

POST-CRANIOTOMY RECOVERY EXPERIENCE SCALE (PCRES)

Patient Self-Report Questionnaire

Patient Name: _____ Date: _____

Surgery Date: _____ Weeks Post-Op: _____

Surgery Type: _____ Visit: 2wk 6wk 3mo 6mo 12mo

INSTRUCTIONS: Rate how often each statement has been true for you **over the past 2 weeks**. There are no right or wrong answers. **Circle the number** that best describes your experience.

0	1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

A. Identity & Self-Continuity — *How you see yourself since surgery*

1. I still feel like myself.	0	1	2	3	4
2. My personality feels different since surgery.	0	1	2	3	4
3. I feel like I lost a part of who I was.	0	1	2	3	4
4. When I look in the mirror, I recognize the person looking back.	0	1	2	3	4

B. Real-World Cognition — *Thinking and mental function in daily life*

5. I can follow a conversation with more than one person.	0	1	2	3	4
6. I can find the right words when I'm speaking.	0	1	2	3	4
7. I can manage multiple tasks or responsibilities at once.	0	1	2	3	4
8. I can make decisions as easily as before surgery.	0	1	2	3	4
9. I can read something and remember what I read.	0	1	2	3	4

C. Emotional Regulation — *How you experience and manage emotions*

10. I cry more easily than before surgery.	0	1	2	3	4
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11. I have mood changes that come out of nowhere.	0	1	2	3	4
12. I feel emotionally numb or flat.	0	1	2	3	4
13. I feel more irritable or short-tempered than before.	0	1	2	3	4

D. Grief & Loss — *Feelings about what has changed*

14. I mourn abilities I had before surgery.	0	1	2	3	4
15. I grieve the life I had before surgery.	0	1	2	3	4
16. I feel a sense of loss that is hard to put into words.	0	1	2	3	4
17. I worry I will never get back to my old self.	0	1	2	3	4

E. Neurofatigue — *Tiredness and energy since surgery*

18. I experience a kind of tiredness that feels different from normal fatigue.	0	1	2	3	4
19. Mental activity exhausts me faster than it used to.	0	1	2	3	4
20. I need to rest after activities that never tired me before.	0	1	2	3	4

F. Social Connection — *Your relationships and sense of belonging*

21. The people around me understand what I'm going through.	0	1	2	3	4
22. I feel connected to my family and friends.	0	1	2	3	4
23. I avoid social situations I used to enjoy.	0	1	2	3	4
24. I feel alone in my recovery.	0	1	2	3	4

G. Medical-Experience Gap — *How your medical care matches your experience*

25. My medical team understands my day-to-day struggles.	0	1	2	3	4
26. My medical progress matches how I actually feel inside.	0	1	2	3	4

27. I feel comfortable telling my doctor when things aren't right.	0	1	2	3	4
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H. Hope & Agency — *Your sense of the future*

28. I feel hopeful about my recovery.	0	1	2	3	4
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29. I feel I have some control over how my recovery goes.	0	1	2	3	4
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30. I can see myself getting better over time.	0	1	2	3	4
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OVERALL RECOVERY RATING

On a scale of 0 to 10, how would you rate your overall recovery experience right now?

0 1 2 3 4 5 6 7 8 9 10
Worst possible *Best possible*

My rating: _____

IN YOUR OWN WORDS

These questions help us understand what you're going through beyond what numbers can capture.

31. What is the hardest part of your recovery that nobody warned you about?

32. What would help you most right now?

FOR CLINICAL USE ONLY

Subscale	Score	Flag
A. Identity & Self-Continuity (/16)	_____	■
B. Real-World Cognition (/20)	_____	■
C. Emotional Regulation (/16)	_____	■
D. Grief & Loss (/16)	_____	■
E. Neurofatigue (/12)	_____	■
F. Social Connection (/16)	_____	■
G. Medical-Experience Gap (/12)	_____	■
H. Hope & Agency (/12)	_____	■
TOTAL (/120)	_____	■
Global Rating (/10)	_____	

Provider Notes: _____
