

# SYDNEY PSYCHOSOCIAL REINTEGRATION SCALE – 2 (SPRS-2)

FORM A (INFORMANT/CLINICIAN)

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Name:		Sex: _ / _	ID
Date: / /	Date of injury: / /		DoB: / /
Cause of injury:	Duration of coma:	Duration of PTA:	

## BACKGROUND INTERVIEW

1. What is [person's name] current occupation?
2. What are his/her work duties at present?
3. What was his/her job at the time of the injury?
4. What were his/her work duties in that job?
5. How many jobs has he/she had since the injury (not including work trials or voluntary work)?
- 6 & 7. What are/were his/her leisure interests, recreation, hobbies, and club membership, at present and at time of injury?  

6. AT TIME OF INJURY	7. AT PRESENT
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- 8 & 9. What are/were his/her weekly program of work, leisure/recreational activities at present and at time of injury?  

8. AT TIME OF INJURY	9. PRESENT
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10. What was his/her marital status at time of injury?
11. What is it at present?
12. Who was in his/her circle of close friends at time of the injury?
13. Who is in his/her circle of close friends at present?
14. Who did he/she live with at time of injury?
15. Who does he/she live with at present?

## WORK AND LEISURE

### 1. Current work: HAVE THE HOURS OF WORK (OR STUDY), OR THE TYPE OF WORK (STUDY) CHANGED BECAUSE OF THE INJURY?

(If the person is a student, answer the question in this section in terms of changes in his/her studies)

- |                          |                          |   |           |
|--------------------------|--------------------------|---|-----------|
| <input type="checkbox"/> | <b>Not at all:</b>       | Same or better.....   | <b>4</b>  |
| <input type="checkbox"/> | <b>A little:</b>         | Now works less hours per week, OR work duties (study) have changed for easier/lighter ones.....   | <b>3</b>  |
| <input type="checkbox"/> | <b>Moderately:</b>       | Works casually, OR has some help from others in doing some work (study) .....   | <b>2</b>  |
| <input type="checkbox"/> | <b>A lot:</b>            | Now unemployed, OR in rehabilitation, OR in a supported work program, OR does volunteer work, OR receives remedial assistance in studies..... | <b>1</b>  |
| <input type="checkbox"/> | <b>Extreme:</b>          | Is almost unable to (or is unable to) work (study) at present.....  | <b>0</b>  |
| <input type="checkbox"/> | <b>Unable to assess:</b> | Did not work before the injury and still does not work .....  | <b>NA</b> |

### 2. Work skills: HAVE WORK (STUDY) SKILLS CHANGED BECAUSE OF THE INJURY?

- |                          |                    |   |          |
|--------------------------|--------------------|---|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....   | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Not quite as good, e.g. has to put in a lot of effort to get the same result, gets tired easily, loses concentration.....                     | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | Definitely not as good, e.g. sometimes makes mistakes.....  | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | Much worse, e.g. he or she is slower.....   | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Very much worse, e.g. makes many mistakes, is very slow, work is of poor quality, needs constant supervision and/or reminders at present..... | <b>0</b> |

### 3. Leisure: HAS THERE BEEN ANY CHANGE IN THE NUMBER OR TYPE OF LEISURE ACTIVITIES OR INTERESTS BECAUSE OF THE INJURY?

- |                          |                          |  |           |
|--------------------------|--------------------------|--|-----------|
| <input type="checkbox"/> | <b>Not at all:</b>       | Same or more, and done as often or more .....  | <b>4</b>  |
| <input type="checkbox"/> | <b>A little:</b>         | Has most of the same activities and interests, OR has the same activities and interests but does them less often ..... | <b>3</b>  |
| <input type="checkbox"/> | <b>Moderately:</b>       | Definitely less, but may have developed new activities and interests .....   | <b>2</b>  |
| <input type="checkbox"/> | <b>A lot:</b>            | Only has some of the leisure activities and interests and has not developed new ones.....                              | <b>1</b>  |
| <input type="checkbox"/> | <b>Extreme:</b>          | Almost none (or no) leisure activities or interests at present.....  | <b>0</b>  |
| <input type="checkbox"/> | <b>Unable to assess:</b> | Did not have leisure activities before the injury and still does not have leisure activities.....                      | <b>NA</b> |

### 4. Organising activities: HAS THERE BEEN ANY CHANGE IN THE WAY HE/SHE ORGANISES WORK AND LEISURE ACTIVITIES BECAUSE OF THE INJURY?

- |                          |                    |   |          |
|--------------------------|--------------------|---|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....   | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Needs prompts or supports from others.....  | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | More dependent on other people to organise activities, e.g. others suggest what to do and how to go about it..... | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | Needs other people to do the organising, e.g. making arrangements, providing transport.....                       | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Almost completely (or completely) dependent on other people to suggest and organise activities at present.....    | <b>0</b> |

## RELATIONSHIPS

### 5. Spouse or partner: DID HE/SHE HAVE A PARTNER OR SPOUSE AT THE TIME OF THE INJURY?

a) IF YES, HAS THE RELATIONSHIP CHANGED BECAUSE OF THE INJURY? IF NO, GO TO PART b) BELOW

- |                          |                    |   |   |
|--------------------------|--------------------|---|---|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....   | 4 |
| <input type="checkbox"/> | <b>A little:</b>   | Not quite the same, but still able to get along.....  | 3 |
| <input type="checkbox"/> | <b>Moderately:</b> | Definitely not the same .....   | 2 |
| <input type="checkbox"/> | <b>A lot:</b>      | A lot of changes, <u>but</u> he/she might have the skills to form a new relationship.....   | 1 |
| <input type="checkbox"/> | <b>Extreme:</b>    | Nature of relationship has changed in a major way (e.g., partner takes on most responsibilities or is the primary caregiver)/ or has broken down/ <u>and</u> he/she probably does not have the skills to form a new relationship..... | 0 |

b) IF NO, HOW MUCH CHANGE IS THERE IN HIS/HER ABILITY TO FORM AND MAINTAIN SUCH A RELATIONSHIP COMPARED TO BEFORE ?

- |                          |                     |  |   |
|--------------------------|---------------------|--|---|
| <input type="checkbox"/> | <b>None at all:</b> | Same or better.....  | 4 |
| <input type="checkbox"/> | <b>A little:</b>    | Not quite the same .....   | 3 |
| <input type="checkbox"/> | <b>Moderate:</b>    | Definitely not the same.....   | 2 |
| <input type="checkbox"/> | <b>A lot:</b>       | A lot of changes, but he/she might have the skills to form a new relationship..... | 1 |
| <input type="checkbox"/> | <b>Extreme:</b>     | Probably does not (or does not) have the skills to form a new relationship.....    | 0 |

### 6. Family: HAVE HIS/HER RELATIONSHIPS WITH OTHER FAMILY MEMBERS CHANGED BECAUSE OF THE INJURY?

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <b>Not at all:</b>       | Same or better.....   | 4 |
| <input type="checkbox"/> | <b>A little:</b>         | Not quite the same .....  | 3 |
| <input type="checkbox"/> | <b>Moderately:</b>       | Definitely not the same .....   | 2 |
| <input type="checkbox"/> | <b>A lot:</b>            | A lot of changes in relationships with some family members.....   | 1 |
| <input type="checkbox"/> | <b>Extreme:</b>          | Changed in a major way or a breakdown of relationships with some family members due to effects of the injury..... | 0 |
| <input type="checkbox"/> | <b>Unable to assess:</b> | Did not have contact with family before the injury.....NA   |   |

### 7. Friends and other people: HAVE HIS/HER RELATIONSHIPS WITH OTHER PEOPLE OUTSIDE FAMILY (SUCH AS CLOSE FRIENDS, WORK MATES, NEIGHBOURS) CHANGED BECAUSE OF THE INJURY?

- |                          |                    |   |   |
|--------------------------|--------------------|---|---|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....   | 4 |
| <input type="checkbox"/> | <b>A little:</b>   | Not quite the same, but still sees some friends weekly or more, makes new friends, and gets along with work mates and neighbours..... | 3 |
| <input type="checkbox"/> | <b>Moderately:</b> | Definitely not the same, but still sees some friends once a month or more and can make new friends.....                               | 2 |
| <input type="checkbox"/> | <b>A lot:</b>      | Only sees a few friends (or other people outside family), and does not make new friends easily.....                                   | 1 |
| <input type="checkbox"/> | <b>Extreme:</b>    | Sees hardly any friends (or no friends at all) (or other people outside the family).....  | 0 |

### 8. Communication: HAVE HIS/HER COMMUNICATION SKILLS (THAT IS, TALKING WITH OTHER PEOPLE AND UNDERSTANDING WHAT OTHERS SAY) CHANGED BECAUSE OF THE INJURY?

- |                          |                    |  |   |
|--------------------------|--------------------|--|---|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....  | 4 |
| <input type="checkbox"/> | <b>A little:</b>   | Has some changes, e.g., rambles and gets off the point, talk is sometimes inappropriate, has some trouble finding the words to express himself or herself..... | 3 |
| <input type="checkbox"/> | <b>Moderately:</b> | Definite changes, e.g., difficulty thinking of things to say, joining in talk with groups of people, only talks about himself or herself .....                 | 2 |
| <input type="checkbox"/> | <b>A lot:</b>      | A lot of changes, e.g., having trouble understanding what people say.....  | 1 |
| <input type="checkbox"/> | <b>Extreme:</b>    | Major changes, but can communicate basic needs, OR uses aids for communication OR communication is almost impossible.....                                      | 0 |

## LIVING SKILLS

### 9. Social Skills: HAVE HIS/HER SOCIAL SKILLS AND BEHAVIOUR IN PUBLIC CHANGED BECAUSE OF THE INJURY?

- |                          |                    |  |          |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....  | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Some changes, e.g. is awkward with other people, does not worry about what other people think or want.....   | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | Definite changes, e.g. can act in a silly way, is not as tactful or sensitive to other people's needs.....   | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | A lot of changes, e.g. is more dependent on other people, is socially withdrawn.....   | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Major changes, e.g. has difficulty interacting appropriately with other people, behaviour is unpredictable, temper outbursts in public, requires supervision when with other people..... | <b>0</b> |

### 10. Personal habits: HAVE HIS/HER PERSONAL HABITS (E.G. HIS/HER CARE IN CLEANLINESS, DRESSING AND TIDINESS) CHANGED BECAUSE OF THE INJURY?

- |                          |                    |  |          |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....  | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Does not take as much care as before.....  | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | Attends to own hygiene, dress and tidiness, but has definitely changed in this area; needs supervision..   | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | Needs prompts, reminders or advice from others, but responds to these; needs stand-by assistance.....  | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Needs prompts, reminders or advice from others, but responds to these only after repeated requests; needs hand-on assistance; is totally dependent for assistance..... | <b>0</b> |

### 11. Community travel: HAVE HIS/HER USE OF TRANSPORT AND TRAVEL AROUND THE COMMUNITY CHANGED DUE TO THE INJURY?

**NOTE:** Do not include the driver of transport, or other passengers using such transport, in rating whether a person can travel "alone" or "by himself/herself".

- |                          |                    |   |          |
|--------------------------|--------------------|---|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....   | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Unable to use some forms of transport (e.g. driving a car) but can still get around in the community by using other forms of transport without help .....   | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | Definite changes in use of transport, but after training can travel around the community on his/her own..   | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | Needs assistance to plan use of transport, but with such help can travel around the community on his/her own.....   | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Very restricted in use of transport, but with supervision can make short, familiar journeys around the community on his/her own (e.g. going out to the local shop) OR is unable to go out into the community alone..... | <b>0</b> |

### 12. Accommodation: HAS HIS/HER LIVING SITUATION CHANGED DUE TO THE INJURY?

- |                          |                    |  |          |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | <b>Not at all:</b> | Same or better.....  | <b>4</b> |
| <input type="checkbox"/> | <b>A little:</b>   | Lives in the community, but with emotional or social supports provided by other people, such as family, friends or neighbours. Could not be left alone without supports for a two-week period.....   | <b>3</b> |
| <input type="checkbox"/> | <b>Moderately:</b> | Definite changes and could not be left alone for a weekend unless someone was available to check everything was OK.....  | <b>2</b> |
| <input type="checkbox"/> | <b>A lot:</b>      | Lives in the community but in supported accommodation, such as a group home, boarding house, transitional living unit, in family home but requires daily supervision or assistance.....  | <b>1</b> |
| <input type="checkbox"/> | <b>Extreme:</b>    | Almost unable to live in the community, even with daily supervision or assistance OR needs care, which may be at home requiring extensive, daily supervision or other care, OR in an institution, such as a nursing home, residential service, rehabilitation unit ..... | <b>0</b> |