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

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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)