**Work Productivity and Activity Impairment Questionnaire:
Alopecia Areata V2.0 (WPAI:Alopecia Areata)**

The following questions ask about the effect of your alopecia areata 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)? \_\_\_\_NO \_\_\_YES

 *If NO, tick “NO” and go 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 alopecia areata? *Include hours you missed due to sick days, times when you went in late, left early etc., because of your alopecia areata. Do not include time off to participate in this study.*

 \_\_\_\_\_\_HOURS

3) During the past seven days, how many hours did you miss from work for any other reason, such as holidays or time off to participate in this study?

 \_\_\_\_\_\_HOURS

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

 \_\_\_\_\_\_HOURS *(If “0”, go to question 6.)*

5) During the past seven days, how much did your alopecia areata affect your productivity while you were working?

*Think about days when you were limited in the amount or kind of work you could do, days when you accomplished less than you would like, or days when you could not do your work as carefully as usual. If alopecia areata affected your work only a little, choose a low number. Choose a high number if alopecia areata affected your work a great deal.*

Consider only how much alopecia areata affected
productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alopecia areata had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | Alopecia areata 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 alopecia areata 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, and studying, etc. Think about times when you were limited in the amount or kind of activities you could do and times when you accomplished less than you would like. If alopecia areata affected your activities only a little, choose a low number. Choose a high number if alopecia areata affected your activities a great deal.*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alopecia areata had no effect on my daily activities |  |  |  |  |  |  |  |  |  |  |  | Alopecia areata completely prevented me from doing my daily activities |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

CIRCLE A NUMBER

Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. Pharmacoeconomics. 1993 Nov;4(5):353-65.