**Appendix.** Work ability and productivity questions.

1. **Limited work ability**

“Please rate how much these symptoms AT THEIR WORST, have limited your ability to work. Rate your ability to work on a scale of zero to five with zero being “no change in ability to work” and five being “I stopped doing my regular work”. For the present analyses, responses were dichotomized to No=0-3 and Yes=4-5.

1. **Limited Productivity**

“In the last 7 DAYS, these symptoms have interfered with my production rates and / or usual standard of quality (*mark the one best answer*).” Responses ranged from “1- Strongly Agree” to “5- Strongly Disagree”. Responses were dichotomized to Yes=1-2 and No=3-5.

1. **Missed Days**

Have you missed any days of work because of these symptoms? Ο No Ο Yes

1. **Job restrictions**

Have you been placed on any job restrictions because of these symptoms? Ο No Ο Yes

1. **Different job, same company** (similar to Kuornika, 1987)

Were you placed in a different job at this company because of these symptoms? Ο No Ο Yes

1. **Different job, different company** (similar to Kuornika, 1987)

Did you change jobs to a different company because of these symptoms? Ο No Ο Yes