

QUESTIONNAIRE

Change Recognition



You and other family members are encouraged to complete this questionnaire and take the time to discuss the responses. You may use this questionnaire at different points in time.

- 1. WHAT CHANGES HAVE YOU NOTICED IN THE WAY THE INJURED PERSON TREATS YOU?**

- 2. WHAT CHANGES IN THE INJURED PERSON ARE MOST UPSETTING?**

- 3. WHAT CAN YOU DO TO ENCOURAGE THE INJURED PERSON TO CHANGE FOR THE BETTER?**

- 4. WHAT FAMILIAR QUALITIES DO YOU STILL SEE IN THE INJURED PERSON?**

- 5. ARE THERE NEW QUALITIES THAT YOU CAN APPRECIATE?**

Disclaimer: This information is not meant to replace advice from a medical doctor. Consult the primary care physician regarding specific medical concerns or treatment.

