**Vocational Rehabilitation Patient Questionnaire**

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| **Name:** |  |
| **Do you know what vocational rehabilitation is?** | **YES NO** |
| **Were you working or going to school before you started dialysis?** | **YES NO** |
| **Are you a student, working, or volunteering now?** | **YES NO** |
| **Please check the sentence that applies to you:**  **❑ I am a student in school.**  **❑ I still work.**  **❑ I still volunteer.** |  |
| **Do you want to work or return to work?** | **YES NO** |
| **Do you think there are things that are stopping you from going back to work?** | **YES NO** |
| **Please check all that you think is stopping you from working or going back to work:**  **❑ Overall health**  **❑ Treatment time/schedule**  **❑ Transportation**  **❑ Not interested in working**  **❑ No jobs available**  **❑ Skills/training**  **❑ Afraid I would lose my benefits**  **❑ Other (please list)** |  |
| **Would you like to learn more about a free program that could help you with job training, school, and work opportunities?** | **YES NO** |
| **Age** | **18 – 54 55 - 95** |