



Participant ID: \_\_\_\_\_ Date: \_\_\_\_\_ C. Examiner Initials: \_\_\_\_\_

## GLASGOW OUTCOME SCALE EXTENDED (GOSE)

Cognitive and behavioral sequelae interfere with rehabilitation efforts and negatively impact psychosocial functioning and family relationships in survivors of TBI. This trial utilizes the Glasgow Outcome Scale-Extended (GOSE) as the primary outcome to measure cognitive, behavioral, and disability outcomes, because of its increased sensitivity to “real world” performance and functional changes over time.

The GOSE (Teasdale et al., 1998) is an extended version of the original 5 point GOS scale. The GOSE employs an eight-point scale, with higher scores connoting better outcome. Categories are subdivided into upper and lower stratifications for the outcomes of “severely disabled” (three, four), “moderately disabled” (five, six) and “good recovery” (seven, eight), while “death” is scored as one, and “persistent vegetative state” as two.

Q10. Primary method of assessment	<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Real-time video
Qd. Respondent	<input type="checkbox"/> Study participant alone <input type="checkbox"/> Relative/caregiver/friend alone <input type="checkbox"/> Study participant alone plus Relative/caregiver/friend alone

<b>CONSCIOUSNESS</b>		
1. Is the head injured person able to obey simple commands or say any words?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes
<i>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. The examiner should consult with nursing/clinical staff before assigning a rating of vegetative state on question #.1</i>		

If question 1 above is coded ‘no’ (VS) the interview is complete. A rating of 2 can be assigned to the final score.

<b>INDEPENDENCE IN THE HOME</b>		
2a. Is the assistance of another person at home essential every day for some activities of daily living (they can NOT be left alone for 24 hours)? <i>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: meeting their most basic needs such as eating prepared food left for them, not wander from home, could handle an emergency by calling for help or going to a neighbor’s house. The person should be able to carry out activities without needing prompting or reminding, and should be capable of being left alone overnight.</i>	1 <input type="checkbox"/> No  <b>Go to 3a</b>	2 <input type="checkbox"/> Yes  <b>Go to 2b</b>
2b. Do you need frequent help or someone to be around at home most of the time (they can NOT be left alone for 8 hours)? <i>For a ‘No’ answer they should be able to look after themselves at home for up to 8 hours during the day if necessary, though they need not actually look after themselves.</i>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes
2c. Was assistance at home essential before the injury?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes



<b>INDEPENDENCE OUTSIDE THE HOME</b>		
3a. Are you able to shop without assistance? <i>This includes being able to plan what to buy, take care of money themselves, and behave appropriately in public. This does not include taking transportation to the store. They need not normally shop, but must be able to do so.</i>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes <b>go to 4a</b>
3b. Were you able to shop without assistance before the injury?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes
4a. Are you able to travel locally without assistance? <i>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, instruct the driver and travel independently.</i>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes <b>go to 5a</b>
4b. Were you able to travel without assistance before the injury?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes

<b>WORK</b>		
5a. Are you currently able to work to your previous capacity? <i>If you were working before, then your current capacity for work should be at the same level. If you were seeking work before, then the injury should not have adversely affected your chances of obtaining work or the level of work for which you are eligible. If you were a student before the injury then your capacity for study should not have been adversely affected.</i>	1 <input type="checkbox"/> No <b>go to 5b</b>	2 <input type="checkbox"/> Yes <b>go to 6a</b>
5b. How restricted are you? 1 <input type="checkbox"/> Reduced work capacity (Upper MD All) 2 <input type="checkbox"/> Able to work only in a sheltered workshop or non-competitive job or currently unable to work (Lower MD All)		
5c. Were you either working or seeking employment before the injury (answer 'yes') or were you doing neither (answer 'no')?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes

<b>SOCIAL &amp; LEISURE ACTIVITIES</b>		
6a. Are you able to resume regular social and leisure activities outside the home?	1 <input type="checkbox"/> No <b>go to 6b</b>	2 <input type="checkbox"/> Yes <b>go to 7a</b>
6b. What is the extent of restriction on your social and leisure activities? 1 <input type="checkbox"/> Participate a bit less: at least half as often as before injury (Lower GR All) 2 <input type="checkbox"/> Participate much less: less than half as often (Upper MD All) 3 <input type="checkbox"/> Unable to participate: rarely, if ever, take part (Lower MD All)		
6c. Did you engage in regular social and leisure activities outside home before the injury?	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes

<b>FAMILY &amp; FRIENDSHIPS</b>		
7a. Have there been psychological problems which have resulted in ongoing family disruption or disruption to friendships? <i>Typical post-traumatic personality changes: quick temper, irritability, anxiety, insensitivity to others, mood swings, depression, and unreasonable or childish behavior</i>	1 <input type="checkbox"/> No <b>Go to 8a</b>	2 <input type="checkbox"/> Yes <b>Go to 7b</b>
7b. What has been the extent of disruption or strain? 1 <input type="checkbox"/> Occasional – less than weekly (Lower GR All) 2 <input type="checkbox"/> Frequent – once a week or more, but tolerable (Upper MD All) 3 <input type="checkbox"/> Constant – daily and intolerable (Lower MD All)		
7c. Were there problems with family or friends before the injury? <i>If there were some problems before injury, but these have become markedly worse since injury then answer 'no' to this question</i>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes



<b><u>RETURN TO NORMAL LIFE</u></b>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes
8a. Are there any other current problems relating to the injury which affect daily life? <i>Other typical problems reported after head injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration problems</i>	<b>End here</b>	
8b. Were similar problems present before the injury? <i>If there were some problems before injury, but these have become markedly worse since injury then answer 'no' to this question</i>	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes