

**SYDNEY PSYCHOSOCIAL REINTEGRATION SCALE – 2 (SPRS-2)
FORM B (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. AT PRESENT
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- 8 & 9. What is/was weekly program of work, leisure/recreational activities at present and at time of injury?

8. AT TIME OF INJURY	9. AT 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: HOW DO YOU RATE YOUR HOURS OF WORK/STUDY, OR THE TYPE OF WORK / STUDY?**

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

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | I work (study) less than average hours per week, OR work duties (studies) are easy/light ones..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | I work casually, OR have some help from others in doing some work (study) | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I am unemployed, OR in rehabilitation, OR in a supported work program, OR do volunteer work, OR receive remedial assistance in studies | 1 |
| <input type="checkbox"/> | Extremely poor: | I am unable to work (study) at present | 0 |

2. Work skills: HOW DO YOU RATE YOUR WORK (STUDY) SKILLS?

- | | | | |
|--------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, I have to put in a lot of effort to get good results, get tired easily, lose concentration | 3 |
| <input type="checkbox"/> | Definite difficulty: | For example, I sometimes makes mistakes..... | 2 |
| <input type="checkbox"/> | A lot of difficulty: | For example, I am slow, my work is of poor quality | 1 |
| <input type="checkbox"/> | Extremely poor: | For example, I need constant supervision and/or reminders | 0 |

3. Leisure: HOW DO YOU RATE YOUR NUMBER OR TYPE OF LEISURE ACTIVITIES OR INTERESTS?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | I have leisure activities and interests, but I do not do them often | 3 |
| <input type="checkbox"/> | Definite difficulty: | I have definite difficulties in developing and doing leisure activities and interests... | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I have a lot of difficulty developing and doing leisure activities and interests | 1 |
| <input type="checkbox"/> | Extremely poor: | I do not have any leisure activities or interests at present | 0 |

4. Organising activities: HOW DO YOU RATE THE WAY YOU ORGANISE WORK AND LEISURE ACTIVITIES?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, I need prompts or supports from others..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | I am fairly 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 of difficulty: | I need other people to do the organising, e.g. making arrangements, providing transport..... | 1 |
| <input type="checkbox"/> | Extremely poor: | I am dependent on other people to suggest and organise activities at present..... | 0 |

RELATIONSHIPS**5. Spouse or partner: DO YOU HAVE A PARTNER OR SPOUSE?****a) IF YES, HOW DO YOU RATE YOUR RELATIONSHIP?**

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | Not good, but still able to get along together, and if it broke down I have the skills to form new relationship | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but I have the skills to form and also probably maintain a new relationship | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I might have the skills to form a new relationship..... | 1 |
| <input type="checkbox"/> | Extremely poor: | Relationship is extremely limited (e.g., partner is a primary caretaker) <u>and I</u> do not have the skills to form a new relationship..... | 0 |

b) IF NO, HOW DO YOU RATE YOUR ABILITY TO FORM AND MAINTAIN SUCH A RELATIONSHIP?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | I have the skills to form and maintain a new relationship | 3 |
| <input type="checkbox"/> | Definite difficulty: | I have the skills to form and also probably maintain a new relationship..... | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I might have the skills to form a new relationship..... | 1 |
| <input type="checkbox"/> | Extremely poor: | I do not have the skills to form a new relationship..... | 0 |

6. Family: HOW DO YOU RATE YOUR RELATIONSHIPS WITH OTHER FAMILY MEMBERS?

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|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | | 4 |
| <input type="checkbox"/> | A little difficulty: | Not good, but I am still able to get along together with family members..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but I still see family | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I have a lot of difficulties getting along with some family members | 1 |
| <input type="checkbox"/> | Extremely poor: | Relationship is extremely limited and there has been breakdown | 0 |

7. Friends and other people: HOW DO YOU RATE YOUR RELATIONSHIPS WITH OTHER PEOPLE OUTSIDE FAMILY (SUCH AS CLOSE FRIENDS, WORK MATES, NEIGHBOURS)?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | Not good, but I have close friends, can make new friends, and get along with work mates and neighbours | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but I still see some friends once a month or more and can make new friends..... | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I only see a few friends (or other people outside family), and do not make new friends easily | 1 |
| <input type="checkbox"/> | Extremely poor: | I do not see any friends (or other people outside the family)..... | 0 |

8. Communication: HOW DO YOU RATE YOUR COMMUNICATION SKILLS (THAT IS, TALKING WITH OTHER PEOPLE AND UNDERSTANDING WHAT OTHERS SAY)?

- | | | | |
|--------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, I ramble and get off the point, my talk is sometimes inappropriate, I have some trouble finding the words to express myself..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | For example, I have difficulties thinking of things to say, joining in talk with groups of people, I only talk about myself | 2 |
| <input type="checkbox"/> | A lot of difficulty: | For example, I have trouble understanding what people say..... | 1 |
| <input type="checkbox"/> | Extremely poor: | Communication is almost impossible..... | 0 |

LIVING SKILLS

9. Social Skills: HOW DO YOU RATE YOUR SOCIAL SKILLS AND BEHAVIOUR IN PUBLIC?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, I am awkward with other people, I do not worry about what other people think or want | 3 |
| <input type="checkbox"/> | Definite difficulty: | For example, I can act in a silly way, am not tactful or sensitive to other people's needs..... | 2 |
| <input type="checkbox"/> | A lot of difficulty: | For example, I am dependent on other people, I am socially withdrawn, I have difficulty interacting appropriately with other people..... | 1 |
| <input type="checkbox"/> | Extremely poor: | For example, I have temper outbursts in public, require supervision when with other people | 0 |

10. Personal habits: HOW DO YOU RATE YOUR PERSONAL HABITS (E.G. YOUR CARE IN CLEANLINESS, DRESSING AND TIDINESS)?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, I do not take much care | 3 |
| <input type="checkbox"/> | Definite difficulty: | I attend to own hygiene, dress and tidiness, but I have definite difficulties in this area; OR I need supervision | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I need prompts, reminders or advice from others, but I respond to these; OR I need stand-by assistance | 1 |
| <input type="checkbox"/> | Extremely poor: | I need prompts, reminders or advice from others, but I am unwilling to respond to these; OR I need hands-on assistance | 0 |

11. Community travel: HOW DO YOU RATE YOUR USE OF TRANSPORT AND TRAVEL AROUND THE COMMUNITY?

NOTE: Do not include the driver of transport, or other passengers using such transport, in rating whether you can travel "on my own".

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|--------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> | Very good: | | 4 |
| <input type="checkbox"/> | A little difficulty: | I am unable to use some forms of transport (e.g. driving a car) but I can still get around in the community by using other forms of transport without help..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulty using transport, but after training I can travel around the community on my own | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I need assistance to plan use of transport, but with such help I can travel around the community on my own | 1 |
| <input type="checkbox"/> | Extremely poor: | I am unable to go out into the community on my own | 0 |

12. Accommodation: HOW DO YOU RATE YOUR LIVING SITUATION?

- | | | | |
|--------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | I live in the community, but with emotional or social supports provided by other people, such as family, friends or neighbours. I could not be left alone without supports for a two-week period..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | I live in the community, but could not be left alone for a weekend unless someone checked that everything was OK | 2 |
| <input type="checkbox"/> | A lot of difficulty: | I live in the community but in supported accommodation, such as a group home, boarding house, transitional living unit, in family home but I require daily supervision or assistance | 1 |
| <input type="checkbox"/> | Extremely poor: | I need care, which may be at home requiring extensive, daily supervision or other care OR in a facility, e.g., a nursing home, residential service, rehabilitation unit | 0 |