**Work Productivity and Activity Impairment Questionnaire:**

**Adapted for Caregiving V2.0 (WPAI:DMD CAREGIVER)**

The following questions ask about the effect of your child’s Duchenne muscular dystrophy on your ability to work and perform regular activities. *Please provide answers or choose a number as indicated*.

1. Are you currently employed (working for pay)? \_\_\_\_\_ NO \_\_\_ YES
 *If NO, check “NO” and skip to question 6.*

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

1. During the past seven days, how many hours did you miss from work because of problems associated with your child’s Duchenne muscular dystrophy? *Include hours you missed on sick days, times you went in late, left early, etc., because of your child’s Duchenne muscular dystrophy. Do not include time you missed to participate in this study.*

 *\_\_\_\_\_* HOURS

1. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?

\_\_\_\_\_HOURS
2. During the past seven days, how many hours did you actually work?

\_\_\_\_\_HOURS *(If “0”, skip to question 6.)*
3. During the past seven days, how much did your child’s Duchenne muscular dystrophy affect your productivity while you were working?

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

Consider only how much your child’s Duchenne muscular dystrophy
affected productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Duchenne muscular dystrophy had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | Child’s Duchenne muscular dystrophy completely prevented me from working |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

CIRCLE A NUMBER

1. During the past seven days, how much did your child’s Duchenne muscular dystrophy 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, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If your child’s Duchenne muscular dystrophy affected your activities only a little, choose a low number. Choose a high number if your child’s Duchenne muscular dystrophy affected your activities a great deal.*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Duchenne muscular dystrophy had no effect on my daily activities |  |  |  |  |  |  |  |  |  |  |  | Child’s Duchenne muscular dystrophy completely prevented me from doing my daily activities |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

CIRCLE A NUMBER

WPAI:DMD Caregiver V2.0 (US English)