

The Capacity Note

The capacity note describes how your current health affects your ability to work, and gives you the opportunity to discuss it with your employer to find a suitable way forward. It is intended to be used as follows:

- 1) Fill in parts 1 and 2 together with your doctor.
- 2) Bring the capacity note to your manager or supervisor. Together, you discuss what adjustments can be made in the workplace based on the health you have right now, and fill in this in part 3.
- 3) Send back the capacity note in the enclosed envelope. The capacity note is entered into your journal so you and your doctor can discuss your work situation at the next visit. Only part 1 will be used for research.

The project

The capacity note is part of the research project *Capacity Note – early and systematic communication between doctor, patient and employer*, a collaborative project between New Ways at the University of Gothenburg and Region Västra Götaland. Read more at <https://www.gu.se/en/research/new-ways-mental-health-at-work>.

Part 1 – Information about you and your work

Date:

Name:

Swedish social security number:

Enter your profession/occupation (be as specific as possible):

Do you work full or part-time?

Full-time (40 hrs/week) Part-time: ____%

Can overtime work occur?

No Yes: _____ hours per week

What are your working hours?

Day time Irregular hours Shift work

What is your employment form?

Permanent Temporary post Project position

Self-employed

Other information about your work situation

Management position Flexible work (able to adapt time and place)

Other:

Part 2 – Information about how your health affects your capacity to work

Cross all the statements that apply to you and your situation right now.

Concentration and memory

Right now my capacity to work is affected because it is difficult to:

- concentrate, thoughts are 'slow'
- take in information
- learn new tasks at work
- remember (e.g. meeting times, how to do tasks at work)
- prioritize tasks at work
- get tasks started
- complete tasks
- perform complex tasks (i.e. tasks that are not standardised or routine)
- do several things at the same time ("keep several balls in the air")
- lead work, both my own and others' (i.e. have an overview, make decisions, delegate etc.)
- keep the ability to concentrate up for more than short moments
- keep a high tempo for more than short moments
- work under time pressure
- other:

Feelings

Right now my capacity to work is affected because it is difficult to:

- control emotions
- take criticism
- handle change
- feel engagement
- be creative
- other:

Body

Right now my capacity to work is affected by:

- weakness/loss of strength in the body
- tenderness or tension in the body
- I am easily disturbed by sound and visual impressions, I need to work separately
- other:

Social

Right now my capacity to work is affected because it is:

- stressful to interact with other people (e.g. colleagues, customers, students)
- stressful to participate in contexts where many people are gathered (e.g. meetings, coffee breaks)
- difficult to do my job when others are looking or listening
- other:

NOTE! Do any of these claims pose a risk to you or others in your work situation? (e.g. if you are driving a commercial vehicle or operating a dangerous machine)

If yes, state in what way:

Other possible difficulties:

Part 3 - How can your work be adapted?

Is it possible to:

Change tasks at work (e.g. "routine tasks" instead of complex tasks, administrative tasks instead of customer contact)

no yes

yes, partially or temporarily (state how):

Change contacts with patients, students, customers etc. (e.g. fewer, shorter time)

no yes

yes, partially or temporarily (state how):

Change contacts with colleagues

no yes

yes, partially or temporarily (state how):

Reduce the number of internal meetings (e.g. workplace meeting, planning meeting)

no yes

yes, partially or temporarily (state how):

Take regular breaks

no yes

yes, partially or temporarily (state how):

Work with less intensity (e.g. fewer tasks, slower tempo)

no yes

yes, partially or temporarily (state how):

Work without overtime

no yes

yes, partially or temporarily (state how):

Reduce physical load (e.g. heavy lifts, twisted postures) no yes yes, partially or temporarily (state how):**Reduce time in front of computer screen** no yes yes, partially or temporarily (state how):**Change sound or light environment** no yes yes, partially or temporarily (state how):**Change workplace** (e.g. room, place in room, from out to in or vice versa) no yes yes, partially or temporarily (state how):**Arrange for a temporary relocation** no yes**Partial sick leave**

Is it possible, in view of your duties and the adaptations that can be made, for you to work part-time (in combination with partial sick leave)?

If yes, specify degree of work:

 10 - 25% 26 - 49% 50 - 75% 76 - 90%**Any other possibilities for adaptations:**