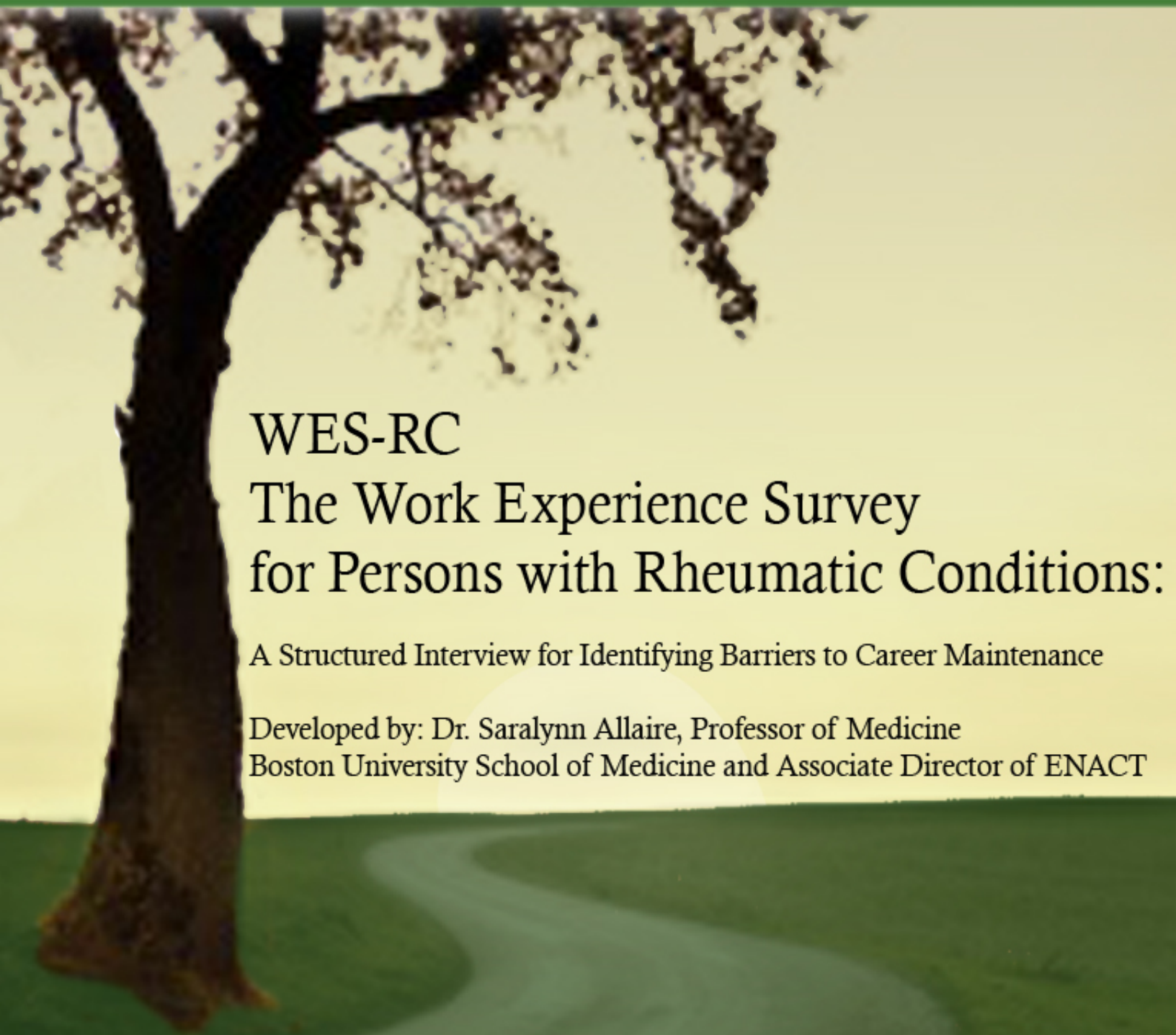


WES-RC: A PATH TO SUSTAINING YOUR CAREER



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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