

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____ ID			Visit: <u>VISIT</u>
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WPAI – Version: 06/30/2005 **FORMV**

Form Completion Date __/__/20__ **WPAIDAT**
mm dd yy

The following questions ask about the effect of your health problems on your ability to work and perform regular activities over the past seven days, not including today. By health problems we mean any physical or emotional problem or symptom.

1. Are you currently employed (working for pay)? ☐ 0. No ☐ 1. Yes **EMP**

↓
*Skip to
question 6*

2. During the **past seven days**, 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 **HRSHLTH**

3. During the **past seven days**, 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 **HRSOth**

4. During the **past seven days**, how many hours did you actually work?

_____ HOURS (*If "0", skip to question 6.*) **HRSWORK**

5. During the past seven days, 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 work

WORKPROD

Health problems
completely prevented
me from working

0 1 2 3 4 5 6 7 8 9 10

CIRCLE A NUMBER

6. During the past seven days, how much did your health problems affect your ability to do your regular daily activities, other than work at a job?

By regular activities, we mean 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 activities, other than work at a job.

Health problems had no effect on my daily activities	DAILYACT	Health problems completely prevented me from doing my daily activities
	<hr/> 0 1 2 3 4 5 6 7 8 9 10	

CIRCLE A NUMBER

WPAI:GH V2.0 (US English)