**Work Productivity and Activity Impairment Questionnaire:   
Crohn’s Disease V2.0 (WPAI CD-Caregiver)**

The following questions ask about the effect of your child’s Crohn’s Disease on your ability to work and perform regular activities. *Please fill in the blanks or circle a number, as indicated.*

1. Are you currently employed (working for pay)? \_\_\_\_\_ NO \_\_\_\_\_ YES

*If NO, tick “NO” and go to question 6.*

The next questions are about the **past seven days**, not including today.

2. During the past seven days, how many hours did you miss from work because of problems associated with your child’s Crohn’s Disease? *Include hours you missed due to sick days, times when you went in late, left early, etc., because of your child’s Crohn’s Disease. Do not include time off for your child to participate in this study.*

\_\_\_\_\_HOURS

3. During the past seven days, how many hours did you miss from work for any other reason, such as holidays or time off for your child to participate in this study?

\_\_\_\_\_ HOURS

4. During the past seven days, how many hours did you actually work?

\_\_\_\_\_ HOURS *(If “0”, go to question 6.)*

5. During the past seven days, how much did your child’s Crohn’s Disease affect your productivity while you were working?

Think about days when you were limited in the amount or kind of work you could do, days when you accomplished less than you would like, or days when you could not do your work as carefully as usual. If your child’s Crohn’s Disease affected your work only a little, choose a low number. Choose a high number if your child’s Crohn’s Disease affected your work a great deal.

Consider only how much your child’s Crohn’s Disease affected   
productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My child’s Crohn’s Disease had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | My child’s Crohn’s Disease completely prevented me from working |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

CIRCLE A NUMBER

6. During the past seven days, how much did your child’s Crohn’s Disease affect your ability to do your regular daily activities, other than work at a job?

*By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, and studying, etc. Think about times when you were limited in the amount or kind of activities you could do and times when you accomplished less than you would like. If your child’s Crohn’s Disease affected your activities only a little, choose a low number. Choose a high number if your child’s Crohn’s Disease affected your activities a great deal.*

Consider only how much your child’s Crohn’s Disease affected your ability   
to do your regular daily activities, other than work at a job.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My child’s Crohn’s Disease had no effect on my daily activities |  |  |  |  |  |  |  |  |  |  |  | My child’s Crohn’s Disease completely prevented me from doing my daily activities |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

CIRCLE A NUMBER