## MASTER

## WORK AND PRODUCTIVITY QUESTIONNAIRE

These questions are about your work for pay during your shingles episode. Please read and answer each question carefully. If you are not sure how to answer a question, please give the best answer you can.

1. Before your shingles episode, did you work at a paying job?
$\square$ No > If NO, then skip this questionnaire
$\square$ Yes > If YES, then please continue
2. Number of times you missed work because of the effects of an entire day your shingles, shingles medication, or other treatment for shingles? (If none, please write "0")

3. Please indicate the principle causes of your absences: (please check all that apply)
$\square$ healthcare visits $\square$ unable to concentrate at work
$\square$ too much pain to work $\square$ visible rash kept you from wanting to go to work
$\square$ too uncomfortable to work

$\square$side effects of shingles medication $\square$ other (specify):
4. Please indicate whether you needed to:
a. Take extended sick leave due to your shingles episode?
$\square$ No
$\square$ Yes > If YES, for how long? $\square$ days
b. Go on disability due to your shingles episode?
$\square$ No
$\square$ Yes > If YES, for how long? $\square$ days
c. Used vacation time to recover from your shingles episode?
$\square$ No
$\square$ Yes $>$ If YES, for how long? $\square \square \square$ days
5. How would you rate your effectiveness at work during your shingles episode? (check only one box) $\square$ N/A (no pain)


