

Participant ID:	 Pin #	
Discovery Site:	 Clinical Center	

CRF Date: __/__/__ Visit #:

Work Productivity and Activity Impairment Questionnaire:

<u>Specific Health Problem V2.0 (WPAI:SHP)</u>

Participant completes via online survey at Week 4 Baseline and Months 6, 12, 18, 24, 30, & 36 Follow-up Contacts

The following questions ask about the effect of your PROBLEM on your ability to work and perform regular activities. *Please fill in the blanks or circle a number, as indicated.*

1. Are you currently employed (working for pay)?

 \Box_1 Yes \Box_0 No

If NO, check "NO" and skip to question 6.

The next questions are about the **past seven days**, not including today.

2. During the past seven days, how many hours did you miss from work because of_problems associated with your PROBLEM? Include hours you missed on sick days, times you went in late, left early, etc., because of your PROBLEM. Do not include time you missed to participate in this study.

____ HOURS

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

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

____HOURS (If "0", skip to question 6.)

5. During the past seven days, how much did your PROBLEM affect your productivity <u>while you were</u> <u>working</u>?

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 PROBLEM affected your work only a little, choose a low number. Choose a high number if PROBLEM affected your work a great deal.

Consider only how much <u>PROBLEM</u> affected productivity <u>while you were working</u>.

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0	1	2	3	4	5	6	7	8	9	10

Reilly MC, Zbrozek AS, Dukes E: The validity and reproducibility of a work productivity and activity impairment measure. PharmacoEconomics 1993; 4(5):353-365.

MAPP II SPS

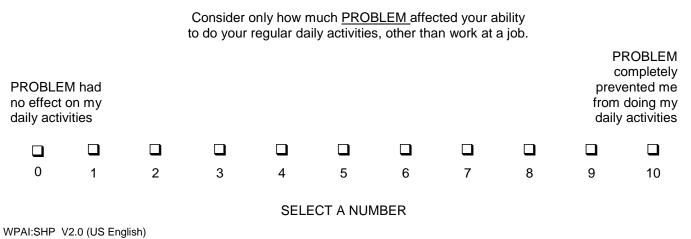
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6. During the past seven days, how much did your PROBLEM affect your ability to do your regular daily activities, other than work at a job?

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 PROBLEM affected your activities only a little, choose a low number. Choose a high number if PROBLEM affected your activities a great deal.



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