PREDICT-TBI

(Prediction and Diagnosis using Imaging and Clinical biomarkers Trial in Traumatic Brain Injury)

Study Standard Operating Procedures:

Neurological Outcomes Measures

Version 4.0
10 February 2022

Table of Contents

Contents

1 Overview

This PREDICT-TBI Study Operations Manual provides detailed information on PREDICT-TBI Study procedures. It is an essential tool that facilitates consistency in study protocol implementation across study sites. The purpose of this section of the manual is to provide PREDICT-TBI staff (PIs, AIs, Research Coordinators (RC)) at study sites with instructions for utilisation of outcome measurements, to assess participants' functional status, cognitive abilities, mental health, social participation, economic impact and quality of life at 3 and 6 months following their injury.

2 Contact Details

The Queensland Brain Institute,

Th University of Queensland

St Lucia QLD 4072

Phone: 07 34433004

Email: predict-tbi@uq.edu.au

3 Outcome Measures Timing, Execution and Management

3.1 Outcome Measurement Overview and Timing

There are eight Outcome Measurement Assessments (Refer to Appendices), all of these should be recorded at 3 AND 6 months after the injury, with the BRISC also recorded at the Post ICU time point.

Outcome Timepoints	**Outcome Measurements – see assessments below**	**Estimated Time to Complete**
3 months post injury (±14 days)	GOS-E PROMIS GAD-7 PCL-5 PHQ-9 PHQ-15 BRS	8 minutes 3 minutes 3 minutes 6 minutes 5 minutes 6 minutes 2 minutes
6 months post injury (±21days)	GOS-E, PROMIS, GAD-7, PCL-5, PHQ-9, PHQ-15, BRS, BRISC	As above

3.2 Outcome Measurement Execution

There may be times that a participant is unable or unwilling to attend for in-person assessments. All assessments can be executed by phone or in person, or a mixture of both.

The RC will assess each participant's situation to decide what the most appropriate method is and whether the assessments can be answered by the participant themselves, their Relative/Friend/Caretaker alone or a combination of both.

The Outcome Measurement assessments are recorded by the site RC and transcribed onto the eCRF (REDCap) with a record of the date of each assessment and:

- Whether the assessment was carried out in person, over the phone or other method
- Whether responses were from the Participant alone, Relative/Friend/Caretaker alone or Participant plus Relative/Friend/Caretaker.

Do not record any identifying information on REDCap.

There is a window either side of each time point (Refer to Study Protocol: Section 15) to allow flexibility for participant availability and fatigue. The Outcome Measures may be recorded over different days, as close to the 3- or 6-month post injury time point as possible, and all Outcome Measure assessments for any one timepoint should be recorded within 7 working days of each other.

If the examiner suspects or encounters difficulty scheduling the in-person visit within the appropriate assessment window, every effort should be made to obtain these measures by phone within the window timeframe. If the participant is going to have study bloods and/or MRI done at 3 and/or 6 months post injury the Outcome Measures should be recorded on or as close as possible to the day these are done.

3.3 General Assessment Administration Guidelines

The goal of the PREDICT-TBI Outcome Assessments is to use standardized assessments to objectively and reliably assess the participant's functional status, cognitive abilities, mental health, social participation, quality of life, and the economic impact of the injury without placing undue burden on the participant. Because the RC can influence results to some degree even when standardized procedures are used, it is desirable to have the same RC conduct all assessments during the course of this protocol.

Before executing the assessments, the RC should liaise with the participant and/or carer about their ability to hear and see and make sure the participant is wearing (if needed) corrective eyeglasses and/or hearing aids. It is permissible to repeat the instructions and questions as needed. The RC should use his/her judgment in deciding when it is necessary to repeat instructions, questions and response options. This will vary across participants.

The skill and judgment of the RC often affects the participant's willingness to be assessed and the effort he/she invests. Thus, during an actual assessment session the RC must observe and assess participant behaviour and make necessary adjustments.

3.4 Scheduling and Coordinating Follow Up Appointments

Consent to conduct follow-up outcome assessments was obtained at the time of study enrolment, so no additional consent is required. Sites may wish to schedule all follow-up assessments when participants are first enrolled in the study but will need confirm the participant's location and place reminder calls approximately 2 weeks in advance of each follow-up assessment date. It is also permissible to defer scheduling the 3- and 6-month follow-ups until closer to the time they are due. Participants should be informed that all study procedures, including Outcome Assessments, should not impact their normal prescribed medication schedule.

A minimum of two appointment reminders should be sent by mail, email, text, or telephone call, the second occurring 24 hours before the scheduled visit. The RC needs to make all efforts to make sure that the participant will attend the follow-up session including working out the details of the logistics of travel (if the participant is attending in person), who will accompany the participant (if applicable), even calling them the morning of the assessment session to re-confirm their attendance.

In cases of "no shows", the RC should continue to attempt to reach the participant to perform the outcome evaluation for that particular follow-up timepoint (Refer to Study Protocol: Section 15). If the participant does not complete the follow-up assessment within the pre-specified assessment window of the target follow-up date, this follow-up assessment should be considered missed, unless rearranged (Refer to Study Protocol: Section 14.3). All points of contact should be documented in the eCRF.

To avoid undue fatigue on the day of the scheduled assessment, every effort should be made to conduct the assessments in the morning, before the participant engages in other required study visit activities if planned (e.g. imaging, blood draws). If the outcome assessments cannot be completed prior to all other study visit activities, the RC should ensure that the participant is given an adequate break, including snack or drink, before engaging or re-engaging the participant in completing the Outcome Assessments.

3.4.1 Outcome Measurement Timing Deviation

In a situation where the windows close before all of the Outcome Measures have been obtained, and the participant indicates willingness to complete the assessments, the outcome measures should still be recorded but the RC must email the PREDICT TBI Study Coordinator with a brief description of the circumstances that led to the delay and the anticipated date for the completion of these measures and this information should also be recorded on the eCRF.

3.5 Conducting Outcome Assessments in the Inpatient Setting

All sites should set up a local process to coordinate outcome assessments for participants who are still in the inpatient setting at the time outcome measure assessments. The site PI and RC should establish a procedure that enables the RC to work with the participant's treating physician and clinical staff to arrange and conduct the follow-up assessments on the ward. Before attempting to conduct the assessment, the RC should speak with the appropriate clinical personnel to:

1. Obtain medical approval to perform the assessments
2. Determine if there are precautions that need to be implemented (e.g. Personal Protective Equipment)

3.6 Establishing Rapport and Provision of General Instructions

The RC should begin the assessment session by introducing him/herself by name and explaining his/her role. The RC should describe the following:

- The purpose of the assessments
- What the assessments will be like
- How long the assessments are likely to take
- That the participant may take breaks

The participant should be given an opportunity to ask questions and every effort should be made to place the individual at ease. If the participant is able and willing to provide responses themselves family members should be instructed to avoid making any comments during the assessments.

The RC should read the questions out and allow the participant to see and mark the form as independently as possible. The RC may also record the responses for the participant if necessary.

It is the RC's responsibility to ensure that the participant understands the questions and that understanding is maintained throughout the assessments. Instructions may be repeated, and clarifications provided. If there are questions, which in the RC's opinion may cause distress to the participant, these questions can be asked later or missed completely.
Please note: The BRISC is to be completed with regards to how the participant has felt since the head injury.

3.6.1 Maintaining Participant Focus During Assessments

Some participants may interrupt assessments to engage in social conversation or become distracted in other ways. In these cases, the examiner should politely "re-orient" the participant back to the assessment. If the assessment order (Refer to Section 4.10) cannot be adhered to for any reason, the RC should make note of the circumstances.

3.7 Provision of Feedback During Assessments

Should the participant request feedback regarding his/her answers, only neutral feedback should be provided (e.g. "you are doing fine."). Good effort should be reinforced, and the RC should give no indication that answers are right or wrong. Should the participant give more than one answer, ask that the "best" answer be provided, without cueing for a specific response. "Which one is it?" can be a useful prompt to get a participant to choose a single answer. If the participant gives an unclear or ambiguous response, request clarification rather than guessing at the intended response. Participants should be encouraged to give an answer even if they are unsure. "What's your best answer?" can be a helpful prompt.

If the participant expresses or exhibits signs of frustration, or requests that the assessments be discontinued, the examiner should acknowledge the participant's concerns, and take note of any reported or expressed physical symptoms (e.g. pain, fatigue) that could be interfering with the participant's ability to tolerate the assessments. If in the RC's judgment, it may be possible to continue the assessment one attempt should be made to do so.

The participant should not, under any circumstances, be pressed to continue the assessment as this may precipitate agitation, invalidate results and/or decrease the probability of him/her returning for future assessments.

Whether a participant is fatigued, frustrated or merely distracted, there is not one approach that will work with all participants, but the RC should acknowledge the participant's concerns, consider the probability that the participant can be re-directed to the assessment and proceed accordingly to continue or re-schedule.

3.8 Assessment Completion in REDCap

Record in REDCap if the measure was completed in full, partly completed (and the reason why it was partly completed) or not completed.

3.9 Confounding Factors Management

If the RC identifies a confounding factor that he or she believes may have influenced the outcome assessment scoring (e.g. under the influence of illicit substances, effects of a new illness or injury, emotional lability, etc), a narrative description of the confounding circumstance should be recorded under comments in the Outcomes section of the eCRF.

3.10 Incidental Findings Management

During the execution of these assessments it is possible that the participant or their carer shares information about the participant's health, well-being, safety or other concern which may not already be known by their treating team, with the RC. The participant will be under either inpatient care or outpatient follow up. Should concerns about the participant's situation or condition become apparent during the assessment process this information will be discussed with and reviewed by the participant's treating physician.

4 Withdrawal of Consent

Should the participant (or their Person Responsible if applicable) withdraw consent to continue their involvement in the study, the RC and/or PI may discuss the reasons for this with the participant. If it is possible to address their concerns, their decision to withdraw or continue on the study can be reviewed by the study personnel with the participant.

Should the participant confirm their desire to withdraw, the PI or RC must confirm if they wish to withdraw from the entire study or from the Outcome Measure Assessments component only, and document and act upon this decision.

5 Retention of Source Documents

The Outcome Assessments will be completed on paper copies of the questionnaires and then transcribed onto the eCRF by the RC. The paper copies should be identified only with the participant's ID number, date of the assessment, method of completion, respondent and the study timepoint and filed locally, with the signed PICF and stored in a secure locked location.

6 Appendices - The Outcome Measurements

6.1 GOSE (Extended Glasgow Outcome Scale)

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

CONSCIOUSNESS **1. Is the head injured person able to obey simple commands or say any words?** Anyone who shows ability to obey even simple commands or utter any word or communicate specifically in any other way is no longer considered to be in the vegetative state. Eye movements are not reliable evidence of meaningful responsiveness. Corroborate with nursing staff and/or other caretakers. Confirmation of VS requires full assessment.	☐ **Yes** ☐ **No**
INDEPENDENCE IN THE HOME **2a. Is the assistance of another person at home essential every day for some activities of daily living?** For a 'No' answer they should be able to look after themselves at home for 24 hours if necessary, though they need not actually look after themselves. Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes without prompting, preparing food for themselves, dealing with callers, and handling minor domestic crises. The person should be able to carry out activities without needing prompting or reminding and should be capable of being left alone overnight. **2b. Do they need frequent help of someone to be around at home most of the time?** Note: for a NO answer they should be able to look after themselves at home up to eight hours during the day if necessary, though they need not actually look after themselves **2c. Was the patient independent at home before the injury?**	☐ **Yes** ☐ **No** **If "No" go to question 3a.** ☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
INDEPENDENCE OUTSIDE HOME **3a. Are they able to shop without assistance?** Note: this includes being able to plan what to buy, take care of money themselves and behave appropriately in public. They need not normally shop, but must be able to do so. **3b. Were they able to shop without assistance before?**	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**

4a. Are they able to travel locally without assistance? Note: they may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver. **4b. Were they able to travel locally without assistance before the injury?**	☐ **Yes** ☐ **No** ☐ **Yes** ☐ **No**
WORK **5a. Are they currently able to work (or look after others at home) to their previous capacity?** **5b. How restricted are they?** a) Reduced work capacity? b) Able to work only in a sheltered workshop or non-competitive job or currently unable to work? **5c. Does the level of restriction represent a change in respect to the pre-trauma situation?**	☐ **Yes** ☐ **No** **If "Yes" go to 6a.** ☐ ☐ **Yes** ☐ **No**
SOCIAL & LEISURE ACTIVITIES **6a. Are they able to resume regular social and leisure activities outside home?** Note: they need not have resumed all their previous leisure activities, but should not be prevented by physical or mental impairment. If they have stopped the majority of activities because of loss of interest or motivation, then this is also considered a disability. **6b. What is the extent of restriction on their social and leisure activities?** a) Participate a bit less: at least half as often as before injury. b) Participate much less: less than half as often. c) Unable to participate: rarely, if ever, take part. **6c. Does the extent of restriction in regular social and leisure activities outside home represent a change in respect or pre-trauma**	☐ **Yes** ☐ **No** **If "Yes" go to 7a.** ☐ ☐ **Yes** ☐ **No**
FAMILY & FRIENDSHIPS **7a. Has there been family or friendship disruption due to psychological problems?** Note: typical post-traumatic personality changes are: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression and unreasonable or childish behaviour.	☐ **Yes** ☐ **No** **If "No" go to 8a**

7b. What has been the extent of disruption or strain? a) Occasional - less than weekly b) Frequent - once a week or more, but tolerable. c) Constant - daily and intolerable.	☐
7c. Does the level of disruption or strain represent a change in respect to pre-trauma situation? Note: if there were some problems before injury, but these have become markedly worse since the injury then answer yes to question	☐ **Yes** ☐ **No**
RETURN TO NORMAL LIFE **8a. Are there any other current problems relating to the injury which affect daily life?** Other typical problems reported after head injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration problems.	☐ **Yes** ☐ **No**
8b. If similar problems were present before the injury, have these become markedly worse?	☐ **Yes** ☐ **No**
What is the most important factor in outcome? a) Effects of head injury b) Effects of illness or injury to another part of the body c) A mixture of these	☐
Since the injury has the head injured person had any epileptic fits?	☐ **Yes** ☐ **No**
Have they been told that they are currently at risk of developing epilepsy?	☐ **Yes** ☐ **No**

6.2 PROMIS (Patient Reported Outcome Measurement Information System)

PROMIS (Patient Reported Outcome Measurement Information System): Cognitive Function – Short Form 8a

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person over ☐ the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each question or statement by marking one box per row.

In the past 7 days……	**Never**	**Rarely (Once)**	**Sometimes (Two or three times)**	**Often (About once a day)**	**Very often (Several times a day)**
1. My thinking has been slow	☐	☐	☐	☐	☐
2. It has seemed like my brain was not working as well as usual	☐	☐	☐	☐	☐
3. I have had to work harder than usual to keep track of what I was doing	☐	☐	☐	☐	☐
4. I have had trouble shifting back and forth between different activities that require thinking	☐	☐	☐	☐	☐
5. I have had trouble concentrating	☐	☐	☐	☐	☐
6. I have had to work really hard to pay attention or I would make a mistake	☐	☐	☐	☐	☐
7. I have had trouble forming thoughts	☐	☐	☐	☐	☐
8. I have had trouble adding or subtracting numbers in my head	☐	☐	☐	☐	☐

6.3 GAD -7 (Generalized Anxiety Disorder 7-item Scale)

GAD - 7 (Generalized Anxiety Disorder 7-item Scale)

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each question or statement by circling one number per row.

Over the last 2 weeks, how often have you been bothered by the following problems?	**Not at all sure**	**Several days**	**Over half the days**	**Nearly every day**
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐

Somewhat difficult ☐

Very difficult ☐

Extremely difficult ☐

6.4 PCL-5 (Post Traumatic Stress Disorder Checklist)

PCL-5 (Post Traumatic Stress Disorder Checklist)

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each question or statement by circling one number per row.

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. How much you have been bothered by that problem IN THE LAST MONTH.

	Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
1. Repeated, disturbing, and unwanted memories of the stressful experience?	**0**	**1**	**2**	**3**	**4**
2. Repeated, disturbing dreams of the stressful experience?	**0**	**1**	**2**	**3**	**4**
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	**0**	**1**	**2**	**3**	**4**
4. Feeling very upset when something reminded you of the stressful experience?	**0**	**1**	**2**	**3**	**4**
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	**0**	**1**	**2**	**3**	**4**
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	**0**	**1**	**2**	**3**	**4**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	**0**	**1**	**2**	**3**	**4**
8. Trouble remembering important parts of the stressful experience?	**0**	**1**	**2**	**3**	**4**
9. Having strong negative beliefs about yourself, other people, or the work (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	**0**	**1**	**2**	**3**	**4**
10. Blaming yourself or someone else for the stressful experience or what happened after it?	**0**	**1**	**2**	**3**	**4**
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	**0**	**1**	**2**	**3**	**4**
12. Loss of interest in activities that you used to enjoy?	**0**	**1**	**2**	**3**	**4**
13. Feeling distant or cut off from other people?	**0**	**1**	**2**	**3**	**4**
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	**0**	**1**	**2**	**3**	**4**
15. Irritable behaviour, angry outbursts, or acting aggressively?	**0**	**1**	**2**	**3**	**4**
16. Taking too many risks or doing things that could cause you harm?	**0**	**1**	**2**	**3**	**4**
17. Being “superalert” or watchful or on guard?	**0**	**1**	**2**	**3**	**4**
18. Feeling jumpy or easily startled?	**0**	**1**	**2**	**3**	**4**
19. Having difficulty concentrating?	**0**	**1**	**2**	**3**	**4**
20. Trouble falling or staying asleep?	**0**	**1**	**2**	**3**	**4**

6.5 PQ-9 Patient Health Assessment

PQ-9 Patient Health Assessment

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each question or statement by marking one box per row.

1. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

2. If you checked off any problem on this assessment so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐

Somewhat difficult ☐

Very difficult ☐

Extremely difficult ☐

6.6 PHQ-15 Patient Health Assessment

PHQ-15 Patient Health Assessment

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each question or statement by circling one number per row.
During the <u>past 4 weeks</u>, how much have you been bothered by any of the following problems?

	Not bothered at all	**Bothered a little**	**Bothered a lot**
a. Stomach pain	**0**	**1**	**2**
b. Back pain	**0**	**1**	**2**
c. Pain in your arms, legs, or joints (knees, hips, etc.)	**0**	**1**	**2**
Women Only d. Menstrual cramps or other problems with your period	**0**	**1**	**2**
e. Headaches	**0**	**1**	**2**
f. Chest pain	**0**	**1**	**2**
g. Dizziness	**0**	**1**	**2**
h. Fainting spells	**0**	**1**	**2**
i. Feeling your heart pound or race	**0**	**1**	**2**
j. Shortness of breath	**0**	**1**	**2**
k. Pain or problems during sexual intercourse	**0**	**1**	**2**
l. Constipation, loose bowels, or diarrhea	**0**	**1**	**2**
m. Nausea, gas, or indigestion	**0**	**1**	**2**
n. Feeling tired or having low energy	**0**	**1**	**2**
o. Trouble sleeping	**0**	**1**	**2**

6.7 Brief Resilience Scale (BRS)

Brief Resilience Scale (BRS)

Participant ID: _____	**Date completed:** _____
Completed (please choose one): ☐ in person ☐ over the phone ☐ other _____	**Respondent (please choose one):** ☐ Participant alone ☐ Relative/Friend/Caretaker alone ☐ Participant plus Relative/Friend/Caretaker

Please respond to each item by marking <u>one box per row</u>.

	Strongly disagree	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
1. I tend to bounce back quickly after hard times	☐	☐	☐	☐	☐
2. I have a hard time making it through stressful events	☐	☐	☐	☐	☐
3. It does not take me long to recover from a stressful event	☐	☐	☐	☐	☐
4. It is hard for me to snap back when something bad happens	☐	☐	☐	☐	☐
5. I usually come through difficult times with little trouble	☐	☐	☐	☐	☐
6. I tend to take a long time to get over set-backs in my life	☐	☐	☐	☐	☐

6.8 (BRISC) Barry Rehabilitation Inpatient Screening of Cognition Scale

CHHHS - Version 1.0 04/2019
This form has been adapted from RBWH

Queensland Government

Barry Rehabilitation Inpatient Screening of Cognition (BRISC) Scale

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Period of onset: ..... /..... / .....

Period of unconsciousness: .....

Diagnosis: .....

Date of evaluation: ..... /..... / .....

Category	Score	Sub-Total	Scoring Criteria (Problems to note)
i. Reading	5	..... **/ 5**	Accurate item reproduction (dyslexia, dysarthria, hemi-neglect, concept recognition).
ii. Design Copy	5	..... **/ 5**	One point is given for each figure if it is approximately the same size, if it is drawn in one continuous line with ends meeting, and if the figure is easily recognizable. (closure, size distortion).
iii. Verbal concepts Similarities Differences	 5 5	..... **/10**	Any legitimate conceptual relationship appropriately describing a similarity or difference between objects receives one point, regardless of concreteness or abstraction. (incorrect relationships, no response).
iv. Orientation	15	..... **/15**	Correct responses within patient's context (dysnomia, confabulation, confusion, dis-inhibition).
v. Mental imagery Alphabet Visual imagery	 1 11	..... **/12**	This section is included to assess the patient's ability to reference internal visual images and accurately report them. One point is awarded for correct recitation of the alphabet. Visual imagery items receive one point each. Errors are subtracted from the total correct to obtain the final score. 'M' is not counted as either correct or incorrect.
vi. Mental control Digits forward Digits backward Sequential alteration	 7 6 20	..... **/33**	Numerical sequences should be recited at the rate of one number per second. Discontinue after one incorrect sequence. Sequential Alternation may require the examiner to recite 'A-1-B-2' as an example, in addition to instructions. Sequential Alternation is scored by taking the number correct minus errors, which interrupt the sequence. If an error is followed by a sequence which is correct given the error, only one error is counted.
vii. Initiation Grocery list Clothing	 15 10	..... **/25**	Number correct in first 15 (10) response. Nil score for duplications (note as sign of perseveration or poor verbal memory). Credit is given for any items that could be purchased in a grocery store, even if they could not be eaten or drunk. Clothing items any also include jewellery, accessories or equipment that is worn.
viii. Memory designs Immediate delayed Word pairs Immediate delayed	 5 5 10 10	..... **/30**	Easily recognisable approximations (consolidation, omissions). Correct responses from the original list of word pairs get credit, regardless of pairing accuracy. When the first word of a pair is used to cue the patient, only the second word from the pair receives credit.
BRISC TOTAL		..... **/135**	Evaluator: ..... Signed: ..... Date: ...../...../.....

Nil significant impairment: 135 – 120
Mild impairment: 110 - 120
Moderate impairment: 100 - 110
Severe impairment: Less than 100

BARRY REHABILITATION INPATIENT SCREENING OF COGNITION (BRISC) SCALE MR322

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Page 1 of 9

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Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

I. Reading

EXTRA!

Fast **Slow**

KNOW THE VALUE

LIFE IN THE FAST LANE HAS ITS REWARDS.....

be better.

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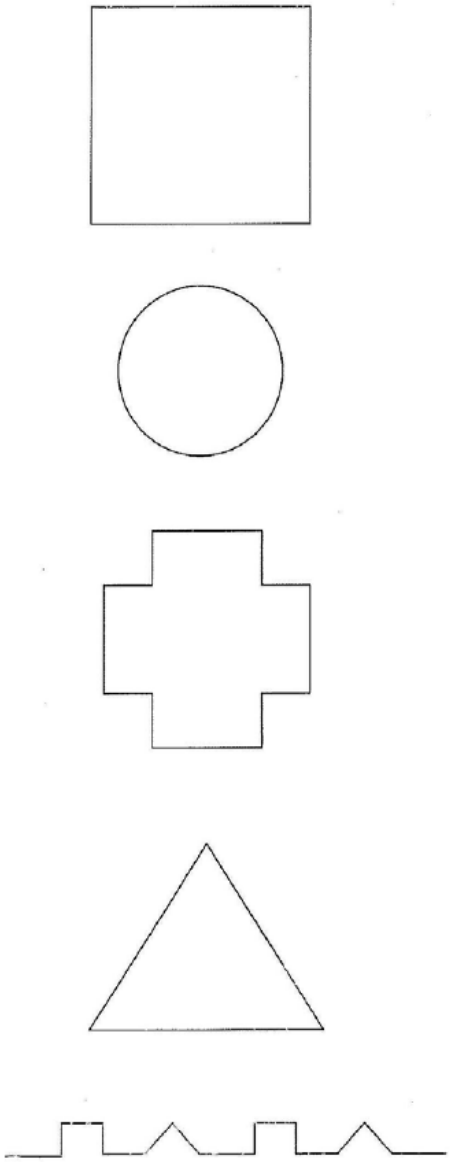
II. Design Copy

"Draw each figure about the same size. Don't lift your pencil from the paper until each design is complete"



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VIII. Immediate Memory for Designs

"Now please draw those same designs from memory"

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III. Verbal Concepts

How are:	The same:	Different:
Circles and squares		
Bread and cheese		
Legs and wheels		
Books and magazines		
Swings and tractors		

VIII. Immediate Recall

"Now please tell me all the word pairs you were just comparing"
(When neither word of a pair is recalled, provide the first one, for example: circles and .....
Any second word not recalled at this point should be presented singly, not paired and not scored).

....

....

....

....

....

IV. Orientation

Time of day (morning, afternoon, evening): .....

Day of the week: ..... Date: ..... Month: ..... Year: .....

Age: ..... Birth date: ..... Address: .....

Current Prime Minister: ..... Next major public holiday: .....

Name of this facility: ..... Type of facility: .....

Town: ..... State: .....

Why are you here (general notion of diagnosis): .....

V. Mental Imagery

Part A "Please recite the alphabet"

Now imagine the alphabet printed in capital letters and from the beginning recite only those with curves in them.

B C D G J O P Q R S U

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VI. Mental Control

Part A	Digit span	Forward		Backward
	7-1	.....	3-6	.....
	9-4-8	.....	2-9-5	.....
	5-2-6-3	.....	4-1-9-6	.....
	4-7-2-1-8	.....	3-8-9-4-7	.....
	7-3-8-4-1-6	.....	5-8-1-3-2-7	.....
	1-9-3-0-4-1-7	.....		

Part B Sequential alternation

"Begin with A-1 and continue alternating between numbers and letters until I say STOP".

(Stop when the patient reaches J-10)

A 1 B 2 C 3 D 4 E 5 F 6 G 7 H 8 I 9 J 10

VII. Initiation

Part A Grocery List

"Tell me as many things as you can think of that you can buy to eat in a grocery store".

(Stop when the patient reaches 15 items).

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Part B Clothing

"Now tell me as many things as you can think of that people wear".

(Stop when the patient reaches 10 items).

.....	.....	.....
.....	.....	.....
.....	.....	
.....	.....	

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VIII. Delayed Memory for Designs

"Now please draw those designs from memory again"

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VIII. Delayed Verbal Concepts

"Now please can you list those word pairs you were comparing earlier"

....

....

....

....

....

Other Comments

Clinical Impressions: .....

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Attention: .....

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Emotional stability: .....

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Depression: .....

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Other: .....

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