



Questionnaire about challenges in everyday activities

This questionnaire is about how you experience your everyday activities and chores. Together we will use this information to identify activity-based goals for your training programme.

When filling out the form, think about the activities and chores you normally do during a day or week, but that you can't do right now due to the concussion, or can't do in the same way as before your concussion.

In the questionnaire there are examples of what is meant by "activities and chores". They can be both physical and mental.

Once you have completed the form, for each activity or chore, rate on a scale of 1-10 how important or valuable the activity is to you.

Some will be of great importance to you and will be something you would rather not do without. Others might be something you normally do because you have to or because they are necessary, and will therefore not feel as important.

The rating scale looks like this:

Significance									
1	2	3	4	5	6	7	8	9	10
Not at all important									Very important



Leisure time

Quiet leisure activities: (e.g. listening to music, playing games, using a computer, reading, watching TV or listening to the radio, creative or hobby activities) 	Significance (Fill in a number between 1 and 10 for each activity)
Physical activities: (E.g. exercise, sports, walking, travelling, pets, outdoor activities, practical or craft activities) 	
Social activities: (e.g. visiting friends and/or family, going out, going to lectures, concerts or cinema, talking on the phone or using social media) 	



Work/school/practical chores at home

Work/school: (E.g. transport, using a computer, reading, talking to others, physical demands such as standing and/or walking a lot, lifting things, using tools) 	Significance (Fill in a number between 1 and 10 for each activity)
Practical chores in and around the home: (E.g. cooking, washing dishes, shopping, laundry, cleaning, gardening, car washing) 	



Daily routines / Activities of daily living:

Personal care: (e.g. showering, applying make-up, doing hair, getting dressed) 	Significance (Fill in a number between 1 and 10 for each activity)
Dining: (E.g. eating at usual meal times, getting food out and putting it away again)  Sleep/rest habits: (E.g. difficulty falling asleep, interrupted sleep, altered sleep pattern) 	
Behaviour in and around the home: (E.g. moving around inside and outside, climbing stairs, cycling, taking the bus, driving) 	

Other:

Write down here if there are activities that do not fit into the above areas.

	Significance (Fill in a number between 1 and 10 for each activity)
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Goal ladder

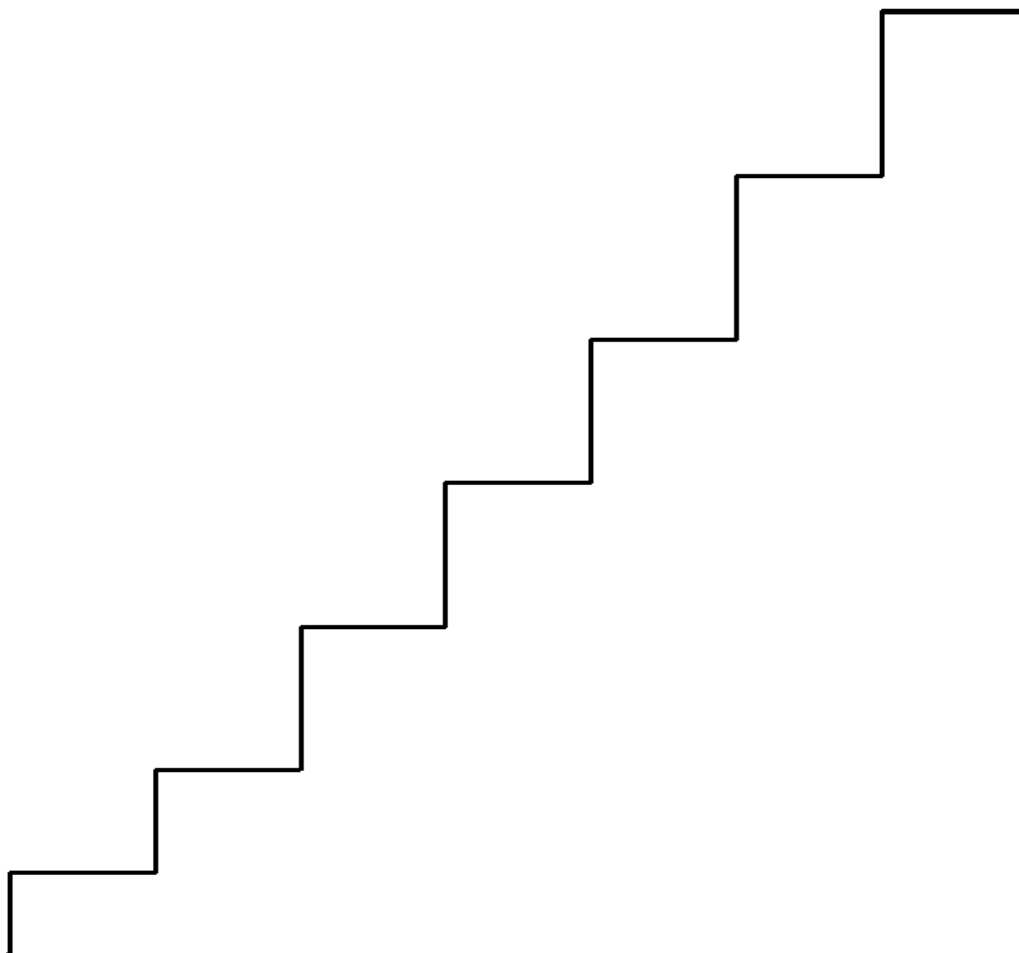
Instruction:

Put two long-term, activity based goals on the top step of the goal ladder. One goal should be a physical activity. Use the "Activity questionnaire" to identify your goals together with your therapist.

Each week write down the next step that will lead you towards your goals. This will be your homework. Remember: the steps should be realistic for you to perform. Adjust the intensity and duration of the activities accordingly.

1.

2.



The BORG scale

BORG step	Experience	Training effect
6	Rest and relaxation	😊
7	It feels very easy Hard to tell the difference between the levels	Warp-up/Cool down
8		
9		
10		
11	You can feel that you are exercising but it's not hard at all	Health effects but you have to exercise for a long time
12		
13		
14	Speaking threshold You can talk, but sentences are interrupted by breathing	Improves fitness and health for most people
15		
16	Heavily out of breath You're breathing heavily and can only respond with single words	Effective fitness training - but tough
17		
18	Exhaustion A few minutes or seconds until you have to stop	Improves performance and ability to sprint
19		
20		

The Borg scale is used to control intensity based on how strenuous you find the exercise. The scale ranges from 6 to 20 because these numbers - with an extra zero behind them - roughly correspond to the heart rate values of an average young person.
Most people should try to reach at least 20 minutes on Borg 14-15 two to three times per week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What activity?							
How long time?							
Intensity at the BORG scale?							



Weekly plan

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Status at the last individual consultation

What have you focused on, where are you now, and what would you like to focus on next?

Physical goals and activities

Mental/psychological goals and activities

Social goals and activities



Three things I will remember

Over the past 8 weeks, you have worked goal-directed to increase your level of function in daily life. You have probably learned something new about yourself, and have probably met some new perspectives from the therapists and the other participants. Perhaps the programme has made you change some perspectives or some things in your everyday life.

Take a few minutes to think about your key takeaways from the programme.

1:

2:

3:



Future goals

Your training programme in GAIN is now coming to an end. It may therefore be a good idea for you to think about what goals you would like to gradually work towards in the coming months. These considerations can support you in your continued recovery. It may also be a good idea to consider what challenges you might encounter as you work towards your goals.

What do you want to focus on in the coming months? Identify two activity-based goals.

1: _____

2: _____

What do you think your challenges will be?

How can you work through these challenges to move towards your goals?

"Setback" plan:

If my symptoms are worsening and/or I am not able to perform the steps that ill lead towards my goals, I will focus on....
