**Work Productivity and Activity Impairment Questionnaire:   
Spinal Muscular Atrophy V2.0 (WPAI:SMA) – Caregiver**

The following questions ask about the effect of your child’s Spinal Muscular Atrophy on your ability to work and perform normal daily 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 skip to question 6.*

The next questions refer to 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 Spinal Muscular Atrophy? *Include hours you missed on sick days, times you went in late, left early, etc., because of your child’s Spinal Muscular Atrophy. Do not include time you missed for your child to participate in this study.*

\_\_\_\_\_HOURS

3. During the past seven days, how many hours did you miss from work because of any other reason, such as annual leave, holidays, 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”, skip to question 6)*

5. During the past seven days, how much did your child’s Spinal Muscular Atrophy 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 Spinal Muscular Atrophy affected your work only a little, choose a low number. Choose a high number if your child’s Spinal Muscular Atrophy affected your work a great deal.

Consider only how much your child’s Spinal Muscular Atrophy  
affected productivity while you were working.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My child’s Spinal Muscular Atrophy had no effect on my work |  |  |  |  |  |  |  |  |  |  |  | My child’s Spinal Muscular Atrophy 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 Spinal Muscular Atrophy affect your ability to perform your normal daily activities, excluding your job?

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

Consider only how much your child’s Spinal Muscular Atrophy affected your ability  
to perform your normal daily activities, excluding your job.

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

CIRCLE A NUMBER