FRESH – Facilitating **R**eturn to work through **E**arly **S**pecialist **H**ealth-based interventions

Working After Brain Injury

12 Month Follow-Up Questionnaire for Participants

This booklet contains 6 sections for you to complete.

For each question, please choose the response that best applies to you. Please tick/circle 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.

Even if you feel that some of the questions don't apply to you, for example, because you have made a full recovery, please try to answer them all so we get an overall picture.

If you are unable to complete the forms yourself, please ask someone who knows you well to do it for you. If someone else is filling in the questionnaire on your behalf, it is important that they tick THE ANSWERS **YOU** WOULD GIVE if you were able, even if these are not the ones *they* would choose for you.

The information you give us will be treated confidentially.

If you require any help or have any questions, please contact **[trial manager name and contact details]**

If you have nominated a 'carer' (spouse, partner, parent or whoever has the most contact with you – the person you would turn to if you needed help with any aspect of your daily life), there is a separate questionnaire for them to complete. We will post this to them.

Please return your completed questionnaire in the enclosed pre-paid envelope 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

Today's date: | D | D | M | M | Y | Y | Y | Y |

Are you filling in the questionnaire yourself?
(Please tick <u>one</u> box)

Yes……..…….. ☐ 1

No, it is being completed for me by:

My spouse or partner……... ☐ 2

Another (Please specify below e.g. close friend). ☐ 3

……..

SECTION 1

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today:

Mobility

I have no problems in walking about ☐1
I have some problems in walking about ☐2
I am confined to bed ☐3

Self-Care

I have no problems with self-care ☐1
I have some problems washing or dressing myself ☐2
I am unable to wash or dress myself ☐3

Usual Activities (E.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐1
I have some problems with performing my usual activities ☐2
I am unable to perform my usual activities ☐3

Pain/Discomfort

I have no pain or discomfort ☐1
I have moderate pain or discomfort ☐2
I have extreme pain or discomfort ☐3

Anxiety/Depression

I am not anxious or depressed ☐1
I am moderately anxious or depressed ☐2
I am extremely anxious or depressed ☐3

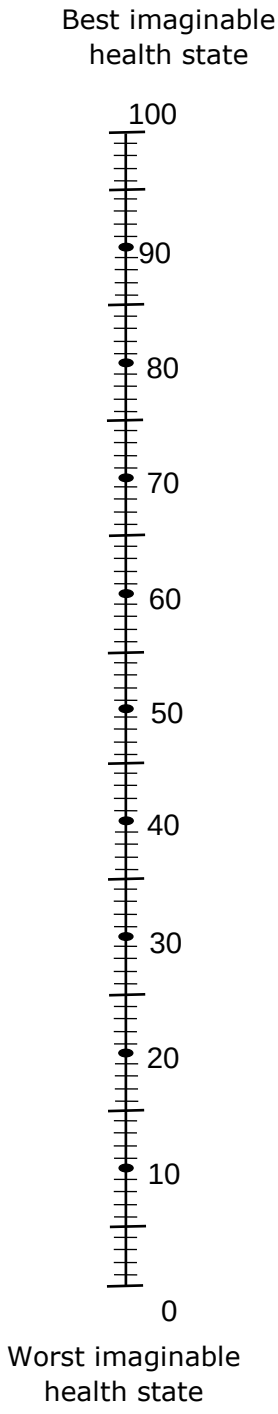
Compared with my general level of health over the past 12 months, my health state today is:

Better ☐1
Much the same ☐2
Worse ☐3

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



Section 2

In this section we are trying to find out about your current work or educational status and the impact of your brain injury on what you are doing now. Please tick the answers that best describe your situation**.**

1. Are you still married or with the same long term partner as before your brain injury?

Yes	☐1	Please go to **question 1b**
No	☐0	Please go to **question 1a**
Not applicable (I did not have a long term partner before my injury)	☐2	Please go to **question 1a**

1a. Have you formed a new long term relationship since your brain injury?

Yes	☐1
No	☐0

1b. Have moved address in the last 6 months?

Yes	☐1
No	☐0

If yes, please advise why you have moved address

.....

2. Driving

2a. If you were driving before your brain injury, have you been advised to inform the DVLA about your brain injury? (Tick one box only)

Yes	☐1
No	☐0
Not applicable (I did not drive before my brain injury)	☐2

2b. If you were driving before your brain injury, have you informed the DVLA about your brain injury? (Tick one box only)

Yes	☐1
No	☐0
Not applicable (I did not drive before my brain injury)	☐2

2c. If you were driving before your brain injury, have you started driving again? (Tick one box only)

Yes	☐1	Please go to **question 3**
No	☐0	Please go to **question 2d**
Not applicable (I did not drive before my injury)	☐2	Please go to **question 3**

2d. If you have not started driving again, has this affected your ability to work? (Tick one box only)

Yes	☐1
No	☐0
I don't know	☐2

3. Are you satisfied with the support you have received since your discharge from hospital in relation to returning to work or education? (Tick one box only)

Yes	☐1
No	☐0
Not applicable – I have not been discharged from hospital	☐2

4. Your current situation

4a. At present I am not working due to my brain injury

(Tick one box only)

Agree	☐1
Disagree	☐0

4b. I feel I can no longer work as a result of my brain injury

(Tick one box only)

Agree	☐1
Disagree	☐0

5. Are you planning to return to work or education? (Tick one box only)

Yes	☐1	Please go to **question 6**
No	☐0	Please go to **question 21**
Not applicable – I am already back at work/education	☐2	Please go to **question 7**

6. If you are planning to return to work or education, please tick the statement that best applies to you now: (please tick one box)

I intend to return to the same job or educational course that I was doing before my brain injury	☐1
I intend to go back to a different job or educational course than before my brain injury	☐2
I am on a scheme to help me find work or an educational course. If yes, which scheme?: …… ……	☐3
I am unemployed and actively looking for work	☐4
I am actively looking for an educational course	☐5
Other (please describe): ……	☐6

7. Are you currently employed/self-employed (paid or unpaid) or in education?

(Tick one box only)

Yes	☐1	If you are employed, please go to **question 7a** If you are in **education**, please go to **question 10**
No	☐0	Please go to **question 21**

7a. Are you currently working (paid or unpaid)?

Yes	☐1	If you are currently working, please go to **question 8**
No	☐0	I am employed/self-employed but currently off sick, please go to **question 14**

8. If you are currently working (paid or unpaid), please tick the statement that best applies to your work situation: (please tick one box)

I am with the **same** employer, doing the **same** job as before my injury	☐1
I am with the **same** employer, doing a **different** job than before my injury	☐2
I am with a **new** employer, doing the **same** job as before my injury	☐3
I am with a **new** employer, doing a **different** job than before my injury	☐4
I am self employed	☐5
I do voluntary work	☐6
I stay at home to look after the children	☐7
I am a homemaker/housewife	☐8
Other: **Please describe:** ……	☐9

9. On average, how many hours per week do you work (paid or unpaid work)?	_____hours
9a. Are you currently working the same hours per week as before your brain injury?	Yes ☐1 Please go to **question 12** No ☐0 Please go to **question 9b.**
9b. Do you work fewer or more hours per week than before your brain injury?	Fewer ☐1 How many fewer hours? ___ More ☐0 How many more hours? ___

Please now go to **question 12**

10. If you are currently in education, please tick the statement that best applies to your educational situation: (please tick one box)

I am at the **same** college/university, doing the **same** educational course	☐1
I am at the **same** college/university, doing a **different** educational course	☐2
I am at a **different** college/university, doing **the same** or a **similar course** to the one I was on before my brain injury	☐3
I am at a **different** college/university, doing a **different course** to the one I was on before my brain injury If so, please state what it is: ……	☐4
Other: **Please describe:** ……..	☐5

11. On average, how many hours per week is your course?

_____hours

12. Please tell us the date (approximately) that you returned to work (part or full time, paid or unpaid) or educational activity

Date:_____

13. Why did you return to work or education?:

(please tick **all** boxes that apply)

I felt able to cope	☐1
I wanted to go back	☐2
I felt that work needed me	☐3
I needed the money	☐4
I thought it would help me to recover	☐5
Other: **Please describe:** ……	☐6

14. Did you tell your employers/college/voluntary work about your brain injury? (please tick one box)

Yes ☐$_1$ No ☐$_0$

Not applicable – I do not have an employer/college tutor ☐$_2$

Any comments?

……

15. Do you feel that your employer / college tutors are supportive regarding your brain injury? (please tick one box)

Yes ☐$_1$ No ☐$_0$ Not applicable – I haven't told them ☐$_2$

Not applicable – I do not have an employer/college tutor ☐$_3$

Any comments?

……

16. Compared to before your brain injury, how do you feel you are coping with your job/course? (please tick one box)

Better than before ☐$_3$ About the same ☐$_2$ Worse than before ☐$_1$

Not applicable – I have not returned to work/education yet ☐$_0$

Any comments?

……..

17. Compared to before your brain injury, are you enjoying your job/course: (please tick one box)

More than before? ☐$_3$ About the same? ☐$_2$ Less than before? ☐$_1$

Not applicable – I have not returned to work/education yet ☐$_0$

Any comments?

……..

18. Has your employer or college tutor made any changes to help you with your job or course following your brain injury?

Yes ☐$_1$ Please go to **question 19**

No ☐$_0$ Please go to **question 21**

Not applicable – I do not have an employer or college tutor ☐$_2$ Please go to **question 21**

19. Has your employer or college tutor made any of the following changes to help you with your job or course, following your brain injury?

Allowed you a phased return to work?	Yes ☐$_1$ No ☐$_0$
If yes, how long did this phased return last? _____ months _____weeks	
Allowed you to take more breaks?	Yes ☐$_1$ No ☐$_0$
If yes, approximately how many extra breaks do you take each day?	_____ breaks
How long does each break last (approximately)?	_____ minutes
Allowed you to permanently reduce your working hours/days?	Yes ☐$_1$ No ☐$_0$
Reduced the quantity of work you have to do?	Yes ☐$_1$ No ☐$_0$
Reduced your responsibilities?	Yes ☐$_1$ No ☐$_0$
Provided more supervision or support at work?	Yes ☐$_1$ No ☐$_0$
Allowed you to work from home?	Yes ☐$_1$ No ☐$_0$
Used any help e.g., Government schemes, occupational health etc. to support you? If yes, please describe who was involved: ……. …….	Yes ☐$_1$ No ☐$_0$

20. Has your employer/college had to pay for additional support or equipment because of your brain injury? Yes ☐$_1$ No ☐$_0$

If yes, please state what type of equipment or support:

_____

If you know, please state approximately how much this has cost:

_____

21. Have you had to leave work / education or change your job or educational course, in the past 6 months?	Yes ☐$_1$ Please go to **question 22**
	No ☐$_0$ Please go to **question 24**

22. Please state how long you worked or studied, after your brain injury, before you left work / education or changed your job or educational course e.g., number of months or weeks.

No. of months _____ No. of weeks _____

23. Please explain why you have left work / education or changed your job or educational course in the last 6 months.
(Tick one box)

I have **left** work / education **due to my brain injury**	☐$_1$
I have **changed** my job or educational course **due to my brain injury**	☐$_2$
I have **left** work / education for **reasons not related to my brain injury**	☐$_3$
I have **changed** my job or educational course for **reasons not related to my brain injury**	☐$_4$

With the following questions, we are trying to find out if, and how your income has been affected by your brain injury.

24. Do you rely solely on state benefits (excluding pension) as a form of income? (Please tick one box)

Yes	☐1	Please go to **question 25**	No	☐0	Please go to **question 26**

25. If you rely solely on state benefits as a form of income, do you think you would be better off financially if you returned to paid work?
(Please tick one box)

Yes ☐1	No ☐0	Don't know ☐2
If No, please state why:		

26. Do you currently receive statutory sick pay? (Please tick one box)

Yes ☐1 No ☐0

27. Have you retired from your job during the last 6 months?	Yes ☐1 Please go to **question 28**
	No ☐0 Please go to **question 29**

28. Please explain why you have retired. (Tick one box)

I have retired **due to my brain injury**	☐1
I have retired for **reasons not related to my brain injury**	☐0

29. 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, or will be affected as a result of your brain injury).
This information will be anonymised and kept confidential.
(Please tick one box)

Less than £800 per month	☐1	£800 to £1,600 per month	☐2
£1,601 to £2,500 per month	☐3	£2,501 to £3,250 per month	☐4
£3,251 to £4,150 per month	☐5	£4,151 or greater per month	☐6

30. Are you pursuing a compensation claim because of your brain injury? (Please tick one box)

Yes ☐1 No ☐0 Looking into it ☐2

If you are pursuing or considering pursuing a compensation claim because of your brain injury, what advice, if any, have you been given about working from your solicitor?

……

……

……..

……..

31. In the past 6 months, have you or your family incurred any other costs as a result of your brain injury? e.g. complementary therapists, equipment, non-prescribed medication? If so, please state the name of the item and the approximate cost.

e.g. 2 visits to an acupuncturist, total cost £80 (2 x £40)

……

……..

……

……..

……

……..

……

……..

The following questions will help us find out if your main carer's (your spouse, partner, parent or whoever has the most contact with you) work status has been affected by your brain injury in the last 6 months.

32. Please indicate how your main carer's (your spouse, partner, parent or whoever has the most contact with you) work status has been affected by your brain injury in the last 6 months. (Please tick one box)

Nobody close to me has been affected by my brain injury Please go to **question 35**	☐1	They did not work before my brain injury	☐2
Their work has not been affected by my brain injury	☐3	They have had to stop work due to my brain injury	☐4
They have had to change jobs due to my brain injury.	☐5	They have had to reduce their working hours due to my brain injury.	☐6
They have had to change jobs and reduce their working hours due to my brain injury	☐7	They have had to increase their working hours due to my brain injury	☐8
They have had to change jobs and increase their working hours due to my brain injury.	☐9	They have had to take on an additional job due to my brain injury, resulting in working more hours.	☐10

33a. What is/are your main carer's (your spouse, partner, parent or whoever has the most contact with you) job title(s)?

…….

33b. How many hours does your main carer (your spouse, partner, parent or whoever has the most contact with you) work in a typical week? _____ hours.

34. In the past 6 months, has your main carer (your spouse, partner, parent or whoever has the most contact with you) had to take time off work as a result of your brain injury?

Yes ☐1 No ☐0

If yes, how much time, in the **last 6 months**, have they had to take off?

___ Months ___ Weeks ___ Days ___ Hours

With these next few questions, we are trying to find out more about the

services you and your family have received during the last 6 months as a result of your brain injury.

35. What services have you received as a result of your brain injury in the last 6 months? If unsure, please put in your best estimate.

1 Hospital-based Services

a) Have you been admitted to hospital as an inpatient as a result of your brain injury **in the last 6 months**?

Yes☐$_1$ No ☐$_0$

If yes, for each **inpatient visit** you have had, please record the type of ward you were admitted to and the duration of your stay.

Visit number	**The type of department or ward**	**Duration of each stay (in days)**
Example	*Neurology*	*2 days*
1.		
2.		
3.		
4.		

b) Have you visited a hospital as an outpatient as a result of your brain injury **in the last 6 months**?

Yes☐$_1$ No ☐$_0$

If yes, for each **outpatient visit** you have had at the hospital as a result of your brain injury **in the last 6 months**, please record the type of professional you saw and the duration of the visit. (Examples of professionals you may have visited could include (but are not limited to): consultant neurologist, neuro-psychologist, cognitive behavioural therapist, occupational therapist, physiotherapist, speech and language therapist, specialist nurse).

Visit number	**Professional person you saw**	**Duration of each visit (in hours and minutes)**
Example	*Consultant neurologist*	*0 hours, 32 minutes*
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

2 Community-based services

a) Have you visited, or been visited by the following professionals as a result of your brain injury **in the last 6 months**?

GP	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Practice Nurse	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Case manager	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Occupational Therapist	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Speech and Language therapist	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Physiotherapist	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Social worker	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___
Walk in Centre	Yes ☐$_1$	No ☐$_0$	If yes, how many times?	___

b) Have you had visits from a home help or community care assistant as a result of your brain injury **in the last 6 months**?

Yes ☐$_1$ No ☐$_0$

If yes, on average, how many visits did you receive per week? ___

How long, on average did each visit last? _____ minutes per visit

c) Have you had any 'meals on wheels' **in the last 6 months**?

Yes ☐$_1$ No ☐$_0$

If yes, on average, how many meals did you receive per week? ___

How many of these meals did you or a relative pay for (as opposed to those provided free of charge by social services or the NHS)?
___ per week

If you or a relative paid, how much did each meal typically cost you?

£_____ per meal

d) Have you received any other services **in the last 6 months** due to your brain injury? Yes ☐$_1$ No ☐$_0$

If yes, please give details including how many times:

.....
.....
.....

36. Medication
What **prescribed** medication have you taken as a result of your brain injury **in the last 6 months?** Please specify the name of the medication, the dose, how many times per day you take it and how long you have been taking it for.

Name of Prescribed Medication	Dose	How many times per day?	How long have you been taking it?

37. Please tell us if you have had contact with any of the people listed below in the last 6 months.

1.	Benefits advisor	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
2.	Disability employment advisor	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
3.	Mandatory visits to the job centre	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
4.	Solicitor	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
5.	Other services aimed at helping you get or stay in work or education	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
6.	A self help group: If yes, please state which one:	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___
7.	Have you seen anyone else who has helped you? If yes, please give details:	Yes ☐$_1$	No ☐$_0$	If yes, how many times? ___

38. In the last **6 months**, have you experienced any problems with equipment in the workplace, which have resulted in injury to yourself? (Tick one box)

Yes ☐$_1$ No ☐$_0$ Not applicable – I am not back at work ☐$_2$

If **yes**, please describe:

Please state type of equipment, the nature of the problem and details of the injury	**Date of accident**

39. In the last **6 months**, have you had any other accidents at work? (Tick one box)

Yes ☐$_1$ No ☐$_0$ Not applicable – I am not back at work ☐$_2$

If **yes**, please describe:

	Nature of accident at work	**Date of accident**
1.		
2.		

40. Have you attended Accident and Emergency Services for **any reason** in the **last 6 months**? (Please tick one box)

Yes ☐$_1$ No ☐$_0$
If yes, please describe:

	Reason for attending A&E	**Date**
1.		
2.		

41. Have you been admitted to hospital for **any reason** in the **last 6 months**? (Please tick one box)

Yes ☐$_1$ No ☐$_0$
If yes, please describe:

	Reason for admission to hospital	**Date**
1.		
2.		

42. In the last **6 months**, have you attempted to commit suicide? (please tick one box)
Yes ☐$_1$ No ☐$_0$

SECTION 3

This section asks about the **everyday activities** you have **actually done in the last week or so.**

In the last week or so did you……	Tick one box for each activity Not at all 1	With help 2	On your own with difficulty 3	On your own easily 4
Walk around outside?	☐	☐	☐	☐
Climb stairs?	☐	☐	☐	☐
Get in and out of the car?	☐	☐	☐	☐
Walk over uneven ground?	☐	☐	☐	☐
Cross over roads?	☐	☐	☐	☐
Travel on public transport?	☐	☐	☐	☐
Manage to feed yourself?	☐	☐	☐	☐
Manage to make yourself a hot drink?	☐	☐	☐	☐
Take hot drinks from one room to another?	☐	☐	☐	☐
Do the washing up?	☐	☐	☐	☐
Make yourself a hot snack?	☐	☐	☐	☐
Manage your own money when you were out?	☐	☐	☐	☐
Wash small items of clothing?	☐	☐	☐	☐
Do your own housework?	☐	☐	☐	☐
Do your own shopping?	☐	☐	☐	☐
Do a full clothes wash?	☐	☐	☐	☐
Read newspapers or books?	☐	☐	☐	☐
Use the telephone?	☐	☐	☐	☐
Write letters?	☐	☐	☐	☐
Go out socially?	☐	☐	☐	☐
Manage your own garden?	☐	☐	☐	☐
Drive a car?	☐	☐	☐	☐

Section 4

In this section we are trying to find out how much you have been able to return to taking part in community activities.

Please put a tick beside the statement that best describes what you do currently:

1. Who usually does shopping for groceries or other necessities in your household? (Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0

2. Who usually prepares meals in your household? (Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0

3. In your home, who normally does everyday housework?

(Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0

4. Who usually cares for the children in your home? (Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0
Not applicable/ no children under 17 years in the home	☐ 3

5. Who usually plans social arrangements such as get-togethers with family and friends? (Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0

6. Who usually looks after your personal finances, such as banking or paying bills? (Tick one box only)

Yourself alone	☐ 2
Yourself and someone else	☐ 1
Someone else	☐ 0

Can you tell us approximately how many times a month you now usually participate in the following activities outside your home?

7. Shopping (Tick one box only)

Never	☐ 0
1-4 times a month	☐ 1
5 or more times a month	☐ 2

8. Leisure activities such as movies, sports, resUCrants, etc.
(Tick one box only)

Never	☐ 0
1-4 times a month	☐ 1
5 or more times a month	☐ 2

9. Visiting friends or relatives (Tick one box only)

Never	☐ 0
1-4 times a month	☐ 1
5 or more times a month	☐ 2

10. When you participate in leisure activities, do you usually do this alone or with others? (Tick one box only)

Mostly alone	☐ 0
Mostly with friends who have head injuries	☐ 1
Mostly with family members	☐ 2
Mostly with friends who do not have head injuries	☐ 3
With a combination of family and friends	☐ 4

11. Do you have a best friend with whom you confide? (Tick one box only)

Yes	☐ 1
No	☐ 0

12. How often do you travel outside the home? (Tick one box only)

Almost every day	☐ 2
Almost every week	☐ 1
Seldom/never (less than once per week)	☐ 0

13. Please choose the answer below that best corresponds to your current (during the past month) work situation: (Tick one box only)

Full-time (more than 20 hours per week)	☐ 1
Part-time (less than or equal to 20 hours per week)	☐ 2
Not working, but actively looking for work	☐ 3
Not working, not looking for work	☐ 4
Not applicable, retired due to age	☐ 5

14. Please choose the answer below that best corresponds to your current (during the past month) school or training situation: (Tick one)

Full-time	☐ 1
Part-time	☐ 2
Not attending school or training program	☐ 3
Not applicable, retired due to age	☐ 4

15. In the past month, how often did you engage in volunteer activities? (Tick one box only)

Never	☐ 1
1-4 times	☐ 2
5 or more times	☐ 3

Section 5

In this section we are trying to find out how confident you feel about working or studying and the impact of your brain injury on your job or educational course.

Part A

How confident are you that you can do the following?
(Please circle the number best representing how you feel)

1. I feel confident that I can work or study

0 1 2 3 4 5 6 7 8 9 10

(very unconfident) (very confident)

2. I feel confident in my ability to manage my condition in a work or college environment

0 1 2 3 4 5 6 7 8 9 10

(very unconfident) (very confident)

3. I feel confident that, in general, working or studying would not make my condition worse.

0 1 2 3 4 5 6 7 8 9 10

(very unconfident) (very confident)

4. Assume that your work or study ability at its best has a value of 10 points. How many points would you give your current work or study ability?

0 1 2 3 4 5 6 7 8 9 10

(unable to work or study) (Very capable of working or studying)

Part B

Work productivity

The following questions ask about the effect of your brain injury on your ability to work and perform regular activities. Please fill in the blanks or circle a number, as indicated.

1. Are you currently employed (working for pay)? _____ NO ☐$_0$ ___ YES ☐$_1$
   If NO, check "NO" and skip to question 6.

The next questions are about 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 brain injury? *Include hours you missed on sick days, times you went in late, left early, etc., because of your brain injury. Do not include time you missed 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 vacation, holidays, time off 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 brain injury 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 brain injury affected your work only a little, choose a low number. Choose a high number if your brain injury affected your work a great deal.

   Consider only how much your brain injury affected productivity while you were working.

   My brain injury had no effect on my work — 0 1 2 3 4 5 6 7 8 9 10 — My brain injury completely prevented me from working

   CIRCLE A NUMBER

6. During the past seven days, how much did your brain injury affect your ability to do your regular daily activities, other than work at a job?

By regular 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 brain injury affected your activities only a little, choose a low number. Choose a high number if PROBLEM affected your activities a great deal.

Consider only how much <u>your brain injury</u> affected your ability to do your regular daily activities, other than work at a job.

My brain injury had no effect on my daily activities	0	1	2	3	4	5	6	7	8	9	10	My brain injury completely prevented me from doing my daily activities

CIRCLE A NUMBER

Part C

<u>Importance of working or studying</u>

There are many reasons why a job or educational course is important. Here is a list of some of those reasons.

1. Please **prioritise** them as they apply to you by putting **1 next to the most important**, 2 next to the second most important and so on:

+ MOST IMPORTANT **1** **2** **3** **4** **5** **6** **7** **LEAST IMPORTANT -**	
	1-7
Source of **financial income**	
Contact with the people	
To be **occupied/busy**	
Sense of **self-fulfilment /achievement**	
Freedom to be able to **plan and take decisions**	
To **be of use** and to be able to **use your trade and skills**	
Other, Please state other reason:	

Part D

1. Over the past year since your brain injury, what is your best estimate of your personal yearly income from all sources (before tax and other deductions were taken off)?
(We are asking this question purely to find out whether your earnings have been affected as a result of your brain injury).
This information will be anonymised and kept confidential.

(Please tick one box)

Less than £10,000 per annum	☐ 1	£10,000 to £19,999 per annum	☐ 2
£20,000 to £29,999 per annum	☐ 3	£30,000 to £39,999 per annum	☐ 4
£40,000 to £49,999 per annum	☐ 5	£50,000 or greater per annum	☐ 6

SECTION 6

We should like to know how your health is affecting your mood and how you have been feeling **IN THE PAST WEEK OR SO**. Please answer **ALL** the questions by putting a tick in the box which comes closest to how you have been feeling in the past week. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought-out response.

I feel tense or 'wound up':	A	**I feel as if I am slowed down:**	D
Most of the time	☐3	Nearly all the time	☐3
A lot of the time	☐2	Very often	☐2
Time to time, Occasionally	☐1	Sometimes	☐1
Not at all	☐0	Not at all	☐0

I still enjoy the things I used to enjoy:	D	**I get a sort of frightened feeling like 'butterflies' in the stomach:**	A
Definitely as much	☐0	Not at all	☐0
Not quite so much	☐1	Occasionally	☐1
Only a little	☐2	Quite often	☐2
Hardly at all	☐3	Very often	☐3

I get a sort of frightened feeling as if something awful is about to happen:	A	**I have lost interest in my appearance:**	D
Very definitely and quite badly	☐3	Definitely	☐3
Yes, but not too badly	☐2	I don't take as much care as I should	☐2
A little, but it doesn't worry me	☐1	I may not take quite as much care	☐1
Not at all	☐0	I take just as much care as ever	☐0

I can laugh and see the funny side of things:	D	**I feel restless as if I have to be on the move:**	A
As much as I always could	☐0	Very much indeed	☐3
Not quite so much now	☐1	Quite a lot	☐2
Definitely not so much now	☐2	Not very much	☐1
Not at all	☐3	Not at all	☐0

Worrying thoughts go through my mind:	A	**I look forward with enjoyment to things:**	D
A great deal of the time	☐3	As much as I ever did	☐0
A lot of the time	☐2	Rather less than I used to	☐1
From time to time but not too often	☐1	Definitely less than I used to	☐2
Only occasionally	☐0	Hardly at all	☐3

I feel cheerful:	D	**I get sudden feelings of panic:**	A
Not at all	☐3	Very often indeed	☐3
Not often	☐2	Quite often	☐2
Sometimes	☐1	Not very often	☐1
Most of the time	☐0	Not at all	☐0

I can sit at ease and feel relaxed:	A	**I can enjoy a good book or radio programme or TV:**	D
Definitely	☐0	Often	☐0
Usually	☐1	Sometimes	☐1
Not often	☐2	Not often	☐2
Not at all	☐3	Seldom	☐3

Is there anything else you would like to tell us? If so, please write your comments in the box below:

Thank you for completing this questionnaire.

Please check you have completed all the questions

Please return your completed questionnaire in the pre-paid envelope provided

For Office Use – to be completed by researcher once completed form received

GOS Score	1	2	3	4	5