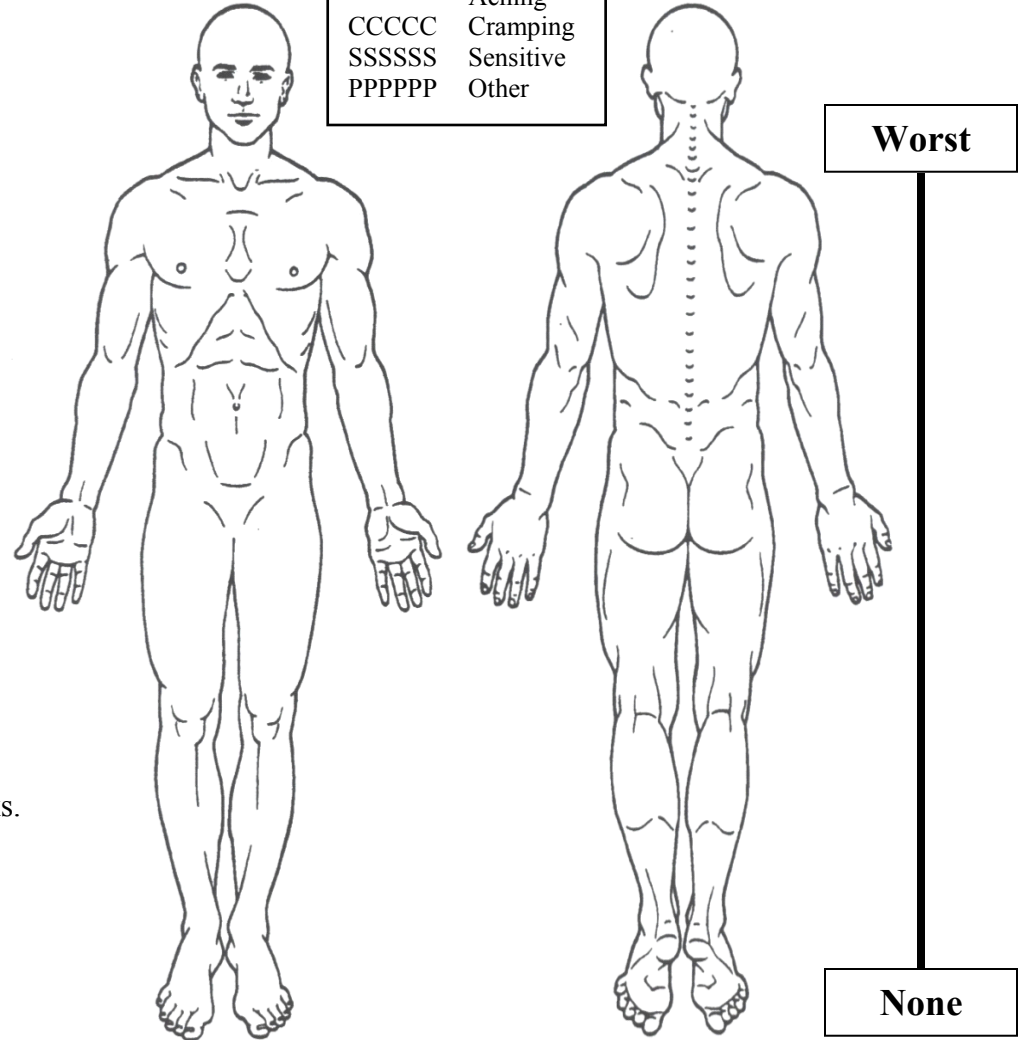


# Productivity Index

- 
- 1 No decrease in my ability to work.
  - 2 I almost had a decrease in my ability to work.
- 
- 3 I decreased my speed or changed the way I worked.
  - 4 I decreased my speed and changed the way I worked.
  - 5 Even though I decreased my speed and changed the way I worked, I almost needed to take an extra break.
- 
- 6 I took one extra break, other than scheduled breaks.
  - 7 I took two extra breaks, other than scheduled breaks.
  - 8 I took more than two extra breaks, other than scheduled breaks.
- 
- 9 Even with extra breaks, I was unable to complete the task.
  - 10 I am unable to work or care for myself.
- 

Symptom Key	
00000	Numbness
t t t t t	Tingling
x x x x	Burning
/ / / / /	Stabbing
= = = = =	Aching
C C C C C	Cramping
S S S S S	Sensitive
P P P P P	Other



Name: \_\_\_\_\_ Date: \_\_\_\_\_