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**WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT QUESTIONNAIRE:  
LOW BACK PAIN (WPAI-LBP) - Page 1 of 2**

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(1) NOT DONE

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The following questions ask about the effect of your LOW BACK PAIN 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)?  (2) No  (1) Yes  
*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 LOW BACK PAIN? *Include hours you missed on sick days, times you went in late, left early, etc., because of your LOW BACK PAIN. 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.*)

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5. During the past seven days, how much did your LOW BACK PAIN 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 LOW BACK PAIN affected your work only a little, choose a low number. Choose a high number if LOW BACK PAIN affected your work a great deal.*

Consider only how much LOW BACK PAIN affected productivity while you were working.

LOW BACK PAIN had no effect on my work

0 1 2 3 4 5 6 7 8 9 10

LOW BACK PAIN completely prevented me from working

CIRCLE A NUMBER

6. During the past seven days, how much did your LOW BACK PAIN 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 LOW BACK PAIN affected your activities only a little, choose a low number. Choose a high number if LOW BACK PAIN affected your activities a great deal.*

Consider only how much LOW BACK PAIN affected your ability to do your regular daily activities, other than work at a job.

LOW BACK PAIN had no effect on my daily activities

0 1 2 3 4 5 6 7 8 9 10

LOW BACK PAIN completely prevented me from doing my daily activities

CIRCLE A NUMBER

