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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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|  |  | **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 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| **Reaching the building** | 2 | **The distance from your home to your  workplace and back** | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 3 | **The way you get to work** (e.g., car, bus) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 4 | **Location and size of parking** at the  workplace | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 5 | **Ways of getting into the building** (such as  paths, stairs) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
|  | 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 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 7 | **The way** (such as passages, corridors) **from  the entrance to the various work areas all  the way to your work area** | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 8  **Mobility inside the building** | **The way** you can move **between the  different work areas** (such as rooms/buildings/ floors) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 9 | **The bathroom** (such as location/size/ organization) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 10 | **Dining room or coffee corner** (such as location/ size/organization) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 22 | **Start and end hours** of work | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 23 | **Promotion opportunities** (such as salary,  position, and working conditions) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
|  | 24 | **The extent to which your coworkers** are  **available** for consultation and for answering  questions | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 25 | **The extent to which management / your**  **direct manager** is **available** for consultation and for  answering questions | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 26  **Social environment** | **Quality of social relationships** with your coworkers  (such as quantity, and quality) | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 27 | **The degree to which your coworkers are  tolerant of your needs** | 0 | 1 | 2 | 3 | 4 | . 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |
| 28 | **The degree to which management / your  direct manager is tolerant of your needs** | 0 | 1 | 2 | 3 | 4 | 1. 1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Prevents me |

**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 on a typical day?** | | | | | | | | | | | **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?** | | | |
|  | 29 | **Communication** with the direct **manager** | 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 |
| 30  **Communication** | **Communication** with **people subordinate** to you | 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 | |
| 31 | **Communication** with **customers** | 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 | |
| 32 | **Communication** with **coworkers** | 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 | |
|  | 33 | **Communication** in **work**-related matters with people you are not in daily contact with | 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 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Required action** | **How often are you required to perform the action on a typical day?** | | | | | **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?** | | |
|  | 34 | **Communication** with several people at the **same 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 |
|  | 35 | Making **small talk** or casual conversation | 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 |
|  | 36 | **Face-to-face** communication | 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 |
|  | 37 | **Understanding** the **content** of conversations | 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 |
|  | 38 | **Written communication** | 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 |
|  | 39 | Communication by **phone** | 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 |
|  | 40 | **Conveying a clear message** to others | 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 |
|  | 41 | **Understanding** and interpreting messages | 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 |
|  | 42 | **Initiating** communication in matters related to work (such as initiating communication with coworkers, manager, customers) | 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 |

**Communication**

**תקשורת**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Required action** | **How often are you required to perform the action on a typical day?** | | | | | **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?** | | |
|  | 43 | **Continued concentration** | 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 |
|  | 44 | **Switching** between tasks | 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 |
|  | 45 | Performing **several tasks at the same time** (such as typing while talking on the phone, performing another action while walking) | 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 |
| 46 | **Multiple tasks** (4 or more) | 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 |
| 47 | **Creative thinking** and **problem solving** | 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 |
| 48 | Using **memory** (such as remembering sentences you were told, data, tasks you have to do in the future, recalling previous knowledge) | 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 |
| 49 | **Mathematical** thinking (such as addition, subtraction, multiplication, using formulas) | 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 |
| 50 | **Understanding oral instructions** | 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 |

**Cognitive**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Required action** | **How often are you required to perform the action on a typical day?** | | | | | **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?** | | |
|  | 51 | **Understanding written instructions** | 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 |
|  | 52 | **Sorting** and distributing by subject (such as sorting objects, documents, files) | 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 |
|  | 53 | **Advance planning** (such as scheduling meetings in advance, preparing the items required to perform the task) | 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 |
| 54 | **Control** and **error** **detection** | 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 |
| 55 | **Managing your 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 |
| 56 | **Reading** | 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 |
|  | 57 | **Writing** | 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 |
|  | 58 | **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 |

**Physical**

**Cognitive**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Required action** | **How often are you required to perform the action on a typical day?** | | | | | **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?** | | |
|  | 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 |
| **Physical** | 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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Required action** | **How often are you required to perform the action on a typical day?** | | | | | **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?** | | |
|  | 68 | **Standing** 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 |
|  | 69 | Maintaining **balance** | 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 |
|  | 70 | **Kneeling** | 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** | 71 | **Getting up** from a low surface | 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 |
| 72 | **Lifting** 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 |
| 73 | **Carrying** 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 |
| 74 | **Climbing** (for example, a ladder, building, or hill) | 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 |
| 75 | Applying **force** (such as pushing or pulling a weight, opening containers, scrubbing, or pressing hard buttons) | 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 |
| 76 | **Raising arms high** | 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 |
| 77 | **Endurance**- continued physical work | 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To what extent do you think the workplace  will make an effort to implement all the  adjustments you mentioned above? | 0 | 1 | 2 | 3 | 4 | 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?  1. No need 2. Yes 3. No |
| Not at all | To a small extent | To some extent | To a great extent | Entirely |

1. Occupational Therapy department, the Stanley Steyer School of Health Professions, Faculty of Medical & Health Science, Tel Aviv University [↑](#footnote-ref-1)
2. Occupational Therapy service, the neurological rehabilitation department, the Chaim Sheba Medical Center, Tel Hashomer [↑](#footnote-ref-2)