

# Productivity Cost Questionnaire

Productivity & Health Research Group

NOT FOR SAMPLE DATA COLLECTION

## Questionnaire about your health and work

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SAMPLE

Researchers call this questionnaire the iMTA PCQ.

US version

## Explanatory notes

### Please read this first!

#### Who is this questionnaire for?

This questionnaire is for you. There are various possibilities:

- You received the questionnaire from your primary care physician or in the hospital.
- You received the questionnaire by mail and your name is on the envelope.

#### Are you unable to complete the questionnaire yourself?

If you are unable to complete the questionnaire yourself, perhaps someone can help you. A member of your family, for example.

#### What is the questionnaire about?

The questionnaire is about your health and work in the last 4 weeks. We will start with general questions. For example, about your gender and date of birth.

#### How long does it take to complete the questionnaire?

It takes roughly 10 minutes to complete the questionnaire.

#### How should you complete the questionnaire?

- Start with the first question and follow the numbering.
- Check 1 box for each question, unless the question says that you can check more than 1 box.
- For some questions, you can enter a number or something else on the dotted line.
- There are no wrong answers.

**Do you want to change an answer?**

- Strike through the old answer.
- Enter a check next to a new answer.
- Put an arrow in front of the new answer.

~~old answer~~  
→  new answer

**What will happen with your answers?**

Your answers will be used for research. Only the researchers will see your answers. So, nobody else will.

The researchers will not write down your name anywhere. And they will not tell anyone that you have taken part in the trial.

**It is great that you want to complete the questionnaire for us!**

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## General questions

**Question A1. On what date are you completing this questionnaire?**

month    day    year

**Question A2. What is your date of birth?**

month    day    year

**Question A3. What is your gender?**

- Male  
 Female

**Question A4. What is the highest level of education you have completed?** Look for your highest level of education and check the relevant box.

- I have not completed school or any education  
 Elementary School  
 High School Diploma  
 Sub-bachelor or Vocational Diploma or Certificate  
 Associate Degree  
 Bachelor's Degree  
 First Professional Degree  
 Post-bachelor's Diploma/Certificate  
 Master's Degree  
 Doctorate or Advanced Professional Degree  
 I completed a different course, namely .....

.....

**Question A5. What is your occupation?** Check the box for what best describes your primary occupation.

- I am at school, I study
- I am in paid employment
- I am self-employed
- I am a housewife/househusband
  
- I am unemployed
- I am disabled for working, for, ... % (bodily percentage)
- I am retired or have taken early retirement
- I do something else, namely .....

.....

**Question A6. Do you have paid work?**

- No
- Yes

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You will first have questions about your job. So, about work for which you are paid. *Do you not have a paid job?* Then continue with question 10. First, read the explanatory notes above question 10.

**Question 1. What is your occupation?**

.....

**Question 2. How many hours a week do you work?** Add together all the hours for which you are paid.

..... hours

**Question 3. How many days a week do you work?**

..... days

**Question 4. Have you been absent from your work in the last four weeks because you were sick?**

- No
- Yes, I was absent for..... days  
(Only count the working days in the last 4 weeks)

Have you checked the "Yes" box? Then answer question 5. Otherwise continue with question 7.

**Question 5. Have you been absent from your work because of being sick for longer than the entire period of 4 weeks?** This refers to an uninterrupted period of absence from work.

- No
- Yes

Have you checked the "Yes" box? Then answer question 6. Otherwise continue from question 7.

**Question 6. When did you call in sick?**

month	day	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue with question 10. *First, read the explanatory notes above question 10.*

**Question 7. Have there been days in the last 4 weeks when you worked but suffered from physical or psychological problems during your work?**

- No
- Yes

Have you checked the "Yes" box? Then answer questions 8 and 9. Otherwise continue with question 10. *First, read the explanatory notes above question 10.*

**Question 8. On how many working days have you suffered from physical or psychological problems during your work?** Just count the working days in the last 4 weeks.

..... working days



**Question 9. On the days when you were suffering from problems, perhaps you were not able to do as much work as normal. On those days, how much work could you do on average?** Look at the numbers below. A 10 means that you were able to do just as much as normal on those days. A 0 means that you were not able to do anything on those days. Circle the right number.

I was not able to do anything on those days

I could do around half

I was able to do just as much as normal

0 1 2 3 4 5 6 7 8 9 10

**Explanatory notes**

You may also suffer from your physical or psychological problems during unpaid work. Sometimes you can do less as a result. For example, you cannot care properly for the children or do volunteer work. Or you may not be able shop or do gardening. That is what the next questions are about.

**Question 10. Have there been any days on which you were able to do less unpaid work because of your physical or psychological problems?** This relates to days in the last 4 weeks.

- No
- Yes

Have you checked the "Yes" box? Then answer questions 11 and 12. Otherwise go to the end of the questionnaire.

**Question 11. On how many days was this the case?** Only count the days in the last four weeks.

.... days

**Question 12. Suppose that someone, for example your partner, a family member or an acquaintance, helped you on these days. And did all that unpaid work for you, that you could not do. How many hours, on average, was that person busy with it on these days?**

On average ..... hours on these days

**That was the last question.**

**Do you have questions or comments?**

Perhaps you have some more questions or comments? If so, please enter them below.

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**What should you do with the completed questionnaire?**

Have you filled in everything? Then put the questionnaire in the envelope. You do not need to put a stamp on it. Please mail the envelope soon. In any event, before xxx.

Have you lost the envelope? In that case, you may send the questionnaire in a different envelope; no stamp required, to:

xxx  
xxx  
xxx

**Thank you very much!**