

# Rivermead RPQ

Patient Identification Information <input type="text"/>		
Date	(Outcomes.RPQDate) (dd-mmm-yyyy) <input type="text"/>	<b>To print blank form</b> <a href="#">Click here</a>
Time	(Outcomes.RPQTime) <input type="text"/>	
Questionnaire assessment performed:	(Outcomes.RPQPerformed) <input type="checkbox"/> Not performed <input type="checkbox"/> Performed/Completed	
Questionnaire mode	(Outcomes.RPQQuestionnaireMode) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Web-based completion <input type="checkbox"/> Personal interview	
<p>(Subject.SubjectID)</p> <p>After a head injury or accident some people experience symptoms that can cause worry or nuisance. We would like to know if you now suffer any of the symptoms given below. Because many of these symptoms occur normally, we would like you to compare yourself now with before the accident. For each symptom listed below please select the number that most closely represents your answer.</p> <p>0 = not experienced at all 1 = no more of a problem 2 = a mild problem 3 = a moderate problem 4 = a severe problem</p> <p>Compared with <b>before</b> the accident, do you <b>now</b> (i.e., over the last 24 hours) suffer from:</p>		
Headaches	(Outcomes.RPQHeadaches) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Feelings of dizziness	(Outcomes.RPQDizziness) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Nausea and/or vomiting	(Outcomes.RPQNausea) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Noise sensitivity (easily upset by loud noise)	(Outcomes.RPQNoiseSensitivity) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Sleep disturbance	(Outcomes.RPQSleepDisturbance) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Fatigue, tiring more easily	(Outcomes.RPQFatigue) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem <input type="checkbox"/> 2- A mild problem <input type="checkbox"/> 3- A moderate problem <input type="checkbox"/> 4- A severe problem	
Being irritable, easily angered	(Outcomes.RPQIrritable) <input type="checkbox"/> 0-Not experienced at all <input type="checkbox"/> 1- No more of a problem	

- 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Feeling depressed or tearful (Outcomes.RPQDepressed)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Feeling frustrated or impatient (Outcomes.RPQFrustrated)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Forgetfulness, poor memory (Outcomes.RPQForgetful)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Poor concentration (Outcomes.RPQPoorConcentration)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Taking longer to think (Outcomes.RPQLongerToThink)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Blurred vision (Outcomes.RPQBlurredVision)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Light sensitivity (easily upset by bright light) (Outcomes.RPQLightSensitivity)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Double vision (Outcomes.RPQDoubleVision)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem  
 Restlessness (Outcomes.RPQRestless)  0-Not experienced at all  
 1- No more of a problem  
 2- A mild problem  
 3- A moderate problem  
 4- A severe problem

(Subject.SubjectID)

Are you experiencing any other difficulties? Please specify, and rate as above.

1. (Outcomes.RPQOther1Text)  (Outcomes.RPQOther1)  0-Not experienced at all  
 1-No more of a problem  
 2-A mild problem  
 3-A moderate problem  
 4-A severe problem  
 2. (Outcomes.RPQOther2Text)  (Outcomes.RPQOther2)  0-Not experienced at all  
 1-No more of a problem  
 2-A mild problem  
 3-A moderate problem  
 4-A severe problem

Scoring coming soon

(Outcomes.RPQ3Score)

RPQ-3

(Outcomes.RPQ13Score)

