable |  |

|  |
| --- |
| 1. If you chose yes in Q13, what areas need to be changed?
 |
|   |

|  |
| --- |
| Checklist: Action Plan |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is to be done? | How (procedure)? | Cost estimation | Priority | Until when? (date) | Who is responsible? |
| Example: Reduce the numbers of project the employees take part in at the same time.  |  |  | [ ]  high[ ]  medium[ ]  low |  |  |
|  |  |  | [ ]  high[ ]  medium[ ]  low |  |  |
|  |  |  | [ ]  high[ ]  medium[ ]  low |  |  |
|  |  |  | [ ]  high[ ]  medium[ ]  low |  |  |
|  |  |  | [ ]  high[ ]  medium[ ]  low |  |  |