

Questionnaire for employees of the LUH

Personal details:

Last name: _____

Date of birth: _____

First name: _____

Gender: female male

Address: _____

other _____

Nationality: _____

E-Mail address: _____

Phone number: _____

Family status: single

married/registered partners

in a relationship

other: _____

Children: no yes, number of: ____ Age: _____

Employment details :

Where do you work? Institute/Department/Central facility: _____

How many hours do you work? ____ hours/week

Are you employed for a fixed period? no yes, for ____ months

To which group do you belong?

Administrative/Technical Staff Research Assistant (Doctoral Student)

Trainee Other: _____

Have you completed a vocational training? no yes, as _____

What is your highest level of education? _____

Accommodation:

single household with parents with partner with partner and child

flat share other _____

How did you find out about us (one tick only please):

Superior Colleagues Friends Internet

Flyer Poster Service-Center Company doctor

Staff council Equal Opportunities Office Health coordinator

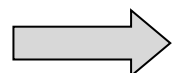
BEM Other: _____

Have you ever used any of our services before

Online counselling Previous individual counselling (as a student too)

No

Please turn and complete the second page!



Please indicate the main reason(s) for your visit (3 at most)

- Problems getting organized/time-management
- Performance problems
- Work overload
- Writer's block
- Conflicts with superiors
- Conflicts with colleagues
- Handling of difficult colleagues
- Lack of recognition
- Difficulties in balancing family and working life
- Job insecurity
- Difficulties in balancing PhD and other university requirements
- Problems completing your PhD
- Financial problems
- Problems with identity and self-esteem
- Problems with family members
- Social contact problems/problems in groups/social anxiety
- Problems in your relationship
- Concerns regarding future financial stability
- Difficulties transitioning to a new phase of life
- Problems with migration/cultural identity
- Problems dealing with severe stress/exhaustion
- Problems with sexuality or sexual orientation
- Fears/anxiety
- Low mood/Depressed
- Eating disorders
- Substance abuse/addictions
- Suicidal tendency
- Physical illness/psychosomatic issues
- Psychiatric illness
- Search for long-term therapy
- Trauma
- Other reasons (please specify):

Please mark 3 reasons at most

Date: _____