**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** |