The UK work experience survey for persons with rheumatic conditions (UK WES-RC)

Hammond, A, Woodbridge, S, O'Brien, R and Grant, M

<table>
<thead>
<tr>
<th>Title</th>
<th>The UK work experience survey for persons with rheumatic conditions (UK WES-RC)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Published Date</td>
<td>2013</td>
</tr>
</tbody>
</table>

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THE UK WORK EXPERIENCE SURVEY
for
Persons with Rheumatic Conditions
(UK WES-RC)
Revision 7; 01/2010: UK version 2: 6/5/11

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).
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)