

Therapist Name _____

Client Name _____



University of
Salford
MANCHESTER

THE UK WORK EXPERIENCE SURVEY
for
Persons with Rheumatic Conditions
(UK WES-RC)

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A Structured Interview for Identifying Barriers
to the Career Maintenance of
Persons with Rheumatic Conditions

© 2011 The UK WES-RC: Adapted by Alison Hammond, Sarah Woodbridge, Rachel O'Brien and Mary Grant from the Work Experience Survey for Persons with Rheumatic Conditions developed by Saralynn Allaire, ScD, Boston University, Boston, MA USA

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Preliminary Information

Section 1: Demographic, Health and Work History Information

Demographics

1. Age _____ 2. Gender _____ 3. Marital/family status _____

4. Age left school _____

5. Highest level of formal education received:

No formal educational qualifications

CSE/ O Level/ GCSE

City & Guilds/ GNVQ

A Level/ BTEC

Diploma

Degree

Other _____

6. Other vocational/ professional training (details): _____

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) _____

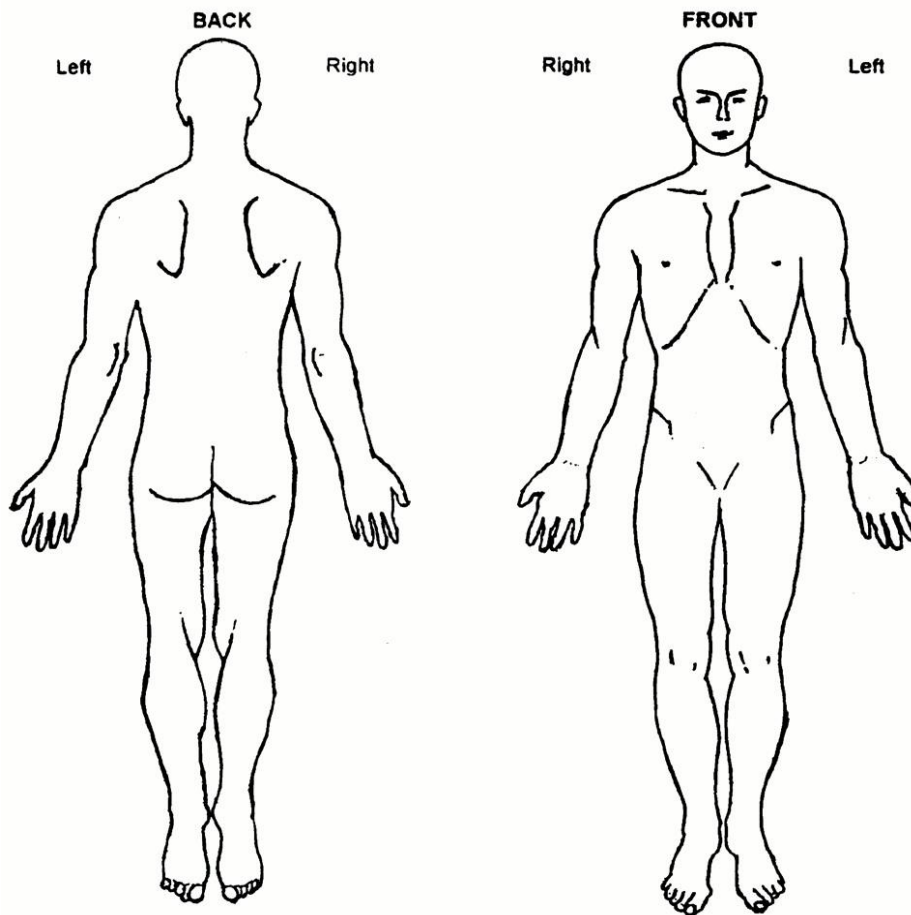
___ Check if side effects are a problem at work

___ Other (describe) _____

Complete the diagram below to identify which joints/areas are problematic. Record any specific problems identified in addition to those due to inflammatory arthritis, eg R knee OA; L deQuervains; R carpal tunnel syndrome. (Note: this can be completed by the OT).

SECTION A

This question is about recent pains you have experienced. Please shade in the diagram below any ache or pain which has lasted for one day or longer **OVER THE LAST MONTH**. (Please do not include pain occurring only during the course of feverish illness such as flu).



Additional Notes

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 in all jobs _____

17. Number of years worked in main job _____

18. In the past 10 years, list the jobs you have had and about how long worked in each:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

19. Do you do shift work? _____

20. If yes, pattern of shift hours: _____

20. 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 transport (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
 - Managing car park barriers
 - Driving for work (describe hours)
 - 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 (eg location; width of space)

___ Walking

___ Stairs

___ Opening doors - check which items are problems

___ Door weight

___ Turn doorknobs

___ Key pads/ door locks

___ Other (describe) _____

Using workplace facilities

___ Using staff/public toilets

___ Taps

___ Low toilet

___ Access to "disabled" toilet

___ Other (describe) _____

___ Access to food/eating places(eg staff canteen)

___ 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
- Climbing, ladders for example
- Use computer or other keyboard devices – check which items are problems
 - Positioning (describe) _____
 - Typing, keyboarding or using the mouse
 - Holding or turning papers while typing
 - 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 mobile 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) _____
- Talking or other voice issues (describe) _____
- Hearing or listening 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
- Working shift 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

- Lone worker (some or all of time) (describe) _____
- 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) _____
- Others don't value your role/ contribution at work
- 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/ uniform 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. Environmental Factors and Company Policies

Please check the items that are sometimes, or always, a problem for you.

Environmental factors

___ Lighting - check which items are problems

___ Fluorescent lights

___ Sunlight – work outdoors

___ Low or dim light

___ Other (describe) _____

___ Cold temperature or drafts - check which items are problems

___ Air conditioning/ ventilation

___ Cold areas at work (eg cold storage)

___ Work outdoors

___ Other (describe) _____

___ Hot temperature

___ Humidity

___ Smoke or other fumes/ scents/ dust

___ Noise

___ Flooring

___ 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 flexibility in changing shift patterns

___ 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 or not enough discussion of Fit Note (or return to work interview) following sick leave
- No modified or light work available (eg following discussion of Fit Note)
- No or not enough performance reviews
- Difficulty meeting targets arising from performance reviews

- Employer is not supportive about job accommodations
- No or not enough access to occupational health and/ or human resources/ personnel support
- Lack of company retirement benefits
- Limited or no company sickness benefit/pay
- No or not enough flexibility in or exemption from company sickness absence policy if have a long-term condition

- 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 ability

- 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
 - You don't get enough feedback about how well you do your job
 - 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, sport and recreational activities
 - Doing volunteer activities
 - Self-managing your arthritis, such as taking medications, getting rest, 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 with the client.

List the 3 most bothersome problems/ barriers to employment. NB can be a group of related problems, eg

“work station (i.e. seating, computer/mouse position, clutter, posture/positioning, filing)”

“travel/parking to/at work and to work-related activities; carrying bags/equipment”

“work scheduling; lack of breaks”

Then describe possible solutions to the 3 problems and resources or people who can help. Be specific.

Problem/barrier 1: _____

List all possible solutions considered:

Resources/ people to help: _____

(continue notes at end of booklet if necessary)

Problem/barrier 2: _____

List all possible solutions considered:

Resources/ people to help: _____

(continue notes at end of booklet if necessary)

Problem/barrier 3:

List all possible solutions considered:

Resources/ people to help: _____

(continue notes at end of booklet if necessary)
