Lam Employment Absence and Productivity Scale (LEAPS)

Name: _____ Date: _____

Although all forms of work including house work, child care, and others are important, the next questions are about the employed or self-employed paid work that you may do. Please do not include house work, volunteer work, or school work.

1. What kind of paid work do you do? _____

2. **Over the past 2 weeks**, how many hours were you scheduled or expected to work? _____

3. **Over the past 2 weeks**, how many hours of work did you miss because of the way you were feeling? _____

4. **Over the past 2 weeks,** how often at work were you bothered by any of the following problems? Please limit your answers to the time when you were at work. Please circle your ratings.

	None of the time (0%)	Some of the time (25%)	Half the time (50%)	Most of the time (75%)	All of the time (100%)
a) Low energy or motivation.	0	1	2	3	4
b) Poor concentration or memory.	0	1	2	3	4
c) Anxiety or irritability.	0	1	2	3	4
d) Getting less work done.	0	1	2	3	4
e) Doing poor quality work.	0	1	2	3	4
f) Making more mistakes.	0	1	2	3	4
g) Having trouble getting along with people, or avoiding them.	0	1	2	3	4
Add up score in each column:					

Total Score (0-28) = _____

Score	Work Impairment
0-5	None to minimal
6-10	Mild
11-16	Moderate
17-22	Severe
23-28	Very severe