**Work Productivity and Activity Impairment Questionnaire:**

**Multiple Sclerosis V2.0 (WPAI:MS)**

The following questions ask about the effect of your multiple sclerosis 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 7 days**, not including today.

1. During the past 7 days, how many hours did you miss from work because of problems associated with your multiple sclerosis? *Include hours you missed on sick days, times you went in late, left early, etc., because of your multiple sclerosis. Do not include time you missed to participate in this study.*

\_\_\_\_\_ HOURS

1. During the past 7 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 7 days, how many hours did you actually work?

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

1. During the past 7 days, how much did your multiple sclerosis 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 multiple sclerosis affected your work only a little, choose a low number. Choose a high number if multiple sclerosis affected your work a great deal.*

Consider only how much multiple sclerosis affected   
productivity while you were working.

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

CIRCLE A NUMBER

1. During the past 7 days, how much did your multiple sclerosis 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 multiple sclerosis affected your activities only a little, choose a low number. Choose a high number if multiple sclerosis affected your activities a great deal.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consider only how much multiple sclerosis affected your ability  to do your regular daily activities, other than work at a job. | | | | | | | | | | | | |
| Multiple sclerosis had no effect on my daily activities |  |  |  |  |  |  |  |  |  |  |  | Multiple sclerosis 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; 4(5): 353-65.