

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	e not sure how to answer a question	n, please give the best answer you
can.		
1. Before your shingles episode		
\square No > If NO, then skip the	his questionnaire and go to the Health	
\square Yes > If YES, then pleas	se continue	
2. Number of times you missed	l work because of the effects of	an entire day part of a
•	cation, or other treatment for	work day
shingles? (If none, please w		Times
	e causes of your absences: (please	e check all that apply)
☐ healthcare visits	☐ unable to concentrate at work	ζ
☐ too much pain to work	☐ visible rash kept you from wa	anting to go to work
too uncomfortable to work	☐ side effects of shingles medic	
	other (specify):	
4. Please indicate whether you		
·	ive due to your shingles episode?	
	we due to your similares episode:	
□No		
\square Yes > If YES,	for how long? days	
b. Go on disability due to	your shingles episode?	
□No		
D Vos - ISVES		
\square Yes > If YES,	for how long? days	
	recover from your shingles episod	de?
□No		
\square Yes > If YES,	for how long? days	
5. How would you rate your effort	ectiveness at work during your sl	hingles episode? (check
only one box) $\square N/A$ (no pain)		S I
0% 10% 20% 30%		80% 90% 100%
Not effective	3070 JU70 UU70 7U%	Completely effective
at all		(able to work like before
		shingles began)