

Repetitive Strain Injury Questionnaire

In order to bring a successful action in negligence against an employer an employee must prove not only a recognised medical condition which is work related but also that the employer knew or ought to have known well before the onset of the medical condition, that the employer was exposing the employee to significant risk of injury of the type sustained and yet failed to take reasonable steps to minimise or eliminate the risk, in other words that the employer was at fault and that this fault caused injury to the employee. This questionnaire is to assist us in making a judgement as to whether there is likely to be a reasonable chance of a successful claim in your case.

Please complete the questionnaire and return it to: Adrian Fawden, Partner

**Simpson Millar LLP
Floor 2, 33-41 Dallington Street
London EC1V 0BB**

PLEASE WRITE CLEARLY USING A BLACK BALL PEN.

Full Name:	Date of Birth:
Address:	
Telephone Number (incl National Code)	
Home:	Work:
Are you single, married, divorced or separated?	
National Insurance Number:	

Employment History

In what year did you leave school?

Please list all employers below since leaving school in chronological order. In the case of each shown please give full details:

Name & Address of Employer	When employment began and finished.	Precise nature or job title with description of duties	Was there a period when paid employment ceased please detail below	Reason for changes in employment

Name & Address of Employer	When employment began and finished.	Precise nature or job title with description of duties	Was there a period when paid employment ceased please detail below	Reason for changes in employment

Pastimes/hobbies/domestic activities

Note: These should include, Sporting Activities, DIY, Gardening and playing of Musical Instruments etc.

Please list below, if appropriate, the type of Activity, number of hours per day, frequency per week, how long have you been participating and are you still able to carry out the activity now.

Type of Activity	Number of hours per day	Frequency per week	How long have you been doing this activity?	Are you still able to carry out the activity now?

History of your injury/condition

Date when you first noticed the symptoms:		
Describe the symptoms when you first noticed them:		
At any stage of your life have you experienced symptoms of a similar character? If yes, please say when and in what circumstances?		
When did your symptoms reach a stage when you informed your supervisor, employer, employers nurse or doctor or went to your own GP? (In chronological order, name each person informed with date in each case)?		
Date informed	Who did you inform?	Additional information you feel may be relevant:

<p>When was the first time you knew your injury/condition was caused by your work? How did you come to realise this? (eg through your GP or Union Representative) include dates, names and position.</p>		
<p>When did you first stop work (if you did) because of your injury/condition?</p>		
<p>Provide a list of your sick absences as a direct result of the injury/condition complained of:</p>		

Did you return to work, when and for how long? Please give full history, with dates of returns and for what periods in chronological order.

Date you returned to work	How long were you able to keep working?	Additional details

Describe your current symptoms:

Has your condition resulted in the loss of your employment? If so, were you retired on medical grounds (giving date)?

Please think back. Did your symptoms coincide with or follow a change in your work pattern (e.g. a bonus or some other incentive scheme, new technology being introduced or extra overtime)? What was the change in your work which you feel has brought about your condition?

<p>Have you been offered alternative employment in the light of your condition?</p>
<p>What was the alternative job? Please provide a full description.</p>
<p>Did you take it up?</p>
<p>If “yes” do you think you can continue in your alternative job?</p>
<p>On what date did you start this alternative job and has it produced any benefit in your condition/symptoms?</p>

Is your new job as well paid? If not, are you suffering a loss and if so, how much?

Have you had to re-train for the new job? (give details)

Medical treatment

What is the name of your GP?	
His/Her full address:	
Date when you first consulted your GP about your condition:	
Have you been referred to a specialist?	
If "yes", what is his/her name and address:	
When were you examined by the specialist?	

Describe any treatment, medication, physiotherapy or operation carried out or prescribed by the specialist with dates and place of each treatment and names of medication, dates prescribed and by whom?

Type of treatment?	Dates of treatment	Place of treatment	Medication names	Dates prescribed	Who prescribed them?

<p>Did your condition improve with any of the above treatment? If so, describe in detail those improvements.</p>	
<p>Did the specialist give a name to your injury/condition? If so, what?</p>	
<p>Did the specialist give a cause for your injury/condition? (eg ageing process, work, sport etc.)</p>	
<p>Have you been seen by your employers doctor and/or nurse? If so when?</p>	

<p>What is this doctors and/or nurses name:</p>	
<p>Specify any treatment or courses of action offered or suggested by your employer's doctor and/or nurse.</p>	
<p>Were you told by the employer's doctor and/or nurse what injury/condition you were suffering from? Were you told by him/her that it was work related? If not, was some other cause suggested? If so, what?</p>	
<p>Have you been either directed or advised not to work by your employers doctor and/or nurse and if so, when and by whom?</p>	

Have you notified the D.S.S. of your condition?	
Have you had a D.S.S. medical examination?	
If so, give name of examining doctor:	
What were the findings?	

Your work pattern

<p>If you feel your condition is linked to machinery (include keyboards or work station), say when you began to use the equipment?</p>	
<p>How many days did you work each week? (If you worked an irregular number of days state the minimum and maximum number of days per week. What was the average number of days per week?)</p>	
<p>On an average day:</p>	
<p>- When did you start work?</p>	
<p>- When did you finish work?</p>	
<p>How many breaks did you have in the working day, when were they taken and how long were they?</p>	
<p>In the average day what was the longest period you spent at your work?</p>	

<p>If there were times when you spent longer periods at your work, state the longest period you have worked continuously?</p>	
<p>Were there any special incentives for you to work harder or longer or both? (If so, describe fully).</p>	
<p>Was there any other pressure for you to work harder or longer or both? (eg increased work loads, staff shortages, special targets.)</p>	
<p>Have there been any changes in your system of work? Please describe: (eg new technology, bonus schemes, targets etc.)</p>	

<p>Besides the breaks in your work which are described above were there any other natural breaks to your work function? (eg was your work interrupted by the need to carry out other functions such as answering the telephone, filing, searching for documents or a requirement to go to another department?)</p>	
<p>At any time was any aspect of your work extraordinary as compared with any colleagues doing the same job? (eg hours, breaks, unbroken periods of work, rates of work.) If so, please give particulars.</p>	

For keyboard workers only

On average, how many strokes did you achieve per hour?	
Was this calculated by you or your employer?	
After your condition developed was your keystroke rate less, if so, by how much?	
Describe your V.D.U. and keyboard, manufacturer's name, when it was manufactured, when it was supplied to your employer, any special distinguishing features or failings.	

Your work station

<p>Were you provided with a seat to work at?</p>	
<p>Was it adjustable? (describe fully)</p>	
<p>Do you consider that your seating was defective or unsuitable? If so, state why. (Please consider these matters in context of seating provided in relation to working surface provided.)</p>	
<p>Were you provided with a seat of your own or did you have to make do with what was available?</p>	
<p>Was your work desk adjustable? If so, describe fully how the adjustment worked.</p>	

<p>If you worked at a keyboard, was the height of the V.D.U. and keyboard adjustable?</p>	
<p>Were there any other aspects of the layout, set-up or equipment about which you would comment as causing or aggravating your condition?</p>	
<p>Did you make any formal complaints about any aspect of your working conditions?</p>	
<p>If in writing please identify the document(s) (attach a copy if possible).</p>	

If orally, to whom (giving name and position) when and terms of complaint(s) (gist)?	
What sort of response did your complaint receive?	
Please identify any document received (copy if possible).	
If oral response, from whom (name and position) when and terms of response (gist)?	
Did your employers carry out inspections or special checks on your workplace to see whether the equipment was safe for you, whether it was working properly or whether you had complaints about it? If so, how regularly were they carried out and by whom?	

Training

The following relate to the introduction of new technology to you, either when you started work or some time later. The questions relate to the degree of training you have received which relates to the avoidance of repetitive strain injury.

<p>Have you undergone training by your employers? If so, when did it take place, by whom was it given, how long did you undergo that training?</p>	
<p>Were you given any advice, warnings or counselling relating to repetitive strain injury? If so, what was given? Was it ever repeated?</p>	
<p>Did management check that you were working in accordance with the training you had received? If yes, how often?</p>	

<p>If you feel your condition could have been avoided by training (or better training), please describe how you feel the training (or lack of it) caused your condition?</p>	
<p>Have you been given any written warnings or advice as to the risks of R.S.I. in your workplace? Were any pamphlets, booklets, notices or any like literature circulated or displayed? If so, do you have a copy?</p>	

Other information

<p>Did your employer keep an Accident Report Book? If so, was your injury/condition recorded therein?</p>	
<p>Have others in your workplace suffered a similar condition? If so, please give names and addresses.</p>	
<p>Have any significant alterations been made in your workplace, your working hours or system as a result of the reported cases of R.S.I. If so, describe those changes.</p>	

If you have any other information which you feel is relevant to yourself, your injury/condition or your workplace please continue on the back of the final page of this questionnaire. (N.B. We prefer to have too much rather than too little information).

If you have any other documents, letters, notes, memos or reports from your employers, doctors, your Union or any other source which you feel would be of assistance in your claim, please photocopy and attach to this document on return.

PLEASE KEEP ALL YOUR ORIGINAL DOCUMENTS IN A SAFE PLACE

Signed:

Dated:

PLEASE COMPLETE

I (full name)..... Date of Birth.....

Of (address)

.....

Do hereby give consent to the preparation of a medical report with a view to providing all necessary information relating to the diagnosis and treatment given to me as a result of my work related injury.

Signed Dated

General Practitioner's name

Address

.....

Telephone number

Consultant's name

Hospital address

.....

Hospital Reference/Patient No.