

## WORK PRODUCTIVITY & ACTIVITY IMPAIRMENT QUESTIONNAIRE

**Instructions:** Please provide honest answers to these questions. Your identity will remain confidential, so you can speak candidly. When we refer to “**health problems**,” we mean any physical or emotional problem or symptom you experience.

1. How heavy do you consider your current workload?  
1 (Light) 2 (Moderate) 3 (Fair) 4 (Heavy) 5 (Unreasonable)
2. How challenging and interesting do you consider your job to be?  
1 (Unchallenging) 2 3 4 5 (Extremely challenging)
3. What level of stress do you experience at work?  
1 (Light) 2 (Moderate) 3 (Fair) 4 (Heavy) 5 (Unreasonable)
4. What accounts for the stress you feel?  
☐ Amount of work  
☐ Supervisor  
☐ Nature of work  
☐ Relationship with co-workers  
☐ Personal problems  
☐ Other (please describe)  
 \_\_\_\_\_  
 \_\_\_\_\_
5. During the past two weeks, how many hours did you miss from work because of health problems? (Please include hours missed as a result of sick days, leaving early, coming late)? \_\_\_\_\_
6. During the past two weeks, how many hours did you miss from work because of personal problems? (Please include hours missed as a result of sick days, leaving early, coming late)? \_\_\_\_\_
7. Please rate your productivity on the days you did show up for work. Please list the number of hours you believe were spent unproductively at work because of health problems? \_\_\_\_\_
8. Please list the number of hours you believe were spent unproductively at work because you were distracted by stress or personal problems? \_\_\_\_\_
9. Please describe any other way that health ailments, fatigue, mental stress or personal problems have affected your work in the past two weeks.  
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