

**SECTION A: General Information**A1. Study ID: A2. Form completed by: ☐ Mother ☐ Father ☐ Both parents ☐ Other: \_\_\_\_\_A3. Date Data Collected:   /   /     **SECTION B: WPAI Questionnaire: General Health V2.0 (WPAI:GH)**B1. Are you currently employed (working for pay)? ☐ No ☐ Yes**If No, skip to Question B6****Instructions:**

The following questions ask about the effect of your child's admission to the PICU on your ability to work and perform regular activities over the past **2 days**.

B2. **During the past 2 days**, how many hours did you miss from work because of your child's admission to the PICU? Include hours you missed on sick days, times you went in late, left early, etc.

  Hours

B3. **During the past 2 days**, how many hours did you miss from work because of any other reason, such as vacation, holidays, appointments, etc.

  Hours

B4. **During the past 2 days**, how many hours did you actually work?

  Hours

B5. **During the past 2 days**, how much did your child's admission to the PICU affect your productivity while you were working?

**Note:** 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 admission to the PICU affected your work only a little, circle a low number.

If your child's admission to the PICU affected your work a great deal, circle a high number.

**Child's  
admission to  
PICU had NO  
effect on  
my work**

**Child's  
admission to  
PICU  
completely  
prevented me  
from working**

0      1      2      3      4      5      6      7      8      9      10

**(Circle a number)**

B6. **During the past 2 days**, how much did your child's admission to the PICU affect your ability to do your regular daily activities, other than work at a job?

**Note:** By regular daily 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 admission to the PICU affected your activities only a little, circle a low number.  
If your child's admission to the PICU affected your activities a great deal, circle a high number.

**Child's  
admission to  
PICU had NO  
effect  
on my daily  
activities**

**Child's  
admission to  
PICU  
completely  
prevented me  
from doing my  
daily activities**

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0      1      2      3      4      5      6      7      8      9      10

**(Circle a number)**