

Iowa Vocational Rehabilitation Services
Health Assessment Questionnaire

Name: _____

REPORTED MEDICAL HISTORY **Yes** **No** **Explain any "yes" answers (problem, who treated, when)**

1. Problems with eyes, ears, nose, throat

2. Dizziness, fainting, blackouts, convulsions, stroke, paralysis, frequent headaches

3. Head injury

4. Persistent bronchitis, asthma, emphysema, tuberculosis, or other problems with chest or lungs

5. High blood pressure, chest pain, heart attack, rheumatic fever, heart murmur, or other problems with heart or blood vessels

6. Ulcer, hernia, colitis, intestinal bleeding, or other problems with stomach, intestines, liver, or gall bladder

7. Problems with kidneys, bladder, prostate, reproductive organs or venereal disease

8. Diabetes, thyroid, pituitary, adrenal, or other gland problems

9. Arthritis, low back pain, or other problems with spine, back or joints

REPORTED MEDICAL HISTORY **Yes** **No** **Explain any "yes" answers (problem, who treated, when)**

- 10. Loss or paralysis of limb or other body parts

- 11. Tumors, leukemia, or cancer

- 12. Allergies, anemia, skin conditions

- 13. Mental or emotional conditions

- 14. Problems with reading, arithmetic, writing, or speech

- 15. Problems with alcohol or drugs

- 16. Treatment for any physical or mental conditions

- 17. Prescriptions for any drugs or medications

- 18. A brace, prosthesis, hearing aid, or other device

My recent medical records may be obtained from:

Name of Physician/Hospital	Address	Date of Last Exam	Reason

To better understand your vocational needs, please review the following areas and check those areas that create difficulty for you in obtaining or maintaining employment.

1. MOBILITY

Walking	Climbing	Balancing	Other:
Kneeling	Crouching	Crawling	
Twisting	Stooping	Travel	

Comments:

2. SELF CARE

Eating	Child Care	Medication Management	Using the Telephone
Housekeeping	Money Management	Laundry	Self-injurious Behavior
Shopping	Cooking	Dressing	Other:
Grooming	Independent Living	Hygiene	
Repeat Hospitalization		Toileting	

Comments:

3. SELF DIRECTION

Dependability	Judgment	Planning Activities	Making Decisions
Frequent Changes	Initiating Activities	Attention Span	Other:
Being Punctual	Being Organized	Following Routine	

Comments:

4. WORK SKILLS

Memory	Comprehension	Learning Speed	Spatial/Time Management
Quantitative Skills	Motor Coordination	Learning	Other:
Eye/Hand Coordination	Manipulates Objects	Manual Dexterity	

Comments:

5. WORK TOLERANCE

Stamina	Noise/Vibrations	Cold/Heat	Lifting (lbs., specifics)
Hazards	Wet/Humid Environment	Work Speed	
High Places	Psychological Stamina	Sitting	
Chemical Sensitivity	Temperature Change	Stress	Other:
Absenteeism	Fumes/Dust	Reaching	
Strength		Standing	

Comments:

6. INTERPERSONAL SKILLS

Cooperation	Getting along with others	Controlling Emotions	Other:
Tact/Diplomacy	Understanding Social Cues	Accepting Supervision	
Social Withdrawal			

Comments:

7. COMMUNICATION

Speaking	Hearing	Interviewing	Other:
Reading	Writing		

Comments: