**Work Productivity and Activity Impairment Questionnaire:**

**Uterine Fibroids V2.0 (WPAI:UF)**

The following questions ask about the effect of uterine fibroid symptoms 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 uterine fibroid symptoms? *Include hours you missed on sick days, times you went in late, left early, etc., because of your uterine fibroid symptoms. 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 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, how much did your uterine fibroid symptoms 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 uterine fibroid symptoms affected your work only a little, choose a low number. Choose a high number if uterine fibroid symptoms affected your work a great deal.

Consider only how much uterine fibroid symptoms affected
productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Uterine fibroid symptoms had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | Uterine fibroid symptoms 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, how much did your uterine fibroid symptoms 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 uterine fibroid symptoms affected your activities only a little, choose a low number. Choose a high number if uterine fibroid symptoms affected your activities a great deal.*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Uterine fibroid symptoms had no effect on my daily activities |  |  |  |  |  |  |  |  |  |  |  | Uterine fibroid symptoms 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 Nov;4(5):353-65.