Work Productivity and Activity Impairment Questionnaire:

Melanoma V 2.0 (WPAI:Melanoma)

The following questions ask about the effect of your melanoma on your ability to work and perform regular activities. *Please select a response, 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.

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

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

1. 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

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

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

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

Consider only how much melanoma affected
productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Melanomahad no effecton my work |  |  |  |  |  |  |  |  |  |  |  | Melanoma completely prevented me from working |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

SELECT A NUMBER

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

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

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

SELECT A NUMBER

WPAI:Melanoma V2.0 (Australia English)