

SYDNEY PSYCHOSOCIAL REINTEGRATION SCALE – 2 (SPRS-2)

FORM A (SELF)

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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 your current occupation?
2. What are your work duties at present?
3. What was your job at the time of the injury?
4. What were your work duties in that job?
5. How many jobs have you had since the injury (not including work trials or voluntary work)?
- 6 & 7. What are/were your leisure interests, recreation, hobbies, and club membership, at present and at time of injury?

6. AT TIME OF INJURY	7. PRESENT
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- 8 & 9. What is/was your 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 your marital status at time of injury?
11. What is it at present?
12. Who was in your circle of close friends at time of injury?
13. Who is in your circle of close friends at present?
14. Who did you live with at time of injury?
15. Who do you live with at present?

WORK AND LEISURE

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

(If you are a student, answer the question in this section in terms of changes in your studies)

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

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

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

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

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

4. Organising activities: HAS THERE BEEN ANY CHANGE IN THE WAY YOU ORGANISE WORK AND LEISURE ACTIVITIES BECAUSE OF THE INJURY?

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

RELATIONSHIPS

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

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

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

6. Family: HAVE YOUR RELATIONSHIPS WITH OTHER FAMILY MEMBERS CHANGED BECAUSE OF THE INJURY?

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

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

- | | | | |
|--------------------------|--------------------|--|---|
| <input type="checkbox"/> | Not at all: | Same or better..... | 4 |
| <input type="checkbox"/> | A little: | Not quite the same, but still see some friends weekly or more, make new friends, and get along with work mates and neighbours..... | 3 |
| <input type="checkbox"/> | Moderately: | Definitely not the same, but still see some friends once a month or more and can make new friends.. | 2 |
| <input type="checkbox"/> | A lot: | Only see a few friends (or other people outside family), and do not make new friends easily..... | 1 |
| <input type="checkbox"/> | Extreme: | See hardly any friends or see none at all (or other people outside the family)..... | 0 |

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

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

LIVING SKILLS

9. Social Skills: HAVE YOUR SOCIAL SKILLS AND BEHAVIOUR IN PUBLIC CHANGED BECAUSE OF THE INJURY?

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

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

- | | | | |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | Not at all: | Same or better..... | 4 |
| <input type="checkbox"/> | A little: | Do not take as much care as before | 3 |
| <input type="checkbox"/> | Moderately: | Attend to my hygiene, dress and tidiness, but have definitely changed in this area; need supervision ... | 2 |
| <input type="checkbox"/> | A lot: | Need prompts, reminders or advice from others, but respond to these; OR need stand-by assistance | 1 |
| <input type="checkbox"/> | Extreme: | Need prompts, reminders or advice from others, but respond to these only after repeated requests; need hand-on assistance; OR am totally dependent for assistance..... | 0 |

11. Community travel: HAVE YOUR 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 you can travel "alone" or "by yourself".

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|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | Not at all: | Same or better..... | 4 |
| <input type="checkbox"/> | A little: | 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..... | 3 |
| <input type="checkbox"/> | Moderately: | Definite changes in use of transport, but after training can travel around the community on my own.... | 2 |
| <input type="checkbox"/> | A lot: | Need assistance to plan use of transport, but with such help can travel around the community on my own..... | 1 |
| <input type="checkbox"/> | Extreme: | Very restricted in use of transport, but with supervision can make short, familiar journeys around the community on my own (e.g. going out to the local shop) OR am unable to go out into the community alone..... | 0 |

12. Accommodation: HAS YOUR LIVING SITUATION CHANGED DUE TO THE INJURY?

- | | | | |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | Not at all: | Same or better..... | 4 |
| <input type="checkbox"/> | A little: | Live in the community, but with emotional or social supports provided by other people, such as family, friends or neighbours. Cannot be left alone without supports for a two-week period..... | 3 |
| <input type="checkbox"/> | Moderately: | Definite changes and cannot be left alone for a weekend unless someone was available to check everything was OK..... | 2 |
| <input type="checkbox"/> | A lot: | Live in the community but in supported accommodation, such as a group home, boarding house, transitional living unit, in family home but require daily supervision or assistance..... | 1 |
| <input type="checkbox"/> | Extreme: | Almost unable to live in the community, even with daily supervision or assistance OR need 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..... | 0 |