



FRESH - Facilitating Return to work through
Early Specialist Health-based interventions

FRESH – Facilitating Return to work through Early Specialist Health-based interventions

Working After Brain Injury

12 Month Follow-Up Questionnaire for Carers

We are asking you to complete this questionnaire because you have been identified by a person who has sustained a brain injury as their 'nominate carer' (spouse, partner, parent or the person they have most contact with). This booklet contains 3 sections for you to complete.

For each question, please choose the response that best applies to you. Please tick the response as instructed. If you do not know which answer to give, please choose the one that seems best suited to you rather than not answering.

The information you give us will be treated confidentially.

If you require any help or have any questions, please contact [trial manager name, email, telephone details].

If you are completing this questionnaire with the researcher, please pass your completed questionnaire back to them.

If you are completing this questionnaire on your own, please return your completed questionnaire in the pre-paid envelope provided to:

[trial manager name and address]

Thank you for completing the questionnaire

The FRESH Project is funded by the
National Institute for Health Research's
Health Technology Assessment
(NIHR HTA) Programme



SECTION 1

1. Today's date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2. Your gender:
(please tick one
box)

Male _0

Female _1

3. Your age: _____ years

4. Your relationship to the person with a brain injury: (please tick one box)

_1 Spouse

_2 Partner

_3 Parent

_4 Sibling

_5 Friend

_6 Other (please state)

5. Are you currently living with the person with a brain injury? (please tick one box)

_1 Yes

_0 No

Section 2

Please answer all the questions by putting a tick in the box which you think applies best to you. Remember, we want to know about your own present and recent complaints, NOT those of the person who has had the brain injury or those you had in the past.

Here is a list of things which other people have found to be difficult in helping out after somebody comes home from hospital. Please tell us whether any of these apply to you.

Please tick (Give examples)
one box

1.	Sleep is disturbed (e.g., because the person you care for is in and out of bed or wanders around at night).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	---	--	---

2.	It is inconvenient (e.g., because helping takes so much time or it's a long drive over to help).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	--	--	---

3.	It is a physical strain (e.g., because of lifting in and out of a chair; effort or concentration is required).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	--	--	---

4.	It is confining (e.g., helping restricts free time or cannot go visiting).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	--	--	---

5.	There have been family adjustments (e.g., because helping has disrupted routine; there has been no privacy).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	--	--	---

6.	There have been changes in personal plans (e.g., had to turn down a job; could not go on vacation).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	---	--	---

7.	There have been other demands on my time (e.g., from other family members).	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀
----	---	--	---

8. There have been emotional adjustments (e.g., because of severe arguments). Yes No
₁ ₀

9. Some behaviour is upsetting (e.g., because of incontinence; the person you care for has trouble remembering things; or the person you care for accuses people of taking things). Yes No
₁ ₀

10. It is upsetting to find the person you care for has changed so much from his/her former self (e.g., he/she is a different person than he/she used to be). Yes No
₁ ₀

11. There have been work adjustments (e.g., because of having to take time off). Yes No
₁ ₀

12. It is a financial strain. Yes No
₁ ₀

13. Feeling completely overwhelmed (e.g., because of worry about the person you care for; concerns about how you will manage). Yes No
₁ ₀

SECTION 3

The following questions will help us find out if your work status and/or

income have been affected by caring for the person with brain injury in the last 6 months.

1. Please indicate how your work status been affected by caring for the person with brain injury in the last 6 months. (Please tick one box)

N/A - I did not work before their brain injury Please go to question 5	<input type="checkbox"/> ₁	My work has not been affected by their brain injury	<input type="checkbox"/> ₂
I have had to stop work due to their brain injury	<input type="checkbox"/> ₃	I have had to change jobs due to their brain injury	<input type="checkbox"/> ₄
I have had to reduce my working hours due to their brain injury	<input type="checkbox"/> ₅	I have had to change jobs and reduce my working hours due to their brain injury.	<input type="checkbox"/> ₆
I have had to increase my working hours due to their brain injury	<input type="checkbox"/> ₇	I have had to change jobs and increase my working hours due to their brain injury	<input type="checkbox"/> ₈
I have had to take on an additional job due to their brain injury, resulting in working more hours	<input type="checkbox"/> ₉		

2. What is/are your current job title(s)?

.....

3. How many hours do you currently work in a typical week?

.....

4. In the last 6 months have you had to take time off work as a result of caring for the person with brain injury?

Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₀		
If yes , how much time, in the last 6 months , have you had to take off?			
___ Months	___ Weeks	___ Days	___ Hours

5. What is your best estimate of your current personal monthly income from all sources (before tax and other deductions are taken off)?

(We are asking this question purely to find out whether your

earnings have been affected as a result of you caring for the person with brain injury. This information will be anonymised and kept confidential).

(Please tick one box)

Less than £800 per month	<input type="checkbox"/> ₁	£800 to £1,600 per month	<input type="checkbox"/> ₂
£1,601 to £2,500 per month	<input type="checkbox"/> ₃	£2,501 to £3,250 per month	<input type="checkbox"/> ₄
£3,251 to £4,150 per month	<input type="checkbox"/> ₅	£4,151 or greater per month	<input type="checkbox"/> ₆

6. We have asked you during the study to provide your best estimate of your current personal monthly income. It would, however, be helpful if you could provide your best estimate of your personal yearly income from all sources (before tax and other deductions were taken off) over the past year since the person you care for had a brain injury since this may differ from your monthly estimate if you changed jobs frequently, for instance.

(We are asking this question purely to find out whether your earnings have been affected as a result of you caring for the person with brain injury. This information will be anonymised and kept confidential).

(Please tick one box)

Less than £10,000 per annum	<input type="checkbox"/> ₁	£10,000 to £19,999 per annum	<input type="checkbox"/> ₂
£20,000 to £29,999 per annum	<input type="checkbox"/> ₃	£30,000 to £39,999 per annum	<input type="checkbox"/> ₄
£40,000 to £49,999 per annum	<input type="checkbox"/> ₅	£50,000 or greater per annum	<input type="checkbox"/> ₆

Thank you for completing this questionnaire.
Please check you have answered all the questions

Please pass this questionnaire to the researcher or return it to us in the pre-paid envelope provided to:

[trial manager name, address]