NEUROREHABILITATION SURVEY
SPAULDING REHABILITATION HOSPITAL
SPEECH LANGUAGE PATHOLOGY

IDENTIFYING INFORMATION:

Date: ____ **Phone #: (H)**________________________

Name:____ **(W)**________________________

Address:____ **Date of Birth:** ______________________

____ **Age:** ______________________________

Please answer the following questions about your injury:

1. Date of injury/illness: _________________

2. Did you lose consciousness? Yes ____ No ____

   Approximate length of time unconscious: ____

3. Do you remember the accident and/or events immediately around the injury/illness?

   Yes ____ No ____ Comments: ____

   ____

4. Were you hospitalized?

   Yes ____ No ____ Comments: ____

5. CT or MRI results (if applicable): Comments: ____

6. Cause of injury: (√ all that apply)

   Motor vehicle accident ______ Bike accident ______ Pedestrian ______ Sports ______

   Assault ______ Work related ______ Hit by falling object ______ Fall ______

   Stroke ______ Aneurysm ______ Other ____

7. Has legal action been taken in relation to this injury? Yes_____ No_____ Comments:______________

   ____

8. Prior to this injury, have you ever had a concussion or other neurological event? Yes_____ No_____

   Comments: ____

   ____

BACKGROUND INFORMATION

Living Status:

1. Who lives in your household? ______________________________

2. Has your living situation changed since your injury? ______________________________

3. What is the highest level of education you have completed? ______________________________

4. Have you ever been diagnosed with a learning disability? Yes _____ No _____

   Comments: ______________________________

5. Most recent employer: ______________________________

   Job responsibilities: ______________________________

   ____

   ____

6. Has your ability to work changed since your injury? Yes_____ No_____

   Comments: ______________________________

   ____

   ____

7. What other activities were you involved in prior to your injury? (i.e. hobbies, sports, volunteering, etc.)

   ____

9. Has your ability to participate in these activities changed since your accident? Yes _____ No _____

   Comments: ______________________________

   ____

   ____

10. Have you ever been treated for depression? Yes _____ No _____

    Comments: ______________________________

    ____

11. Please list medications you are currently taking:

    ______________________________ ______________________________

    ______________________________ ______________________________

    ______________________________ ______________________________

SYMPTOM RATING SCALE:

Please rate the severity of the following symptoms on a scale of 1-5 with 5 indicating the most severe (circle one):

						Comments
1. Fatigue	1	2	3	4	5	
2. Trouble concentrating	1	2	3	4	5	
3. Anxiety	1	2	3	4	5	
4. Dizziness	1	2	3	4	5	
5. Nausea	1	2	3	4	5	
6. Slower thinking	1	2	3	4	5	
7. Problems with memory and learning	1	2	3	4	5	
8. Moodiness	1	2	3	4	5	
9. Depression	1	2	3	4	5	
10. Sleep disturbances	1	2	3	4	5	
11. Difficulty putting ideas into words	1	2	3	4	5	
12. Easily overwhelmed	1	2	3	4	5	
13. Visual changes (blurring/double vision)	1	2	3	4	5	
14. Hearing problems/ringing in ears	1	2	3	4	5	
15. Sensitivity to lights or sounds	1	2	3	4	5	
16. Difficulty processing information	1	2	3	4	5	
17. Trouble with organization and time management	1	2	3	4	5	
18. Apathy	1	2	3	4	5	

SYMPTOM RATING SCALE (continued):

Please rate the severity of the following symptoms on a scale of 1-5 with 5 indicating the most severe (circle one):

						Comments
19. Trouble getting along with people	1	2	3	4	5	
20. Pain	1	2	3	4	5	
21. Balance/coordination problems	1	2	3	4	5	
22. Trouble learning new things	1	2	3	4	5	
23. Reading problems	1	2	3	4	5	
24. Difficulty with math and calculators	1	2	3	4	5	
25. Avoiding social situations or crowds	1	2	3	4	5	
26. Decreased judgement	1	2	3	4	5	
27. Trouble initiating/planning activities	1	2	3	4	5	
28. Personality changes	1	2	3	4	5	
29. Disinhibition	1	2	3	4	5	
30. Mental Fatigue	1	2	3	4	5	
31. Loss of taste/smell	1	2	3	4	5	
32. Headaches	1	2	3	4	5	
33. Irritability	1	2	3	4	5	
34. Anger	1	2	3	4	5	
35. Talkativeness	1	2	3	4	5	
36. Physical weakness	1	2	3	4	5	

ACTIVITY RATING SCALE:

Please indicate (by √) if you have difficulty with the following activities:

Home:		**Comments**
1. Preparing meals	____	____
2. Housecleaning	____	____
3. Managing finances	____	____
4. Listening to radio or watching TV	____	____
5. Following conversations	____	____
6. Talking on the phone	____	____
7. Laundry	____	____
8. Gardening/Yard work	____	____
9. Parenting/Caring for family members	____	____
10. Self Care	____	____
11. Entertaining	____	____
12. Other:	____	____
	____	____

Community:		
1. Driving	____	____
2. Following directions/using a map	____	____
3. Attending activities/functions with children	____	____
4. Eating in restaurants	____	____
5. Socializing in groups	____	____
6. Grocery shopping	____	____
7. Errands	____	____
8. Using ATM/Banking	____	____
9. Keeping appointments	____	____
10. Automobile repairs and maintenance	____	____
11. Using public transportation	____	____
12. Other:	____	____

ACTIVITY RATING SCALE (continued):

Please indicate (by √) if you have difficulty with the following activities:

Work:

1. Following a schedule ______ ______
2. Initiating tasks ______ ______
3. Reading complex material ______ ______
4. Remembering what needs to be done ______ ______
5. Completing work in a timely manner ______ ______
6. Working in presence of distractions ______ ______
7. Socializing in groups ______ ______
8. Making or keeping appointments ______ ______
9. Getting along with co-workers ______ ______
10. Maintaining stamina ______ ______
11. Composing written documents ______ ______
12. Other: ______ ______

______ ______

What are your goals, reasons or hopes for beginning speech-language and cognitive therapy at this time?

Comments: ______________________________

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Sullivan, Julie and Sanders, R. Richard. (2000)

Adapted from the following references: American Congress of Rehabilitation Medicine, (1993). Definition of mild traumatic brain injury. Journal of Head Injury Rehabilitation. 8 (3) 86-87. Gillis, R. Traumatic Brain Injury Rehabilitation. Boston: Butterworth-Heinemann, 1996. Kay, T. (1996) Minor Head Injury: An Introduction for Professionals. National Head Injury Foundation.: 1-12. Spaulding Rehabilitation Hospital Speech Language Pathology Department: Mild TBI Survey (1993). Woo, E. (1990) Minor Head Injury: Minor or Misnomer. Boston: Spaulding Rehabilitation Hospital: 1-4.