

Tikur Anbessa Post-Injury Follow-Up Questionnaire

Patient Name:		MRN:	
Number of Attempts:		Date of Interview:	
Respondent	<input type="checkbox"/> Patient alone	<input type="checkbox"/> Relative, friend or caretaker alone	<input type="checkbox"/> Patient plus relative, friend or caretaker

#	Question	Answer	
0. Survival			
0.1	Is the patient currently alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, go to #1
0.2	If no, when did the patient die?		
1. Consciousness			
1.1	Is the head-injured person able to obey simple commands or say any words?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, go to #10
2. Independence at home:			
2.1	Is the assistance of another person at home essential every day for some basic activities of daily living like dressing and eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, go to #3
2.2	Do they need frequent help of someone to be around at home most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	Was the patient independent at home before the injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3-4. Independence outside home:			
3.1	Are they able to shop without assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2	Were they able to shop without assistance before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.1	Are they able to travel locally without assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2	Were they able to travel locally without assistance before the injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Work:			
5.1	Are they currently able to work (or look after others at home) to their previous capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, go to #6
5.2	How restricted are they?	<input type="checkbox"/> Reduced work capacity <input type="checkbox"/> Able to work only in a sheltered workshop or non-competitive job or currently unable to work	
5.3	Does the level of restriction represent a change in respect to the pre-trauma situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Social and Leisure activities:			
6.1	Are they able to resume regular social and leisure activities outside home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, go to #7
6.2	What is the extent of restriction on their social and leisure activities?	<input type="checkbox"/> Participate a bit less: at least half as often as before injury <input type="checkbox"/> Participate much less: less than half as often <input type="checkbox"/> Unable to participate: rarely, if ever, take part	
6.3	Does the extent of restriction in regular social and leisure activities outside home represent a change in respect or pre-trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Family and friendships:			
7.1	Has there been family or friendship disruption due to psychological problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, go to #8
7.2	What has been the extent of disruption or strain?	<input type="checkbox"/> Occasional - less than weekly <input type="checkbox"/> Frequent - once a week or more, but not intolerable <input type="checkbox"/> Constant - daily and intolerable	
7.3	Does the level of disruption or strain represent a change in respect to pre-trauma situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8-9. Return to normal life:			
8.1	Are there any other current problems relating to the injury which affect daily life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, go to #9
8.2	If similar problems were present before the injury, have these become markedly worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.1	What is the most important factor in outcome?		
10. Work Status			
10.1	What type of work did the patient do before their injury?		
10.2	How much money per month did the patient earn before their injury?		
10.3	What type of work does the patient do now?		
10.4	How much money per month does the patient earn now?		

11. Follow-up care			
11.1	How many times has the patient returned to the hospital or clinic for outpatient follow-up care related to their injury?		
11.2	How many times has the patient returned to the Emergency Department for issues related to their injury?		
11.3	How many times has the patient been readmitted to the hospital for issues related to their injury?		
11.4	Does the patient still need medical care for issues related to their injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what issues?		

Total time to administer survey: