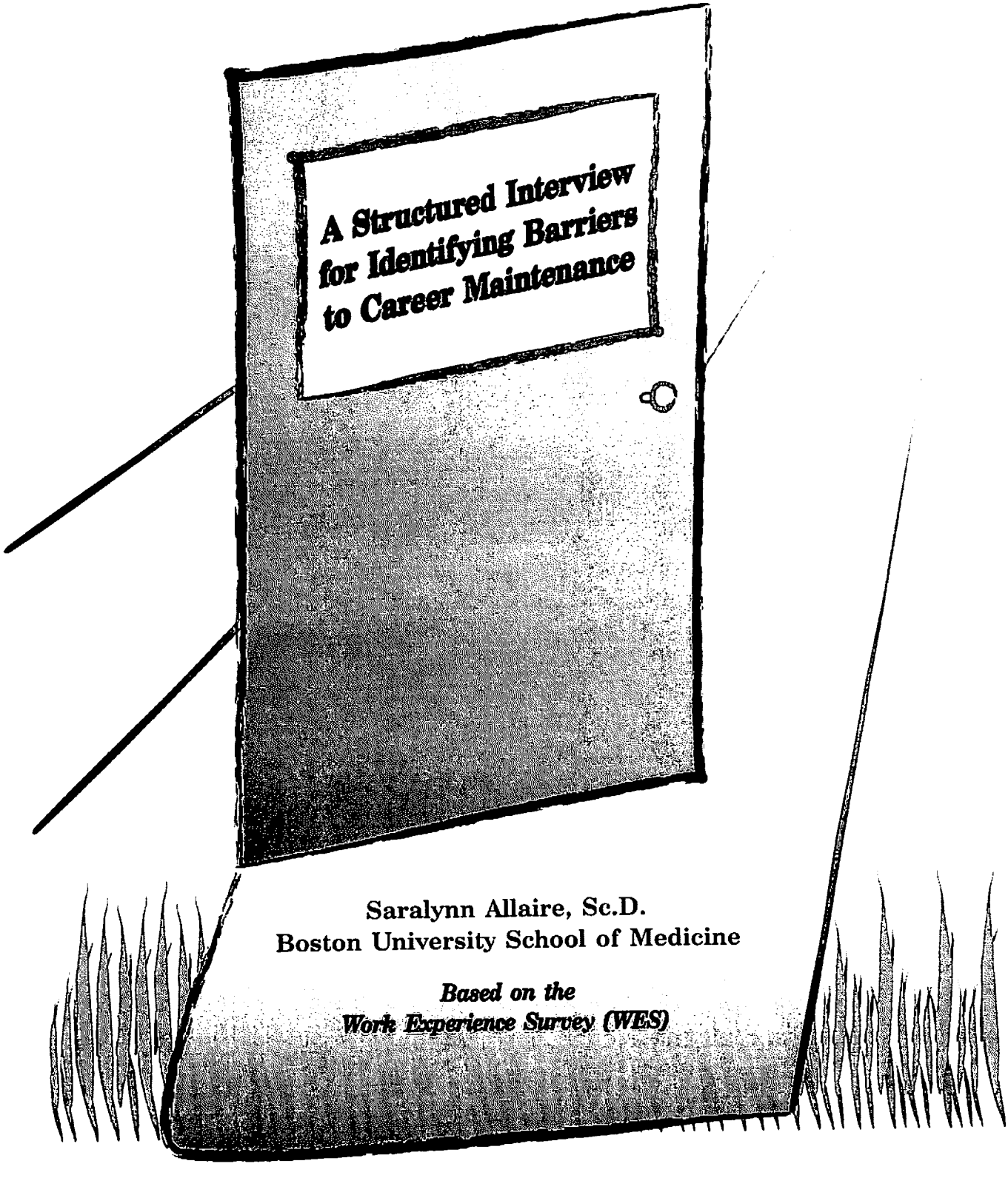
The Work Experience Survey for Persons with Rheumatic Conditions



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Based on the
Work Experience Survey (WES)

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 <u>sometimes, or always</u>, 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: _____

_____

_____

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Based on the Work Experience Survey (WES) developed by Richard T. Roessler, Arkansas Research and Training Center in Vocational Rehabilitation, Department of Rehabilitation, University of Arkansas at Fayetteville.

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