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

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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. _________________________________________________________
   b. _________________________________________________________
   c. _________________________________________________________
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

____ Other (describe) ________________________________________________________

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) ________________________________________________________

____ 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

____ 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 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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