

**SYDNEY PSYCHOSOCIAL REINTEGRATION SCALE - 2 (SPRS-2)
FORM B (INFORMANT/CLINICIAN)**

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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 [person's name] current occupation?
2. What are his/her work duties at present?
3. What was his/her job at the time of the injury?
4. What were his/her work duties in that job?
5. How many jobs has he/she had since the injury (not including work trials or voluntary work)?
- 6 & 7. What are/were his/her 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 his/her 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 his/her marital status at time of injury?
11. What is it at present?
12. Who was in his/her circle of close friends at time of injury?
13. Who is in his/her circle of close friends at present?
14. Who did he/she live with at time of injury?
15. Who does he/she live with at present?

WORK AND LEISURE**1. Current work: HOW DO YOU RATE [PERSON'S NAME] WORK (OR STUDY), OR THE TYPE OF WORK (STUDY)?**

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

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

2. Work skills: HOW DO YOU RATE HIS/HER WORK (STUDY) SKILLS?

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

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

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

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

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

RELATIONSHIPS**5. Spouse or partner: DOES HE/SHE HAVE A PARTNER OR SPOUSE?****a) IF YES, HOW DO YOU RATE THE 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 has the skills to form new relationship | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but has the skills to form and also probably maintain a new relationship | 2 |
| <input type="checkbox"/> | A lot of difficulty: | 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</u> does not have the skills to form a new relationship..... | 0 |

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

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

6. Family: HOW DO YOU RATE HIS/HER RELATIONSHIPS WITH OTHER FAMILY MEMBERS?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | Not good, but still able to get along together | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but still sees family | 2 |
| <input type="checkbox"/> | A lot of difficulty: | 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 HIS/HER 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 has close friends, makes new friends, and gets along with work mates and neighbours | 3 |
| <input type="checkbox"/> | Definite difficulty: | Definite difficulties, but still sees some friends once a month or more and can make new friends | 2 |
| <input type="checkbox"/> | A lot of difficulty: | Only sees a few friends (or other people outside family), and does not make new friends easily | 1 |
| <input type="checkbox"/> | Extremely poor: | Does not see any friends (or other people outside the family)..... | 0 |

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

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|--------------------------|-----------------------------|---|----------|
| <input type="checkbox"/> | Very good: | | 4 |
| <input type="checkbox"/> | A little difficulty: | For example, rambles and get off the point, talk is sometimes inappropriate, has some trouble finding the words to express himself/herself..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | For example, difficulties thinking of things to say, joining in talk with groups of people, only talks about himself/herself | 2 |
| <input type="checkbox"/> | A lot of difficulty: | For example, has 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 HIS/HER SOCIAL SKILLS AND BEHAVIOUR IN PUBLIC?**

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

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

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

11. Community travel: HOW DO YOU RATE HIS/HER 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 a person can travel "on his/her own".

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|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | | 4 |
| <input type="checkbox"/> | A little difficulty: | Unable to use some forms of transport (e.g. driving a car) but 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 can travel around the community on his/her own | 2 |
| <input type="checkbox"/> | A lot of difficulty: | Needs assistance to plan use of transport, but with such help can travel around the community on his/her own | 1 |
| <input type="checkbox"/> | Extremely poor: | Is unable to go out into the community on his/her own | 0 |

12. Accommodation: HOW DO YOU RATE HIS/HER LIVING SITUATION?

- | | | | |
|--------------------------|-----------------------------|--|----------|
| <input type="checkbox"/> | Very good: | ..... | 4 |
| <input type="checkbox"/> | A little difficulty: | Lives in the community, but with emotional or social supports provided by other people, such as family, friends or neighbours. Could not be left alone without supports for a two-week period..... | 3 |
| <input type="checkbox"/> | Definite difficulty: | Lives 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: | Lives in the community but in supported accommodation, such as a group home, boarding house, transitional living unit, in family home but requires daily supervision or assistance | 1 |
| <input type="checkbox"/> | Extremely poor: | Needs 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 |