

Cognitive Complaints - Participation (CoCo-P)

COGNITIVE COMPLAINTS IN DAILY LIFE RELATIVE 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 your relative (if not applicable, please read friend or neighbour) might experience.

Name: _____

Date: / / _____

Name patient: _____

What is your relationship to the patient?

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

In this questionnaire, we ask how your relative experiences 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 your relative performs this activity independently without difficulties.



Independently with effort

Because of the brain injury your relative experiences considerable difficulties with this activity.

Examples:

- The activity takes more time
- Your relative needs more breaks
- Your relative needs external aids, such as reminders
- Your relative does the activity less frequently or for a shorter period of time
- Your relative does the activity in an adjusted way



With help

Because of the brain injury your relative needs assistance of another person to perform the activity. This could include both paid assistance and unpaid assistance from family or friends.

Examples:

- Your relative has domestic help
- Others drive your relative to appointments



Not possible

Because of the brain injury your relative does not do this activity.

Not applicable

Your relative does not perform this activity, but this is **not because of the brain injury**.

Examples:

- Your relative does not drive a car because he/she does not have a driving license
- Your relative does not perform a paid job, but he/she 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 for your relative. Please place a cross on the horizontal line to indicate your response.

EXAMPLE:

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

How tiring is work/education for your relative?

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. Your relative plans his/her activities for the day and the week.	<input type="radio"/>				
2. Your relative pays attention to his/her work, without being distracted by things that happen around him/her.	<input type="radio"/>				
3. Your relative can carry out his/her tasks and activities in busy surroundings.	<input type="radio"/>				
4. Your relative can tolerate looking at a bright computer screen, tablet computer or phone.	<input type="radio"/>				
5. Your relative has enough mental energy for tasks at work or education. He/she does not need to take extra breaks.	<input type="radio"/>				
6. Your relative remembers the information he/she heard at work meetings or during classes.	<input type="radio"/>				
7. Your relative checks his/her completed tasks and activities and decides what still needs to be done.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is work/education for your relative?

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. Your relative stays awake while carrying out leisure activities.



9. Your relative can carry out multiple activities consecutively, such as working, cooking and leisure activities.



10. Your relative can carry out his/her leisure activities or hobby.



11. Your relative remembers the last person he/she met during his/her leisure activities.



ADDITIONAL REMARKS:

How tiring are leisure activities for your relative?

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, your relative prepares him / herself, such as by booking a flight, packing his/her belongings and using a timetable or flight schedule.



13. While travelling, your relative can adjust his/her schedule if there is any delay.



ADDITIONAL REMARKS:

How tiring is travelling for your relative?

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, your relative pays attention to other road users.



15. Your relative stays awake while driving.



16. Your relative sticks to the speed limit while driving.



ADDITIONAL REMARKS:

How tiring is driving for your relative?

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. Your relative can converse in busy surroundings, like when at a birthday party.



18. Your relative has enough mental energy for birthdays or family gatherings. He/she does not need to take extra breaks.



19. Your relative remembers the names of other friends and family members he/she has known for some time.



20. Your relative maintains contact and meets with his/her family and friends.



21. Your relative makes appointments in his/her community, such as with the general practitioner or hairdresser.



ADDITIONAL REMARKS:

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

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. Your relative organises activities and family trips for his/her family.	<input type="radio"/>				
23. Your relative remembers what events and conversations took place with his/her family.	<input type="radio"/>				
24. Your relative actively participates in the day-to-day activities of his/her family.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is family life for your relative?

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. Your relative keeps track of when he/she needs a new prescription for his/her medication and when he/she needs to pick it up.	<input type="radio"/>				
26. Your relative remembers to take his/her medication.	<input type="radio"/>				
27. Your relative takes his/her medication at fixed times.	<input type="radio"/>				

ADDITIONAL REMARKS:

How tiring is it for your relative to keep track of his/her 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. Your relative plans his/her budget and spending. He/she is aware of how much money he/she has to spend.



29. Your relative pays the bills on time and when necessary he/she pays overdue bills.



ADDITIONAL REMARKS:

How tiring is arranging the finances for your relative?

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. Your relative keeps track of what groceries to buy, for example by using a shopping list.



31. While shopping for groceries, your relative remembers what products he/she needs to buy.



32. While shopping for groceries, your relative finds the right products in the supermarket.



ADDITIONAL REMARKS:

How tiring is grocery shopping for your relative?

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 zz Independently with effort With help Not possible Not applicable






33. Your relative checks whether he/she has all ingredients before he/she starts cooking.	<input type="radio"/>				
34. While cooking, your relative is not distracted by things that happen around him/her.	<input type="radio"/>				
35. Your relative remembers the order of actions while cooking a familiar recipe.	<input type="radio"/>				
36. Your relative makes sure that the food is prepared at the right temperature.	<input type="radio"/>				
37. Your relative determines beforehand how long the cooking will take, and this is also a correct estimation.	<input type="radio"/>				
38. Your relative 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 your relative?

not tiring
at all



extremely
tiring

THIS IS THE END OF THE QUESTIONNAIRE.

This questionnaire is developed by:



Center of Excellence for Rehabilitation Medicine Utrecht