

Employment Barriers Questionnaire: Employees' version

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Date_____

Name_____

This questionnaire is intended to be completed by people who are currently employed or plan to return to work. If any clarification is needed, you can refer to an occupational therapist or by any other healthcare professional.

Greetings,

The purpose of the questionnaire is to help you evaluate aspects of your job and/or work environment that may make it difficult for you to work, and the adjustments that may make it possible or easier for you to work. Please answer the following questions with reference to your current functional status. If you are employed refer to your current job and workplace; otherwise, to your last or prospective job and workplace.

Employment status: employed in the past / currently employed/ expect to start working (you can choose more than one answer)

Your job description: _____ **Number of working hours per week:** _____ **Start and end of work day:** _____

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Part A. Environment. Below is a list of characteristics of a work environment. For each of the characteristics listed, rate the extent to which it makes it difficult for you / prevents you from working on a typical work day, and whether you think that characteristic could be changed or adjusted to make it easier or possible for you to work. If you are working while hospitalized, refer to the functioning in the work environment you are expected to return to after being discharged from the hospital or the environment you worked in before the hospitalization.

		Work environment characteristics	To what extent does the characteristic make it difficult for you to work or prevent you from working					Can the characteristic be adjusted/changed to make it easier for you or enable you to work?		
	1	The preliminary process of employment (such as interviews, application process, requests for adjustments)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
Reaching the building	2	The distance from your home to your workplace and back	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	3	The way you get to work (e.g., car, bus)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	4	Location and size of parking at the workplace	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	5	Ways of getting into the building (such as paths, stairs)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
Mobility inside the building	6	The entrance to the various work areas (such as the size of the door frame, the way the door opens, the presence of stairs)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	7	The way (such as passages, corridors) from the entrance to the various work areas all the way to your work area	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	8	The way you can move between the different work areas (such as rooms/buildings/floors)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	9	The bathroom (such as location/size/organization)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	10	Dining room or coffee corner (such as location/size/organization)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No

		Work environment characteristics	To what extent does the characteristic make it difficult for you to work or prevent you from working					Can the characteristic be adjusted/changed to make it easier for you or enable you to work?		
Managing at the workstation	11	Mobility and working in a dynamic work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	12	Organization inside the room (such as passages between tables, objects' location on high or low shelves)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	13	Your personal workspace (such as the size of the space, table size)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	14	Type of equipment and machines related to your work and the ones you use (such as a computer, automated device, drawing tools)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	15	Degree of risks in the work environment (such as working on a wet floor, uneven surface, height, obstacles)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
Sensory stimuli	16	Degree of noise in the work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	17	Temperature in the work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	18	Smell in the work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	19	Degree of cleanliness in the work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	20	Lighting in the work environment	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No

		Work environment characteristics	To what extent does the characteristic make it difficult for you to work or prevent you from working					Can the characteristic be adjusted/changed to make it easier for you or enable you to work?		
Work settings	21	The amount of hours worked per week	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	22	Start and end hours of work	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	23	Promotion opportunities (such as salary, position, and working conditions)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
Social environment	24	The extent to which your coworkers are available for consultation and for answering questions	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	25	The extent to which management / your direct manager is available for consultation and answering questions	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	26	Quality of social relationships with your coworkers (such as quantity, and quality)	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	27	The degree to which your coworkers are tolerant of your needs	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No
	28	The degree to which management / your direct manager is tolerant of your needs	0 Not at all	1 To a small extent	2 To some extent	3 To a great extent	4 Prevents me	1. No need	2. Yes	3. No

Part 2. Occupation: The following table contains actions that can be part of your typical workday. The actions are divided into three categories: communicative, cognitive, and physical actions.

If you are working while hospitalized, refer to functioning in the work environment to which you are expected to return after being discharged from the hospital or in the environment in which you worked before hospitalization.

Regarding each of the actions that appear in the table:

1. Rate how often you are required to perform it in a typical workday (see ruler). If you marked "Not at all" - continue to the next line. If you marked otherwise, continue to the columns on the right.

Not at all, Rarely, Occasionally, Often, Regularly

2. Rate the extent to which you have difficulty performing the actions (see the ruler)

No difficulty, Small difficulty, Some difficulty, Great difficulty, Cannot perform

3. Indicate whether you think the action can be adjusted/changed to make it easier or possible for you to perform it.

No need, Yes, No

		Required action	How often are you required to perform the action <u>on a typical day</u>?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
Communication	29	Communication with the direct manager	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	30	Communication with people subordinate to you	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	31	Communication with customers	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	32	Communication with coworkers	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	33	Communication in work-related matters with people you are not in daily contact with	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No

		Required action	How often are you required to perform the action <u>on a typical day</u> ?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
Communication	34	Communication with several people at the same time	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	35	Making small talk or casual conversation	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	36	Face-to-face communication	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	37	Understanding the content of conversations	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	38	Written communication	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	39	Communication by phone	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	40	Conveying a clear message to others	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	41	Understanding and interpreting messages	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	42	Initiating communication in matters related to work (such as initiating communication with coworkers, manager, customers)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No

		Required action	How often are you required to perform the action <u>on a typical day</u>?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
Cognitive	43	Continued concentration	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	44	Switching between tasks	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	45	Performing several tasks at the same time (such as typing while talking on the phone, performing another action while walking)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	46	Multiple tasks (4 or more)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	47	Creative thinking and problem solving	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	48	Using memory (such as remembering sentences you were told, data, tasks you have to do in the future, recalling previous knowledge)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	49	Mathematical thinking (such as addition, subtraction, multiplication, using formulas)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	50	Understanding oral instructions	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No

		Required action	How often are you required to perform the action <u>on a typical day</u> ?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
Cognitive	51	Understanding written instructions	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	52	Sorting and distributing by subject (such as sorting objects, documents, files)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	53	Advance planning (such as scheduling meetings in advance, preparing the items required to perform the task)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	54	Control and error detection	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	55	Managing your time	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	56	Reading	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
Physical	57	Writing	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	58	Typing	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No

		Required action	How often are you required to perform the action <u>on a typical day</u>?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
			0	1	2	3	4	0	1	2	3	4	1	2	3
			Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No
Physical	59	Performing coordinated movements (producing movements with 2 or more limbs at the same time, such as typing with two hands or arranging merchandise)	0	1	2	3	4	0	1	2	3	4	1	2	3
			Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No
	60	Finger dexterity (such as typing)	0	1	2	3	4	0	1	2	3	4	1	2	3
			Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No
	61	Performing fine motor actions (such as connecting, carving, cutting parts)	0	1	2	3	4	0	1	2	3	4	1	2	3
			Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No
	62	Fast work rate (need for high output)	0	1	2	3	4	0	1	2	3	4	1	2	3
			Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No
	63	Working with moving objects	0	1	2	3	4	0	1	2	3	4	1	2	3
		Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No	
64	Working with animals	0	1	2	3	4	0	1	2	3	4	1	2	3	
		Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No	
65	Bending to a low surface or the floor	0	1	2	3	4	0	1	2	3	4	1	2	3	
		Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No	
66	Sitting for a long time	0	1	2	3	4	0	1	2	3	4	1	2	3	
		Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No	
67	Mobility (such as walking, using a wheelchair or scooter)	0	1	2	3	4	0	1	2	3	4	1	2	3	
		Not at all	Rarely	Occasionally	Often	Regularly	No difficulty	Small difficulty	Some difficulty	Great difficulty	Cannot perform	No need	Yes	No	

		Required action	How often are you required to perform the action <u>on a typical day</u>?					How much difficulty do you have performing the action?					Can the action be adjusted/changed to make it easier or possible for you to perform it?		
Physical	68	Standing for a long time	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	69	Maintaining balance	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	70	Kneeling	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	71	Getting up from a low surface	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	72	Lifting objects	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	73	Carrying objects	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	74	Climbing (for example, a ladder, building, or hill)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	75	Applying force (such as pushing or pulling a weight, opening containers, scrubbing, or pressing hard buttons)	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	76	Raising arms high	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No
	77	Endurance - continued physical work	0 Not at all	1 Rarely	2 Occasionally	3 Often	4 Regularly	0 No difficulty	1 Small difficulty	2 Some difficulty	3 Great difficulty	4 Cannot perform	1 No need	2 Yes	3 No

<p>To what extent do you think the workplace will make an effort to implement all the adjustments you mentioned above?</p>	<p>0 Not at all</p>	<p>1 To a small extent</p>	<p>2 To some extent</p>	<p>3 To a great extent</p>	<p>4 Entirely</p>	<p>Will a talk with the employer by an external therapist will make it possible for you to work or improve your performance in the workplace?</p> <p>1. No need 2. Yes 3. No</p>
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