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. ____________________________________________________________
   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.

Development of the WES-RC was funded by the American College of Rheumatology Research and Education Foundation.