## Work Productivity and Activity Impairment Questionnaire: Headache V2.0 (WPAI:Headache)

The following questions ask about the effect of your headache 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, check “NO” and skip to question 6.*

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

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

*\_\_\_\_\_* HOURS

1. 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

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

\_\_\_\_\_ HOURS *(If “0”, skip to question 6.)*

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

Consider only how much your headache affected

productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My headache had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | My headache completely prevented me from working |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

PLEASE CIRCLE A NUMBER

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

Consider only how much your headache affected your ability

to do your regular daily activities, other than work at a job.

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

PLEASE CIRCLE A NUMBER

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