**Sample Question Set for Post Collision Trauma Discussion**

This document provides a template for guiding a post collision discussion on the possible traumatic effects of being involved in a collision on the road. This exercise is no substitute for professional assistance from a counsellor or GP. The discussion is suggested as a method of raising the subject of trauma so expert help can be arranged as necessary.

We recommend that this discussion is held on several occasions as trauma symptoms can develop a number of weeks after the incident. Discussions could be held:

* At the post collision debrief meeting
* One month after the collision
* Three months after the collision
* At any time once trauma symptoms have been identified through any medical intervention that the employee may be receiving

The list of potential trauma indicators in the question set is by no means exhaustive but the questions give a basis for discussion. Whilst working through the questions, please give your employee time to talk freely and expand on their answers.

Once the question set is complete, you’ll need to develop an action plan that is agreed with your employee. The plan should use the support available in your organisation as well as external support needed to get your employee back to feeling well again. Don’t forget to revise the driving at work risk assessment for the individual and the type of driving activity they are undertaking for your organisation.

**QUESTIONS FOR POST COLLISION TRAUMA DISCUSSION**

1. How would you describe your physical symptoms today in relation to the collision?
2. How would you describe your mental state today in relation to the collision?
3. What support have you received out of work since the collision? Can you talk to your partner, friends, doctor etc
4. Have you developed any resources or coping strategies to support yourself? e.g. keep a notebook and write down feelings, meditation, go for a walk in countryside, do hobby, etc
5. What symptoms do you feel you would like more support with tackling?
6. Do you have any of the following symptoms?

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| --- | --- | --- | --- | --- |
| SYMPTOM | YES/NO | 1 – 10 score | DETAILS | DURATION |
| *EXAMPLE: Poor appetite* | *Yes* | *7* | *Little interest in food* | *1 week since collision* |
| Anxiety/nervousness |  |  |  |  |
| Disorientation/poor focus |  |  |  |  |
| Panic attacks |  |  |  |  |
| Memory lapses |  |  |  |  |
| Guilt/Blame/Shame |  |  |  |  |
| Fear of driving |  |  |  |  |
| Poor sleep (dreams or nightmares) |  |  |  |  |
| Exhaustion |  |  |  |  |
| Poor appetite |  |  |  |  |
| Overeating |  |  |  |  |
| Excessive drinking or drinking more than pre-collision |  |  |  |  |
| Anger & irritability |  |  |  |  |
| Frustration |  |  |  |  |
| Emotional or no emotions |  |  |  |  |
| Mood changes |  |  |  |  |
| Low mood/lack of interest in life |  |  |  |  |
| Any other concerns or symptoms e.g. relationship difficulties at work, at home. |  |  |  |  |

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| **Date of Traumatic Incident:** **Date of Trauma Assessment:** | **Name of Employee:****Signature:** | **Depot/Department** | **Name of Manager:****Signature:** |
| **Next Steps:** |