INTERNATIONAL STUDY OF RECOVERY AFTER HEAD INJURY

These questions are about changes in your lifestyle since your injury. They can be answered by you, a relative or friend, or by you both together. If you have any questions about this form, please contact Senior Nurse Nin Ritchie on 020 7299 4742. Please answer each question below by ticking one box which is true for you.

Your answers will help us improve the care of people following a head injury.

Please say who filled out this form:

- [ ] Patient
- [ ] Relative, friend or carer
- [ ] Patient and relative, friend or carer

1. At present, where do you live most of the time?

- [ ] In own home
- [ ] In hospital
- [ ] In residential care

2. As a result of your injury, do you now need help in the home?

- [ ] No
- [ ] Yes. I need some help in the home, but not every day.
- [ ] Yes. I need help in the home every day.
- [ ] I need help in the home, but not because of the injury.

3. As a result of your injury, do you now need help to shop?

- [ ] No
- [ ] Yes. I need some help, but can go to the local shops on my own (e.g. by arranging a taxi).
- [ ] Yes. I need help to shop even locally, or cannot shop at all.
- [ ] I need help to shop, but not because of the injury.

4. As a result of your injury, do you now need help to travel?

- [ ] No
- [ ] Yes. I need some help, but can travel locally on my own (e.g. by arranging a taxi).
- [ ] Yes. I need help to travel even locally, or I cannot travel at all.
- [ ] I need help to travel, but not because of the injury.

5. As a result of your injury, has there been a change in your ability to work? (or to study if you were a student; or to look after your family)

- [ ] No
- [ ] Yes. I still work, but at a reduced level (e.g. a change from full-time to part-time, or a change in level of responsibility).
- [ ] Yes. I am unable to work at present.
- [ ] My ability to work is restricted, but not because of the injury, or I have

6. As a result of your injury, has there been a change in your ability to take part in social and leisure activities outside home?

- [ ] No
- [ ] Yes. I take part a bit less, but at least half as often.
- [ ] Yes. I take part much less, or do not take part at all.
- [ ] My ability to take part is restricted for some other reason, not because of the injury.

7. As a result of your injury, are there now problems in how you get on with friends or relatives?

- [ ] No
- [ ] Yes. There are occasional problems (less than once a week).
- [ ] Yes. There are frequent or constant problems.
- [ ] There are problems for some other reason, not because of the injury.

Thank you for your help. Please return this form in the envelope provided to:
Dr Ian Roberts, International Study of Recovery after Head Injury, University of London, LSHTM, 49-51 Bedford Square, London WC1B