

**Awareness Questionnaire
Patient Form**

Name: _____ Patient #: _____ Date: _____

1	2	3	4	5
much worse	a little worse	about the same	a little better	much better

- ___ 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?

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_____ 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?