

# Cognitive Complaints - Participation (CoCo-P)

## COGNITIVE COMPLAINTS IN DAILY LIFE PATIENT VERSION

After brain injury, people can experience difficulties thinking, such as remembering or concentrating. These difficulties can impact daily life activities. Through this questionnaire, we would like to gain insight into any complaints you might experience and find out how these complaints affect your daily life.

Name: \_\_\_\_\_

Date:     /     / \_\_\_\_\_

Patient number: \_\_\_\_\_

THIS QUESTIONNAIRE TAKES **15-20 MINUTES**.

In this questionnaire, we ask how you experience a number of daily activities (such as work or leisure activities).

Please answer each question by choosing one of the following responses:



**Independently without effort**

**Despite the brain injury** you perform this activity independently without difficulties.



**Independently with effort**

**Because of the brain injury** you experience considerable difficulties with this activity.

Examples:

- The activity takes more time
- You need more breaks
- You need external aids, such as reminders
- You do the activity less frequently or for a shorter period of time
- You do the activity in an adjusted way



**With help**

**Because of the brain injury** you need assistance of another person to perform the activity. This could include both paid assistance and unpaid assistance from family or friends.

Examples:

- You have domestic help
- Your family/friends drive you to appointments



**Not possible**

**Because of the brain injury** you do not do this activity.

**Not applicable**

You do not perform this activity, but this is **not because of the brain injury**.

Examples:

- You do not drive a car because you do not have a driving license
- You do not perform a paid job, but you did not do this before the brain injury either

If you have any remarks on any question, you can enter these in the box “additional remarks”. Furthermore, for each daily activity we ask you how tiring the activity is. Please place a cross on the horizontal line to indicate your response.

### EXAMPLE:

If your work is really tiring, you should place a cross towards the direction of ‘extremely tiring’.

How tiring is your work/education for you?

not tiring  
at all



extremely  
tiring

# Work and/or education

THIS INCLUDES PAID WORK, VOLUNTARY WORK, AND PART-TIME OR FULL-TIME EDUCATION.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



1. I plan my activities for the day and the week.	<input type="radio"/>				
2. I pay attention to my work, without being distracted by things that happen around me.	<input type="radio"/>				
3. I can carry out my tasks and activities in busy surroundings.	<input type="radio"/>				
4. I can tolerate looking at a bright computer screen, tablet computer or phone.	<input type="radio"/>				
5. I have enough mental energy for tasks at my work/education. I do not need to take extra breaks.	<input type="radio"/>				
6. I remember the information I heard at work meetings or during classes.	<input type="radio"/>				
7. I check my completed tasks and activities and decide what still needs to be done.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is your work/education for you?

not tiring  
at all



extremely  
tiring

# Leisure activities

THIS INCLUDES HOBBIES, SPORTS, SOCIAL CLUBS ETC.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



8. I stay awake while carrying out leisure activities.



9. I can carry out multiple activities consecutively, such as working, cooking and my leisure activities.



10. I can carry out my leisure activities or hobby.



11. I remember the last person I met during my leisure activities.



ADDITIONAL REMARKS:

How tiring are your leisure activities for you?

not tiring at all

extremely tiring

# Travel

THIS INCLUDES PUBLIC TRANSPORT, FLYING, TAXI SERVICES ETC.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



12. When travelling, I prepare myself, such as by booking a flight, packing my belongings and using a timetable or flight schedule.



13. While travelling, I can adjust my schedule if there is any delay.



ADDITIONAL REMARKS:

How tiring is travelling for you?

not tiring at all

extremely tiring

# Driving a car

THIS INCLUDES DRIVING SHORT AND LONG DISTANCES WITHIN YOUR COMMUNITY OR BEYOND.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



14. While driving, I pay attention to other road users.



15. I stay awake while driving.



16. I stick to the speed limit while driving.



ADDITIONAL REMARKS:

How tiring is driving for you?

not tiring at all

extremely tiring

# Contact with family, friends and community

THIS INCLUDES YOUR SOCIAL LIFE.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



17. I can converse in busy surroundings, like when at a birthday party.



18. I have enough mental energy for birthdays or family gatherings. I do not need to take extra breaks.



19. I remember the names of family members and friends I have known for some time.



20. I maintain contact and meet with my family and friends.



21. I make appointments in my community, such as with the general practitioner or hairdresser.



ADDITIONAL REMARKS:

How tiring is contact with family, friends and community for you?

not tiring at all

extremely tiring

# Family life

THIS INCLUDES EVERYDAY FAMILY LIFE AND CONTACT WITH YOUR PARTNER AND/OR CHILDREN.

Please answer each question in relation to the brain injury.

Independently without effort	Independently with effort	With help	Not possible	Not applicable
				

22. I organise activities and family trips for my family.	<input type="radio"/>				
23. I remember what events and conversations took place with my family.	<input type="radio"/>				
24. I actively participate in the day-to-day activities of my family.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is family life for you?

not tiring at all \_\_\_\_\_ extremely tiring

# Use of medicine

THIS INCLUDES THE DAILY USE OF MEDICINE.

Please answer each question in relation to the brain injury.

Independently without effort	Independently with effort	With help	Not possible	Not applicable
				

25. I keep track of when I need a new prescription for my medication and when I need to pick it up.	<input type="radio"/>				
26. I remember to take my medication.	<input type="radio"/>				
27. I take my medication at fixed times.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is it for you to keep track of your medication?

not tiring at all \_\_\_\_\_ extremely tiring

# Finances

THIS INCLUDES DOING THE FINANCIAL ADMINISTRATION.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



28. I plan my budget and spending. I am aware of how much money I have to spend.



29. I pay the bills on time and when necessary I pay overdue bills.



ADDITIONAL REMARKS:

How tiring is arranging the finances for you?

not tiring  
at all

extremely  
tiring

# Grocery shopping

THIS INCLUDES DOING THE HOUSEHOLD ERRANDS.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



30. I keep track of what groceries to buy, for example by using a shopping list.



31. While shopping for groceries, I remember what products I need to buy.



32. While shopping for groceries, I find the right products in the supermarket.



ADDITIONAL REMARKS:

How tiring is grocery shopping for you?

not tiring  
at all

extremely  
tiring

# Cooking

THIS INCLUDES PREPARING AND COOKING THE DAILY MEALS.

Please answer each question in relation to the brain injury.

Independently without effort

Independently with effort

With help

Not possible

Not applicable



33. I check whether I have all ingredients before I start cooking.	<input type="radio"/>				
34. While cooking, I am not distracted by things that happen around me.	<input type="radio"/>				
35. I remember the order of actions while cooking a familiar recipe.	<input type="radio"/>				
36. I make sure that the food is prepared at the right temperature.	<input type="radio"/>				
37. I determine beforehand how long the cooking will take, and this is also a correct estimation.	<input type="radio"/>				
38. I can do several activities at the same time, for example have a conversation while cooking.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is cooking for you?

not tiring  
at all

extremely  
tiring

THIS IS THE END OF THE QUESTIONNAIRE.

This questionnaire is developed by:



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