Awareness Questionnaire
Family/Significant Other Form

Name: ____________________________ Relationship to patient: ______________________

Patient: ____________________________ Patient #___________ Date: ________________

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1. How good is the patient's ability to live independently now as compared to before his/her injury?

2. How good is the patient's ability to manage his/her money now as compared to before his/her injury?

3. How well does the patient get along with people now as compared to before his/her injury?

4. How well can the patient do on tests that measure thinking and memory skills now as compared to before his/her injury?

5. How well can the patient do the things he/she wants to do in life now as compared to before his/her injury?

6. How well is the patient able to see now as compared to before his/her injury?

7. How well can the patient hear now as compared to before his/her injury?

8. How well can the patient move his/her arms and legs now as compared to before his/her injury?

9. How good is the patient's coordination now as compared to before his/her injury?

10. How good is the patient at keeping up with the time and date and where he/she is now as compared to before his/her injury?

11. How well can the patient concentrate now as compared to before his/her injury?
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12. How well can the patient express his/her thoughts to others now as compared to before his/her injury?

13. How good is the patient's memory for recent events now as compared to before his/her injury?

14. How good is the patient at planning things now as compared to before his/her injury?

15. How well organized is the patient now as compared to before his/her injury?

16. How well can the patient keep his/her feelings in control now as compared to before his/her injury?

17. How well adjusted emotionally is the patient now as compared to before his/her injury?