

Work Productivity and Activity Impairment Questionnaire



The following questions ask about the effect of your health problems on your ability to work and perform regular activities. "Health problems" are defined as any physical or emotional problem or symptom. *Please fill in the blanks or check the appropriate box, as indicated.*

1. Are you currently employed (working for pay)?
If NO, check "NO" and skip to question 6. Yes No
2. During the past seven days, not including today, how many hours did you miss from work because of **your health problems**?
Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems. Do not include time you missed to participate in this study. _____ HOURS
3. During the past seven days, not including today, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study? _____ HOURS
4. During the past seven days, not including today, how many hours did you actually work?
(If "0", skip to question 6.) _____ HOURS
5. During the past seven days, not including today, how much did your health problems affect your productivity while you were working?
Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.

Consider only how much **health problems** affected productivity **while you were working**.

Health problems had no effect on my daily activities

Health problems completely prevented me from doing my daily activities

0 1 2 3 4 5 6 7 8 9 10

6. During the past seven days, not including today, how much did your health problems affect your ability to do your regular, daily, non-work activities?
"Regular activities" are defined as the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

Consider only how much **health problems** affected your ability to do your regular, daily, non-work activities.

Health problems had no effect on my daily activities

Health problems completely prevented me from doing my daily activities

0 1 2 3 4 5 6 7 8 9 10

