

## Supplementary Material 2: Intervention fidelity proforma

Patient number .....	Intervention session date .....	Intervention session number .....	F2F 10 min units .....
Return travel time from base (10 min) .....			Non F2F 10 min units .....
<b>1. Assessment</b>	<b>5. Personal ADL</b>	<b>9. Cognitive/executive skills</b>	<b>15. Liaise by f2f, letter, t/c, Email, Text</b>
Medical history	Dressing	Education about cognition	<b>Please write F, L, T, E or TC+ add time</b>
Social situation/roles	Toileting	Strategies for managing cognitive difficulties	Patient
Pre-morbid lifestyle	Bathing/showering	Use of standardise tests	Family, partner, carer
Functional ability	Other	Other	Case manager
Cognitive assessment			GP
Psychological assessment	<b>6. Instrumental ADL</b>		Consultant
Insight	Meals/drinks	<b>10. Work preparation</b>	Employer
Financial situation	Housework/laundry	Teach pacing/fatigue management	HR
Work ability	Money/budgeting	Pt contact with employer	Occ health
Family views	Shopping	Detailed job analysis	DEA
Other - specify	Organisational skills	Work hardening	DWP Work provider
	Being left alone	Discuss work options	Physio
	Socialisation including leisure	Other;-specify	SALT
<b>2. Current issues</b>	Sleep issues		OT
Medical	Other		Psychologist
Social		<b>11. RTW process + employer present</b>	CBT
Benefits		RTW planning & Ax meeting + stat issues	
	<b>7. Mobility</b>		Solicitor
Family	Walking - in and outside	Monitoring/grading meeting	Other
Work	Safety including road safety	Maintenance meeting	
Other	Using transport		<b>16. Admin</b>
	Route finding	<b>12. RTW process: no employer present</b>	Note writing i.e. OT notes
<b>3. Goals</b>	Driving	RTW planning and assessment meeting	Report/letter writing
Goal setting	Other	Monitoring/grading meeting	
Reviewing/modifying goals		Maintenance meeting	
	<b>8. Psychological issues</b>		<b>Notes</b>
<b>4. Physical</b>	Psychological support	<b>13. Family/Carer Support</b>	
Assistive devices & adaptations	Confidence building		
Pain including headaches	Low mood	<b>14. Education re TBI &amp;/or RTW</b>	
Communication/speech	Motivation	(Please write v =verbal and/or w=written)	
Visual problems	Anxiety	Patient	
Upper limb	Behavioural problems	Carer	
Sensory problems	Dealing with others	Employer	
	Adjustment/ re-evaluation	Written info given	
		Other	
			<b>TURN OVER PLEASE</b>

FRESH Fidelity form		Patient ongoing/current status	
Patient number .....		Date.....	
<b>Pay when returning to work</b>		<b>How got to work</b>	<b>Current Status</b>
		Lifts	
RTW on Statutory sick pay (SSP)		Walk	Same employer, same job
RTW on Employment Support Allowance (ESA)		Public transport	Same employer, different job,
RTW on full pay but reduced hours		Drive	New employer, same job
RTW on permitted work (negotiated with Job Centre Plus)		Access to work	New employer, different job,
No benefits, pay cut for graded return		Cycle	Self employed
On full pay but reduced hours		Works at home	Voluntary work
Full pay, usual hours			Home to look after children
Other		<b>Supportiveness of employer</b> (therapists view s)	Homemaker/housewife
		Very helpful	Same college/uni/same course
<b>Concessions agreed</b>		OK	Same college/uni/different course
Allowed a phased RTW		Cautious	Different college/same course
Flexibility of extra breaks		<b>Where seen</b>	Different college/different course
Reduced amount of work		Home	Other – please specify
Reduced responsibilities		Work	
Mentor/more supervision		Job centre	
Flexible start/finish times		Other	<b>Comments</b>
Provision of special conditions		<b>Use of other services</b>	(Please detail as much as possible)
Being supernumery		Jobcentre ESA advisor	
Work at home		Work choice provider	
Permanent decreased hours/days		Work programme	
Other		Permitted work	
		DEA	
<b>GP Fit Note Categories</b>		Work Psychologist	
(if known)		Social services	
a. Phased RTW		Headway	
b. Altered hours		Extra support in education	
c. Amended duties		Compensation provision	
d. Workplace adaptations		Other	