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

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

1. Are you currently employed (working for pay)? \_\_\_\_\_ NO \_\_\_ YES
*If ‘NO’, tick “NO” and skip to question 6.*

The next questions refer to 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 melanoma? *Include hours you missed on sick days, times you went in late, left early, etc., because of your melanoma. 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 annual leave, 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.)*

5*.* During the past seven days, how much did your melanoma 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 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.

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

SELECT A NUMBER

6. During the past seven days, how much did your melanoma problems affect your ability to perform your normal daily activities, other than work at a job?

*By normal activities, we mean the usual activities you perform, such as working around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could perform and times 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 perform your normal daily activities, other than work at a job.

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

SELECT A NUMBER

WPAI:RA V2.0 (Ireland English)