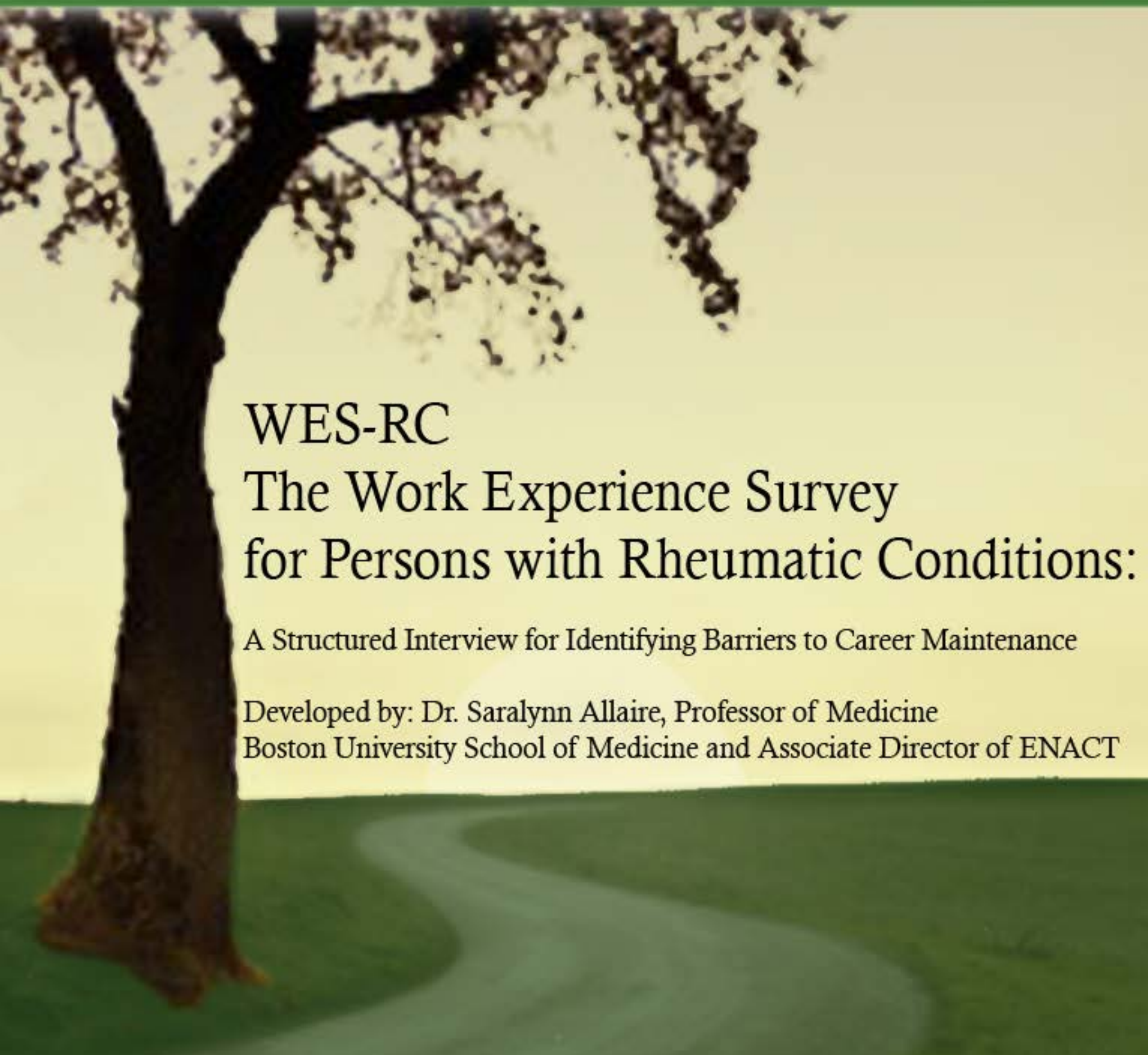


# WES-RC: A PATH TO SUSTAINING YOUR CAREER



## 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

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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)-

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\_\_\_\_ Other (describe)

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## Work History

12. Number of jobs held currently \_\_\_\_\_

13. Self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Title of main job

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15. List 3 activities performed regularly in main job

a.

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b.

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c.

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16. Number of hours worked per week \_\_\_\_\_

17. Number of years worked in main job \_\_\_\_\_

18. Retirement issues

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## 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)

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#### Traveling to and from, or for work

\_\_\_ Using public transportation (describe)

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- \_\_\_\_\_ 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)
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- \_\_\_\_\_ Time/energy use
  - \_\_\_\_\_ Stress of getting to work on time
  - \_\_\_\_\_ Travel for business (describe)
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- \_\_\_\_\_ Lifting and/ or carrying things
  - \_\_\_\_\_ Other (describe)
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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)

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### Using workplace facilities

\_\_\_\_\_ Bathroom

\_\_\_\_\_ Low toilet



\_\_\_\_\_ Other (describe)

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\_\_\_\_\_ Access to food/eating places

\_\_\_\_\_ Emergency evacuation routes

\_\_\_\_\_ Other (describe)

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**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)

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\_\_\_\_\_ 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)

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\_\_\_\_ Typing, keyboarding or using the mouse

\_\_\_\_ Other (describe)

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\_\_\_\_ 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)

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\_\_\_\_ Body position issues (describe)

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\_\_\_\_ Being able to move quickly

\_\_\_\_ Doing repetitive activities

\_\_\_\_ Strength or endurance issues (describe)

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\_\_\_\_\_ Seeing well or other vision issues (describe)

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\_\_\_\_\_ Other (describe)

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**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).**

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**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)
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### **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)

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**Any other job demands**

\_\_\_\_\_ Other (describe)

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\_\_\_\_\_ Other (describe)

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**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

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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)

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- \_\_\_\_\_ 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)

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\_\_\_\_\_ Reactions of people you supervise to your health (describe)

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\_\_\_\_\_ 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)

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**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)

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\_\_\_\_\_ Cold temperature or drafts - check which items are problems

\_\_\_\_\_ Air conditioning

\_\_\_\_\_ Work outdoors

\_\_\_\_\_ Other (describe)

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\_\_\_\_\_ Hot temperature

\_\_\_\_\_ Humidity

\_\_\_\_\_ Smoke or other fumes/ scents/ dust

\_\_\_\_\_ Other (describe)

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## **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)

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\_\_\_\_\_ 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)

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**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)

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\_\_\_\_\_ 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)

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\_\_\_\_\_ 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)

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\_\_\_\_\_ 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)

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**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:

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Possible solutions:

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Resources/ people to help:

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Problem/barrier 2:

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Possible solutions:

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Resources/ people to help:

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Problem/barrier 3:

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Possible solutions:

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Resources/ people to help:

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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.

