



Symptom Survey-Family Member Perspective

***PLEASE NOTE: This survey is ONLY to be completed by a family member or close friend**

This form has been completed by:

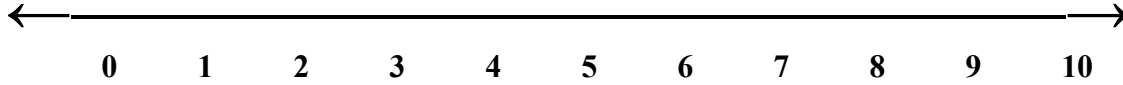
Name: _____ Relationship to Patient: _____

Phone: _____ Date completed: _____

Patient's Full Name: _____

In your opinion, what is your family member or friend currently struggling with? What are their limitations?

DIRECTIONS: Below is a list of symptoms that your family member may or may not be experiencing. This is a subjective survey that will allow us to better understand your loved one's current physical, cognitive, and emotional ailments. We oftentimes find that the perception of injury differs between personal testimony and the testimony of second parties. Please rate the **CURRENT severity on a scale of 0 to 10 (0 = none; 1-3 = mild; 4-6 = moderate; 7-9 = severe; 10 = extreme) in the NOW column.** If they experienced a symptom **PRIOR TO** the injury, please also indicate the severity in the "prior to" column so that we can assess how this symptom has changed over time.



Not at all (0) — Mild (1-3) — Moderate (4-6) — Severe (7-9) — Extreme (10)

COGNITIVE:

Problem Solving:

Now	Prior to Injury	
_____	_____	Appears to have difficulty figuring out how to do new things
_____	_____	Difficulty planning
_____	_____	Difficulty figuring out problems that most other people can do
_____	_____	Difficulty thinking as quickly as needed
_____	_____	Difficulty doing things in the right order (sequence problems)
_____	_____	Difficulty verbally describing the steps involved in doing something
_____	_____	Difficulty changing a plan or activity in a reasonable amount of time
_____	_____	Difficulty doing more than one thing at a time (multi-tasking)
_____	_____	Difficulty switching from one activity to another activity
_____	_____	Other problem-solving difficulty: _____

Speech, Language, and Academic Skills:

Now	Prior to Injury	
_____	_____	Difficulty finding the right word to say
_____	_____	Difficulty understanding what others are saying
_____	_____	Slurred speech
_____	_____	Difficulty with math (e.g., checkbook balancing, making change, etc.)
_____	_____	Difficulty understanding written words
_____	_____	Difficulty spelling
_____	_____	Difficulty following directions
_____	_____	Other speech, language, academic problems: _____

Concentration and Awareness:

Now	Prior to Injury	
_____	_____	Appears to be highly distracted
_____	_____	Seems to lose train of thought easily
_____	_____	Becomes easily confused or disoriented
_____	_____	Appears unaware or not alert
_____	_____	Other concentration or awareness problems: _____

Memory:

Now	Prior To Injury	
_____	_____	Forgets where things have been left (e.g., keys, gloves, etc.)
_____	_____	Forgets names of people/things
_____	_____	Has problems finding their way around familiar places
_____	_____	Forgets current location
_____	_____	Not aware of time (i.e., time of day, season, year)
_____	_____	Forgets events that happened quite recently (e.g., last meal)
_____	_____	Forgets events that happened long ago (months or years)
_____	_____	Needs hints to remember things
_____	_____	Relies more and more on notes to remember things
_____	_____	Forgets the order of things (e.g., when cooking, etc.)
_____	_____	Forgets factual information (e.g., the president)
_____	_____	Frequently forgets appointments/meetings
_____	_____	Other memory problems: _____

PHYSICAL:

Motor and Coordination:

Now	Prior to Injury	
_____	_____	Appears to have difficulty doing things that should be automatic (e.g., brushing teeth, combing hair, etc.)
_____	_____	Seems to have problems drawing or copying
_____	_____	Has a difficult time dressing him/herself
_____	_____	Changes in handwriting

_____ _____ Has slowed reaction time
 _____ _____ Walks more slowly than other people
 _____ _____ Balance problems
 _____ _____ Often bumps into things

			<u>Right</u>	<u>Left</u>	<u>Both</u>
_____	_____	Fine motor control problems (e.g., using a pencil, key, etc.)]	[]]
_____	_____	Weakness/paralysis]]]
_____	_____	Tremor or shakiness]]]
_____	_____	Muscle spasms, twitching]]]
_____	_____	Jerky muscles]]]
_____	_____	Other: _____]]]

SENSORY:

Now	Prior to Injury	
_____	_____	Difficulty telling right from left
_____	_____	Difficulty looking quickly from one object to another
_____	_____	Vision loss
_____	_____	Has to squint or move closer to see clearly
_____	_____	Problems hearing:] Right-ear] Left-ear] Both

EMOTIONAL/BEHAVIORAL:

Now	Prior to Injury	
_____	_____	Appears sad or depressed
_____	_____	Appears anxious or nervous
_____	_____	Irritability
_____	_____	Sleeping problems: [falling asleep] staying asleep
_____	_____	Becomes angry more easily
_____	_____	Becomes much more emotional (e.g., cries more easily)
_____	_____	Appears to have lost interest in activities
_____	_____	Changes in outlook
_____	_____	Seems less inhibited (does things he/she would not do before)

