

# QoLIBRI-OS

Patient Identification Information

(Outcomes.QoLIBRIOSDate) (Outcomes.QoLIBRIOStartTime) (Outcomes.QoLIBRIOStopTime) (Outcomes.QoLIBRIOTimeSpent)  
Date Start Time Stop Time Time Spent

Person who filled out this form (Outcomes.QoLIBRIOSCompleteBy)  
 Patient alone  
 Relative or friend or carer alone  
 Patient and relative, friend or carer together

Questionnaire assessment performed: (Outcomes.QoLIBRIOSPerformed)  
 Not performed  
 Performed/Completed

Questionnaire mode (Outcomes.QoLIBRIOSQuestionnaireMode)  
 Telephone interview  
 Postal questionnaire  
 Web-based completion  
 Personal interview

## The following questions relate to your current life

1. We would like to know **how satisfied** you are with different aspects of your life since your head injury. For each question please choose the answer which is closest to how you feel now (including the past week) and mark the box with an 'X'. If you have problems filling out the questionnaire, please ask for help.

(Subject.) **These questions are about how you feel overall now (including the past week).**

(Subject.SubjectID)

1. Overall, how satisfied are you with your physical condition?

(Outcomes.QoLIBRIOSPhysCondition)  Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.SubjectID) 2. Overall, how satisfied are you with how your brain is working, in terms of your concentration, memory, thinking?

(Outcomes.QoLIBRIOSBrainWorking)  Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.) 3. Overall, how satisfied are you with your feelings and emotions?

(Outcomes.QoLIBRIOSFeelingsEmotions)  Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.SubjectID) 4. Overall, how satisfied are you with your ability to carry out day to day activities?

(Outcomes.QoLIBRIOSDayToDay)  Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.) 5. Overall, how satisfied are you with your personal and social life?

(Outcomes.QoLIBRIOSPersonalSocialLife)  Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.) 6. Overall, how satisfied are you with your current situation and future prospects?

(Outcomes.QoLIBRIOSCurrSituationFutureProspects)  
 Not at all  
 Slightly  
 Moderately  
 Quite  
 Very

(Subject.SubjectID)

(Outcomes.QoLIBRIOSTotalScore)

**Total Score**

**These questions are about support from people close to you and about professional help from hospital and health services**

2. Overall how satisfied are you with the availability of support from people close to you? (Outcomes.PartQuestASatSupport)

- Not at all
- Slightly
- Moderately
- Quite
- Very

3. Overall how satisfied are you with the help from hospital and health services that you have received since your injury?

Hospital care at the time of the injury

(Outcomes.PartQuestASatHospInj)

- Not at all
- Slightly
- Moderately
- Quite
- Very

Health service care afterwards (including rehabilitation)

(Outcomes.PartQuestASatHospPostInj)

- Not at all
- Slightly
- Moderately
- Quite
- Very

**The following questions are about how you compare your current situation to that before injury**

4. In general, how do you compare your current situation to that before injury?

(Outcomes.PartQuestACurrSitChange)

- Much worse
- Worse
- A little worse
- About the same
- Better

(Outcomes.PartQuestACurrSitChangeReason) If your situation has changed, what is the reason?

- Because of the head injury
- Because of other injuries received at the same time
- Because of illness related to the injury
- Some other reason, not the injury

5. Is your current marital status the same as before injury?

(Outcomes.PartQuestAMaritalStatChange)

- Yes
- No

(Outcomes.PartQuestAMaritalStat) Please indicate your current status

- Single (never married)
- Married
- Partnered (other than married)
- Separated/Divorced
- Widowed

6. Is your employment status the same as before injury?

(Outcomes.PartQuestAEmplmtStatusChange)

- Yes
- No

(Outcomes.PartQuestAEmplmtStatus) Please indicate your current status

- Return to previous job (increased level or hours from pre-injury)
- Return to previous job (reduced level or hours)
- Change of job, different work
- Special employment/ sheltered employment
- Looking for work, unemployed
- Unable to work
- Retired
- Student
- Homemaker, keeping house
- Unknown

7. Are your living arrangements the same as

(Outcomes.PartQuestASesPrimAdultChange)

before the injury?

Yes

No

(Outcomes.PartQuestASesPrimAdultChangePlace) Please indicate your current living arrangements

At home- Supported

At home- Not-supported

Rehabilitation centre

Nursing Home

Hospital

Other

**The following questions relate to your current health**

8. Do you currently have any of the following problems?

8.1 Trouble smelling or tasting

(Outcomes.PartQuestACurHltSmell)

Yes  No

8.2 Trouble hearing (even with a hearing aid)

(Outcomes.PartQuestACurHltHear)

Yes  No

8.3 Trouble with eye sight/vision (even with glasses)

(Outcomes.PartQuestACurHltVis)

Yes  No

8.4 Headaches

(Outcomes.PartQuestACurHltHead)

Yes  No

8.5 Neck pain or restricted neck movement

(Outcomes.PartQuestACurHltNeck)

Yes  No

8.6 Back pain

(Outcomes.PartQuestACurHltBack)

Yes  No

8.7 Problems with movement of hands or arms

(Outcomes.PartQuestACurHltMove)

Yes  No

8.8 Problems with mobility/ walking

(Outcomes.PartQuestACurHltMob)

Yes  No

8.9 Problems with speaking or understanding others

(Outcomes.PartQuestACurHltSpeech)

Yes  No

8.10 Seizures (epileptic fits)

(Outcomes.PartQuestACurHltSeiz)

Yes  No

8.11 Do you currently have any other health problems

(Outcomes.PartQuestACurHltOther)

Yes  No

(Outcomes.PartQuestACurHltOtherxt) Please other

**The following questions relate to support you can get or have received**

9. How many people do you have near that you can readily count on for real help in times of trouble or difficulty, such as watch over children or pets, give rides to hospital or store, or help if you are sick?

(Outcomes.PartQuestASupPeopleQty)

None

1

2-5

6-9

10 or more

(Outcomes.PartQuestASupServices) 10. Please indicate the services that you feel have given you support

because of your injury. Please tick all that apply:

Hospital services

Community health services

Private practice

Social services (e.g. social work, housing)

Legal services

Charity services (e.g. head injury support group)

Other

11. Have you received rehabilitation as a result of your head injury?

(Outcomes.PartQuestASupRehab)

In-patient / residential rehabilitation

Out-patient/ community

rehabilitation

No rehabilitation

(Outcomes.PartQuestASupRehabTime) If you received rehabilitation, when did this begin?

Within 1 month of injury

Between 1 and 3 months of injury

Later than 3 months after injury

(Outcomes.PartQuestASupRehabNow) If you received rehabilitation, is this still ongoing?

Yes

No

12. Please indicate any professional help in specific areas that you have been given because of your injury. Please tick all that apply:

(Outcomes.PartQuestASupHelp)

Information from the hospital concerning the effects of head injury

Help for problems with speaking or making yourself understood (e.g. speech therapy)

Help for problems with memory, attention etc (e.g. cognitive rehabilitation)

Help for problems with movement (e.g. physiotherapy)

Help for problems with looking after yourself in daily life (washing, cooking, toileting, mobility) (e.g. occupational therapy)

Help for emotional difficulties, such as anxiety, depression, or stress

Help for problems with behaviour, such as anger

Help for problems with fatigue

Help for managing money

Help returning to work (e.g. vocational rehabilitation or employment services)