PATIENT-HEAD INJURY PARTICIPATION SCALE (P-HIPS)

Professor Shoumitro Deb, MBBS, FRCPsych, MD,
Clinical Professor of Neuropsychiatry & Intellectual Disability,
University of Birmingham,
Division of Neuroscience,
Queen Elizabeth Psychiatric Hospital,
Mindelsohn Way,
Birmingham B15 2QZ. UK,
E-mail: s.deb@bham.ac.uk
URL: www.bham.ac.uk/psychiatry
(August 2007)

Reference: Deb S., Bryant E., Morris P.G., Prior L., Lewis G. & Haque S. (2007) Development and psychometric properties of the Patient-Head Injury Participation Scale (P-HIPS) and the Patient-Head Injury Neurobehavioral Assessment Scale (P-HINAS): patient and family determined outcome scales. Neuropsychiatric Disease and Treatment, 3, 3, 373-388.

Patient – Head Injury Participation Scale (P-HIPS)

Name of the patient:

Patient's date of birth:

Place where the scale was administered:

Name of the person administering the scale:

The role of the person administering the scale:

Date of completion:

The cause of brain injury:

The date of brain injury:

The initial severity of brain injury (e.g. length of coma, PTA or the lowest GCS score):

Current treatments:

Patient – Head Injury Participation Scale (P-HIPS)

We are interested in the things that cause you problems in your day-to-day life.

Each question asks whether a particular symptom has been either 'not a problem', or a 'mild', 'moderate' or 'serious' problem for you in your day-to-day life during the past four weeks.

There are 48 questions in total and they all follow the same format.

EXAMPLE QUESTION

One question asks whether your hearing has caused you problems over the last four weeks.

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty hearing (loss of hearing)	☐	☐	☐	☐
	Either the symptom is not present or the symptom is present but does not cause difficulties	The symptom causes some mild problems with day-to-day life, but these are manageable	The symptom causes problems that have a moderate impact upon day-to-day life	The symptom causes problems that have a serious impact upon day-to-day life

Therefore for the 'Difficulty hearing' Question:

If you do not have any difficulty hearing, then tick the 'Not a Problem' box. Or, if you do have difficulty hearing but this does not cause any problems for you (even if it is a bit worse), then tick the 'Not a Problem' box

If it causes some mild problems, but these are manageable, then tick the 'Mild Problem' box

If it causes problems that have a moderate impact upon your life, then tick the 'Moderate Problem' box

If it causes problems that have a serious impact upon your life, then tick the 'Serious Problem' box

Please tick ☑ one box only

We have used large text to make the questions easier to read

PLEASE NOTE THAT QUESTIONS ARE PRINTED ON BOTH SIDES

PATIENT – HEAD INJURY NEUROBEHAVIOURAL ASSESSMENT SCALE (P-HINAS)

Please answer all questions

During the past four weeks, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Temper / Irritable (loss of temper, more aggressive, irritable etc.)	☐	☐	☐	☐
Social behaviour (too loud, causing offence, acting childishly, saying the wrong thing etc.)	☐	☐	☐	☐
Lack of motivation (difficulty getting round to doing things, giving up too easily etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty with feeling tired / Fatigued (feeling tired, drained or exhausted, having less energy etc.)	☐	☐	☐	☐
Difficulty with sleep (sleeping a lot or not sleeping, nightmares etc.)	☐	☐	☐	☐
Feeling scared (frightened, panic attacks etc.)	☐	☐	☐	☐
Paranoia (feeling more suspicious about people etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Feelings of loss (troubled by loss of previous life or how life could have been etc.)	☐	☐	☐	☐
Frustration (because of not being able to do things you would like to etc.)	☐	☐	☐	☐
Worrying about things (feeling anxious or worried etc.)	☐	☐	☐	☐
Crowds (feeling uneasy in large crowds or amongst strangers etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Loss of confidence (less confident in unfamiliar situations or when doing things you used to do etc.)	☐	☐	☐	☐
Depression (feeling down or isolated, suicidal thoughts etc.)	☐	☐	☐	☐
Arguments with close family (arguments with partner, children, parents etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Reduced interest in family (less loving, less caring, less affectionate etc.)	☐	☐	☐	☐
Strain on family (tension, stress or depression amongst family members etc.)	☐	☐	☐	☐
Don't see friends as often as would like	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Lack of good friends (close friends)	☐	☐	☐	☐
Lack of understanding from others (people don't understand your situation, people judge or label you etc.)	☐	☐	☐	☐
Lack of people to talk to (social interaction, people to confide in etc.)	☐	☐	☐	☐

PATIENT – HEAD INJURY COMMUNITY LIVING SCALE (P-HICLS)

Please answer all questions

During the past four weeks, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty with mobility (getting around places, going up stairs, getting in and out of bed etc.)	☐	☐	☐	☐
Lack of independence (rely upon help from others, unable to live by yourself etc.)	☐	☐	☐	☐
Sports activities (restrictions in playing sports)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Leisure activities (restrictions in taking part in leisure activities e.g. pub, going out for meals, cinema etc.)	☐	☐	☐	☐
Preparing meals (preparing / cooking meals etc.)	☐	☐	☐	☐
Travel (getting around local area, travelling to shops, visiting friends, going out etc.)	☐	☐	☐	☐
Shopping (buying food, clothes etc. for everyday needs etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Physical self-care (washing, dressing, etc.)	☐	☐	☐	☐
Local environment (restriction due to steps or kerbs in local area, lack of ramps, handrails etc.)	☐	☐	☐	☐
Difficulty with balance (loss of balance, standing/sitting upright, walking etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Physical appearance (changes to physical looks due to paralysis or scars, weight change etc.)	☐	☐	☐	☐
Difficulty with eyesight (limited or blurred vision, can't see things properly etc.)	☐	☐	☐	☐

PATIENT – HEAD INJURY COGNITIVE ASSESSMENT SCALE (P-HICAS)

Please answer all questions

During the past four weeks, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Group conversations (following conversations when several people speak at the same time etc.)	☐	☐	☐	☐
Difficulty reading (reading letters, bills, newspapers, books etc.)	☐	☐	☐	☐
Difficulty speaking (words come out jumbled, you have to concentrate harder on speech, or people can't understand you properly etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty with recent memory (short term memory, forgetting things e.g. what day it is, what happened yesterday etc.)	☐	☐	☐	☐
Difficulty with concentration (focusing on reading newspapers, TV, doing tasks, easily distracted etc.)	☐	☐	☐	☐
Difficulty with planning / Organisation (doing things in the right order, allowing enough time etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty with multi-tasking (doing more than one thing at a time e.g. walking and talking etc.)	☐	☐	☐	☐
Dealing with money (paying bills, knowing how much change you should get etc.)	☐	☐	☐	☐
Safety risks (leaving gas/oven on, not safe crossing roads, using electrical goods etc.)	☐	☐	☐	☐
Difficulty hearing (loss of hearing etc.)	☐	☐	☐	☐

PATIENT – HEAD INJURY PHYSICAL ASSESSMENT SCALE (P-HIPAS)

Please answer all questions

During the past four weeks, to what extent have the following been a problem for you in your day-to-day life?

	Not a Problem	Mild Problem	Moderate Problem	Serious Problem
Difficulty with headaches	☐	☐	☐	☐
Difficulty with pain other than headaches (pain in body, legs, arms etc. not headaches)	☐	☐	☐	☐
Difficulty with epilepsy / Fits (blackouts, seizures, absences etc.)	☐	☐	☐	☐

Please answer all questions

<u>During the past four weeks</u>, to what extent have the following been a problem for you in your day-to-day life?

Difficulty with feeling dizzy / Faint (feeling as if head is spinning, vertigo, dizziness, feeling giddy etc.)	☐	☐	☐	☐
Difficulty with buzzing noise in ear (tinnitus etc.)	☐	☐	☐	☐
Difficulty with sensitivity to noise/light (can't tolerate noise or light etc.)	☐	☐	☐	☐

ADDITIONAL COMMENTS

(Feel free to add any additional comments here)

Thank you for taking the time to complete this questionnaire

Please check that you have answered all the questions