

**WPAI (A)**

**Work Productivity and Activity Impairment Questionnaire:  
Asthma V2.0, Clinical Practice Version (WPAI:A, V2.0, CPV)**

The following questions ask about the effect of your Asthma 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 Asthma? *Include hours you missed on sick days, times you went in late, left early, etc., because of your Asthma*

\_\_\_\_\_ HOURS

3. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, or holidays?

\_\_\_\_\_ HOURS

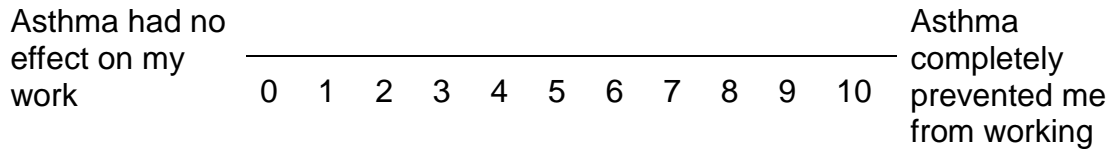
4. During the past seven days, how many hours did you actually work?

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

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

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

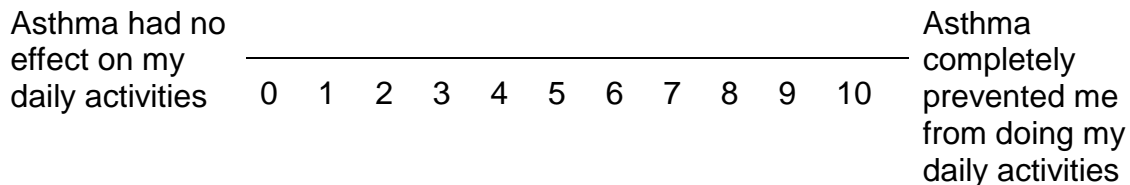


CIRCLE A NUMBER

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

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



CIRCLE A NUMBER

WPAI:A V2.0, CPV (US English)