

Workplace Activity Limitations Survey

These questions ask you about activities related to your job. When you think about how much difficulty you have with these activities, think about doing them **WITHOUT** ANY HELP FROM ANOTHER PERSON OR **WITHOUT** THE HELP OF A SPECIAL GADGET OR PIECE OF EQUIPMENT.

	No Difficulty	Some Difficulty	A Lot of Difficulty	Not Able to do	Difficulty Unrelated to Arthritis	N/A
1. How much difficulty do you have getting to and from work (e.g., subway, bus, car, walking) and getting to and from work on time?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
2. How much difficulty do you have getting around the workplace (e.g., stairs, hallways, furniture)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
3. How much difficulty do you have sitting for long periods of time at your job (e.g., more than 20 minutes)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
4. How much difficulty do you have standing for long periods of time at your job (e.g., more than 20 minutes)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
5. How much difficulty do you have lifting, carrying or moving objects?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
6. How much difficulty do you have working with your hands (e.g., writing, typing, grasping small objects, holding a phone)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
7. How much difficulty do you have crouching, bending, kneeling or working in awkward positions?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉

	No Difficulty	Some Difficulty	A Lot of Difficulty	Not Able to do	Difficulty Unrelated to Arthritis	N/A
8. How much difficulty do you have reaching?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
9. How much difficulty do you have with the schedule or hours of work that your job requires?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
10. How much difficulty do you have with the pace of work that your job requires?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
11. Overall, how much difficulty do you have meeting your current job demands?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉
12. As a result of your arthritis, how much difficulty do you have concentrating or keeping your mind on your work?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇₇	<input type="checkbox"/> ₉₉

Cite as:

Gignac MA. Arthritis and employment: an examination of behavioral coping efforts to manage workplace activity limitations. *Arthritis Rheum.* 2005 Jun 15;53(3):328-36. [[Pub Med ID 15934119](#)]

Gignac MA, Sutton D, Badley EM. Arthritis symptoms, the work environment, and the future: Measuring perceived job strain among employed persons with arthritis. *Arthritis Rheum.* 2007 Jun 15;57(5):738-47. [[Pub Med ID 17530672](#)]

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