

Vocational Rehabilitation Patient Questionnaire

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
<p>Please check the sentence that applies to you:</p> <p><input type="checkbox"/> I am a student in school.</p> <p><input type="checkbox"/> I still work.</p> <p><input type="checkbox"/> I still volunteer.</p>		
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
<p>Please check all that you think are stopping you from working or going back to work:</p> <p><input type="checkbox"/> Overall health</p> <p><input type="checkbox"/> Treatment time/schedule</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Not interested in working</p> <p><input type="checkbox"/> No jobs available</p> <p><input type="checkbox"/> Skills/training</p> <p><input type="checkbox"/> Afraid I would lose my benefits</p> <p><input type="checkbox"/> Other (please list)</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <hr style="border: 0.5px solid black; margin-top: 10px;"/>		
Age	18 – 55	56 - 95

