WES-RC:
A PATH TO SUSTAINING
YOUR CAREER

WES-RC
The Work Experience Survey
for Persons with Rheumatic Conditions:
A Structured Interview for Identifying Barriers to Career Maintenance

Developed by: Dr. Saralynn Allaire, Professor of Medicine
Boston University School of Medicine and Associate Director of ENACT
Preliminary Information

Section 1. Demographic, Health and Work History

Information

Demographics
1. Age ______ 2. Gender_____ 
3. Marital/family status ________________________________
4. Number of years of education ____________
5. Highest diploma/degree ________________________
6. Other vocational training, certification or license -
____________________________________________________

Health
7. Primary rheumatic condition (diagnosis)
____________________________________________________
8. Number of years has had primary rheumatic condition
__________
9. Other health conditions/disabilities
____________________________________________________
10. Medications

11. Health symptoms or issues: check any that are a problem in regards to work.
   ___ Pain
   ___ Fatigue or low energy
   ___ Sudden changes in symptoms and ability to do things
   ___ Stress/ nervousness/ worry
   ___ Poor sleep/ irritability
   ___ Depression/ anxiety
   ___ Medication side effects (describe)-

   ___ Other (describe)
Work History

12. Number of jobs held currently _______

13. Self-employed? Yes_____ No______

14. Title of main job

__________________________________________________________

15. List 3 activities performed regularly in main job

a. _______________________________________________________

16. Number of hours worked per week __________

17. Number of years worked in main job __________

18. Retirement issues

__________________________________________________________
Barriers (problems)

Section 2. Getting Ready for Work and Traveling to and from, or for Work

Please check the items that are sometimes, or always, a problem for you.

Getting ready for work

_____ Getting out of bed
_____ Extra time needed for dressing, preparing breakfast, etc.
_____ Getting children, other family members or pets ready
_____ Doing stairs at home
_____ Other (describe)

_________________________________________________________________
_________________________________________________________________

Traveling to and from, or for work

_____ Using public transportation (describe)

_________________________________________________________________
___ Walking to work
___ Driving - check which items are problems
   ___ Turn head as needed for rear view
   ___ Get in and out of vehicle
   ___ Turn key in ignition
   ___ Shift gears
   ___ Hold or turn steering wheel
   ___ Sit a long time
   ___ Stay alert or concentrate on driving
   ___ Clear snow and ice in winter
   ___ Pick up and drop off children or others
   ___ Other (describe)

___________________________________________________________________________

___ Time/energy use
___ Stress of getting to work on time
___ Travel for business (describe)

___________________________________________________________________________

___ Lifting and/or carrying things
___ Other (describe)
Are any of the items you checked major problems for you?  ____ Yes  ____ No
If Yes, please circle the items that are major.  (*Major means often or fairly bothersome*)
Section 3. Workplace Access

Please check the items that are sometimes, or always, a problem for you.

Getting into or around your place/s of work

- Parking
- Walking
- Stairs
- Opening doors - check which items are problems
  - Door weight
  - Turn doorknobs
- Other (describe)

________________________________________________________________________
________________________________________________________________________

Using workplace facilities

- Bathroom
  - Low toilet
_____ Other (describe)

__________________________________________

_____ Access to food/eating places
_____ Emergency evacuation routes
_____ Other (describe)

__________________________________________

Are any of the items you checked major problems?
_____ Yes _____ No

If Yes, please circle the items that are major. (Major means often or fairly bothersome)
Section 4. Completing Job Activities

Please check the items that are sometimes, or always, a problem for you.

Physical job demands

____ Standing or being on feet too long
____ Prolonged sitting
____ Getting and up and down from sitting (describe)

____ Lifting, pulling, pushing, or moving materials, equipment or people
____ Carrying things
____ Bending, kneeling, squatting, or picking things up from low places
____ Reaching, raising arms above shoulders, or holding objects up
____ Use computer or other keyboard devices – check which items are problems
____ Positioning (describe)
Typing, keyboarding or using the mouse
Other (describe)
_____________________________________
Other hand or wrist use - check which items are problems
Holding things like tools or telephone, or opening things like jars or drawers
Handling objects, for example, turn pages, use cell phone, chop food, etc.
Picking things up
Writing
Hands get cold
Other (describe)
_____________________________________
Body position issues (describe)
_____________________________________
Being able to move quickly
Doing repetitive activities
Strength or endurance issues (describe)
____ Seeing well or other vision issues (describe)
__________________________________________

____ Other (describe)
__________________________________________

Are any of the items you checked major problems?
____ Yes ____ No

If Yes, please circle the items that are major. *(Major means often or fairly bothersome)*
Section 4. Completing Job Activities (continued).

Please check the items that are sometimes, or always, a problem for you.

Mental job demands

_____ Staying alert or sustaining attention
_____ Remembering
_____ Thinking quickly
_____ Focusing or concentrating on work activities
_____ Planning or organizing
_____ Other (describe)

_____________________________________________________________

Time, Energy and Emotional job demands

_____ Working your regular hours
_____ Working extra or overtime hours
_____ Starting on work activities soon after you get to work
____ Work pace or scheduling issues
____ Meeting time or production quotas or deadlines, or perform under stress
____ Emotional demands of working with children, customers, etc.
____ Other (describe)

Any other job demands
____ Other (describe)

____ Other (describe)

Are any of the items you checked major problems?
____ Yes ____ No
If Yes, please circle the items that are major. (Major means often or fairly bothersome)
Section 5. Relationships with People at Work – Supervisors, Co-workers, People You Supervise, Customers, or Persons You Teach or Care For

Please check the items that are sometimes, or always, a problem for you.

_____ Supervisor, or management, is not supportive
    _____ You are unable to explain your condition
    _____ You are treated differently, or not in the way you want
    _____ You fear being thought of as less valuable
    _____ Other (describe)
      ___________________________
      ___________________________

_____ Co-workers are not supportive
    _____ They don't help when you ask for it
    _____ You don't want/ or are afraid to ask for help
You feel guilty about taking time off, or about doing less work, due to your health.

Co-workers resent you taking time off due to your health.

Other (describe)

_______________________________________

_______________________________________

Reactions of people you supervise to your health (describe)

_______________________________________

_______________________________________

Feeling the need to hide your health condition from others.

Feeling self-conscious about your health condition, limitations, or appearance.

Explaining or handling reactions of others to your health, limitations or appearance.

Lack of understanding from others about your limitations.

Being afraid or hesitant to ask for a job accommodation.
____ Being pleasant and upbeat with others when in pain or tired
____ Wearing the right kind of clothes or shoes for your work
____ Other (describe)

___________________________________________
___________________________________________

Are any of the items you checked major problems?
____ Yes ____ No

If Yes, please circle the items that are major. (Major means often or fairly bothersome)
Section 6. Working Conditions and Company Policies

Please check the items that are sometimes, or always, a problem for you.

Working Conditions

_____ Lighting - check which items are problems

_____ Fluorescent lights

_____ Sunlight – work outdoors

_____ Other (describe)

______________________________

_____ Cold temperature or drafts - check which items are problems

_____ Air conditioning

_____ Work outdoors

_____ Other (describe)

______________________________

_____ Hot temperature

_____ Humidity

_____ Smoke or other fumes/ scents/ dust
Company Policies

___ Needing to arrive at a certain time
___ Sick days
   ___ No or not enough sick days
   ___ Needing to take a lot of sick days
   ___ Supervisor or management frowns on use of sick days
   ___ Other (describe)

___ Other (describe)

___ Not enough flexibility in hours
___ Not enough chance to do some work at home
___ Not enough chance to take rest breaks
___ No or not enough time off for health care appointments
___ No modified or light work available
___ Employer is not supportive about job accommodations
Are any of the items you checked major problems?

_____ Yes _____ No

If Yes, please circle the items that are major. (*Major means often or fairly bothersome*)
Section 7. Job, Career and Home Life
Please check the items that are sometimes, or always, a problem for you.

Job mastery
____ Getting the work for your job done
____ Completing tasks as quickly as others do
____ Concern about meeting expectations
____ Loss of self-confidence about your work
____ Other (describe)

_____________________________________________________________________

____ Lack of friendly relationships at work
____ Considering what work you would do if you needed or wanted to change jobs
____ Having the drive or energy needed for promotions

Job satisfaction
____ You are unhappy with your job because of your health
You are unhappy with your job because of job conditions

Job does not give a feeling of accomplishment, or opportunity for advancement

Low pay

Job does not provide for steady employment

Lack of health insurance or retirement benefits

Other (describe)

You want or need to change jobs or career

Balance Between Work and Home Life

Getting household work and/ or shopping done

Lack of family support (describe)

Doing things with your children, or doing other family, social and recreational activities

Doing volunteer, community or church activities

Caring for yourself, such as taking medications, getting rest, proper diet and exercise
____ Other (describe)

__________________________________________________________

__________________________________________________________

Are any of the items you checked major problems?

____ Yes ____ No

If Yes, please circle the items that are major. (Major means often or fairly bothersome)
Section 8. Problem Prioritization and Solution Development

Review the problems identified in sections 1-7 and list the 3 most bothersome problems/barriers to employment. Then describe possible solutions to the 3 problems and resources or people who can help. Be specific.

Problem/barrier 1:
_____________________________________________________________________

Possible solutions:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Resources/ people to help:

________________________________________________________________________________________

________________________________________________________________________________________

Problem/barrier 2:

________________________________________________________________________________________

Possible solutions:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Resources/ people to help:

________________________________________________________________________________________
Problem/barrier 3:

______________________________________________

Possible solutions:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Resources/ people to help:

______________________________________________

______________________________________________

______________________________________________
The Work Experience Survey for Persons with Rheumatic Conditions (WES-RC) is based on the Work Experience Survey developed by Richard T. Roessler, Arkansas Research and Training Center in Vocational Rehabilitation, University of Arkansas at Fayetteville.

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