**Work Productivity and Activity Impairment Questionnaire
Rheumatoid arthritis V2.0 (WPAI:RA)**

The following questions ask about the effect of your rheumatoid arthritis 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.

2) During the past seven days, how many hours did you miss from work because of problems associated with your rheumatoid arthritis? *Include hours you missed on sick days, times you went in late, left early, etc., because of your rheumatoid arthritis. Do not include the 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 vacation, 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, to what extent did your rheumatoid arthritis 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 rheumatoid arthritis affected your work only slightly, choose a low number. Choose a high number if rheumatoid arthritis affected your work a great deal.*

Consider only how much rheumatoid arthritis affected
productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rheumatoid arthritis had no effect on my work |  |  |  |  |  |  |  |  |  |  |  |  |  | Rheumatoid arthritis 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, to what extent did your rheumatoid arthritis 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 rheumatoid arthritis affected your activities only slightly, choose a low number. Choose a high number if rheumatoid arthritis affected your activities a great deal.*

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

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

CIRCLE A NUMBER