Awareness Questionnaire
Patient Form

Name: ____________________________  Patient #: ______________  Date: ______________

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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>much worse</td>
<td>a little worse</td>
<td>about the same</td>
<td>a little better</td>
<td>much better</td>
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</tbody>
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___ 1. How good is your ability to live independently now as compared to before your injury?

___ 2. How good is your ability to manage your money now as compared to before your injury?

___ 3. How well do you get along with people now as compared to before your injury?

___ 4. How well can you do on tests that measure thinking and memory skills now as compared to before your injury?

___ 5. How well can you do the things you want to do in life now as compared to before your injury?

___ 6. How well are you able to see now as compared to before your injury?

___ 7. How well can you hear now as compared to before your injury?

___ 8. How well can you move your arms and legs now as compared to before your injury?

___ 9. How good is your coordination now as compared to before your injury?

___ 10. How good are you at keeping up with the time and date and where you are now as compared to before your injury?

___ 11. How well can you concentrate now as compared to before your injury?

___ 12. How well can you express your thoughts to others now as compared to before your injury?

___ 13. How good is your memory for recent events now as compared to before your injury?
14. How good are you at planning things now as compared to before your injury?

15. How well organized are you now as compared to before your injury?

16. How well can you keep your feelings in control now as compared to before your injury?

17. How well adjusted emotionally are you now as compared to before your injury?