

GOS-E Postal

Patient Identification Information

These questions are to do with changes in your lifestyle since your injury. There are also some questions about how things were before the injury. The questions can be answered by you, or by a close relative, friend or carer, or by you both together. We are interested in the recovery you have made up to now.

**To
print
blank
form**

[Click
here](#)

Date (Outcomes.GOSEPOSTDate) (dd-mmm-yyyy)

Respondent (Outcomes.GOSEPOSTResponse) Patient alone
 Relative or friend or carer alone
 Patient and relative, friend or carer together

Questionnaire assessment performed: (Outcomes.GOSEPostalPerformed)
 Not performed
 Performed

Location of patient (Outcomes.GOSEPOSTPatientLocn) Out of hospital
 In hospital or residential care

Please answer each question by selecting one answer only which is true for you.

1. Before the injury were you able to look after yourself at home?

(Outcomes.GOSEPOSTIndependentBefore) No

Yes

2. As a result of your injury do you now need someone to help look after you at home?

(Outcomes.GOSEPOSTAssistanceNeededFreq) I do not need help or supervision in the home

I need some help in the home, but not every day

I need help in the home every day, but I could look after myself for at least 8 hours if necessary

I could not look after myself for 8 hours during the day

I need help in the home, but not because of the injury

3. Before the injury were you able to buy things at shops without help?

(Outcomes.GOSEPOSTShopAloneBefore) No

Yes

4. As a result of your injury do you now need help to buy things at shops?

(Outcomes.GOSEPOSTShopAssistance) I do not need help to shop

I need some help, but I can go to local shops on my own

I need help to shop even locally, or I cannot shop at all

I need help to shop, but not because of the injury

5. Before the injury were you able to travel without help?

(Outcomes.GOSEPOSTTravelAloneBefore) No

Yes

6. As a result of your injury do you now need help to travel?

(Outcomes.GOSEPOSTTravelAssistance) I do not need help to travel

I need some help, but can travel locally on my own (eg. by arranging a taxi)

I need help to travel even locally, or I cannot travel at all

I need help to travel but not because of the injury

7. Employment before the injury

(Outcomes.GOSEPOSTWorkBefore) Working

Looking for work

Looking after family

Studying as a student

- Retired
- None of these (eg. unfit for work)

8. As a result of your injury has there been a change in your ability to work? (or to study if you were a student; or to look after your family)

(Outcomes.GOSEPOSTWorkChange) I still do the same work

- I still do the same work, but have some problems (e.g. tiredness, lack of concentration).
- I still work, but at a reduced level (e.g. change from full-time to part-time, or change in level of responsibility)
- I am unable to work, or only able to work in sheltered workshop
- My ability to work has changed, but not because of the injury

9. Before the injury did you take part in regular social and leisure activities outside home (at least once a week)?

(Outcomes.GOSEPOSTSocialActivityBefore) No

Yes

10. As a result of your injury has there been a change in your ability to take part in social and leisure activities outside home?

(Outcomes.GOSEPOSTSocialActivityChange) I take part about as often as before (the activities may be different from before)

- I take part a bit less, but at least half as often
- I take part much less, less than half as often
- I do not take part at all
- My ability to take part has changed for some other reason, not because of the injury

11. Before the injury did you have any problems in getting on with friends or relatives?

(Outcomes.GOSEPOSTFamilyDisruptBefore) No

Yes

12. As a result of your injury are there now problems in how you get on with friends or relatives?

(Outcomes.GOSEPOSTFamilyDisruptChange) Things are still much the same

- There are occasional problems (less than once a week)
- There are frequent problems (once a week or more)
- There are constant problems (problems every day)
- There are problems for some other reason, not because of the injury

13. Are there any other problems resulting from your injury which have interfered with your daily life over the past week? (Problems sometimes reported after head injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration problems.)

(Outcomes.GOSEPOSTOtherCurrentProbs) I have no current problems

- I have some problems, but these do not interfere with my daily life
- I have some problems, and these have affected my daily life
- I have some problems for other reasons, not because of the head injury

14. Before the injury were similar problems present?

(Outcomes.GOSEPOSTOtherCurrentProbsBefore) I had no problems before, I had minor problems

I had similar problems before

Are there any other comments that you would like to make?

(Outcomes.GOSEPOSTComments)