Iowa Vocational Rehabilitation Services
Health Assessment Questionnaire

Name: _____

Reported Medical History I have had:	Yes	No	**Explain any "Yes" answers** (problem - who treated - when)
1. PROBLEMS WITH EYES, EARS, NOSE, THROAT	☐	☐	
2. DIZZINESS, FAINTING, BLACKOUT, CONVULSIONS STROKE, PARALYSIS, FREQUENT HEADACHES	☐	☐	
3. A 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	☐	☐	
10. LOSS OR PARALYSIS OF LIMB OR OTHER BODY PARTS	☐	☐	
11. TUMORS, LEUKEMIA, OR CANCER	☐	☐	
12. ALLERGIES, ANEMIA, SKIN PROBLEMS	☐	☐	
13. MENTAL OR EMOTIONAL PROBLEMS	☐	☐	
14. PROBLEMS WITH READING, ARITHMETIC, WRITING, OR SPEECH	☐	☐	
15. PROBLEMS WITH ALCOHOL OR DRUGS	☐	☐	
16. TREATMENT FOR ANY PHYSICAL OR MENTAL PROBLEMS	☐	☐	
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

In order 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 ☐ Kneeling ☐ Twisting ☐ Climbing ☐ Crouching ☐ Stooping
☐ Balancing ☐ Crawling ☐ Travel
☐ Other _____
_____

2. SELF CARE

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

3. SELF DIRECTION

☐ Dependability ☐ Judgment ☐ Planning Activities ☐ Following Routine
☐ Frequent Changes ☐ Initiating Activities ☐ Making Decisions
☐ Being Punctual ☐ Being Organized
☐ Other_____
_____

4. WORK SKILLS

☐ Memory ☐ Attention Span ☐ Comprehension ☐ Learning Speed
☐ Quantitative Skills ☐ Motor Coordination ☐ Manual Dexterity
☐ Eye/hand Coordination ☐ Manipulates Objects ☐ Spatial/Time Management
☐ Other _____
_____

5. WORK TOLERANCE

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

6. INTERPERSONAL SKILLS

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

7. COMMUNICATION

☐ Speaking ☐ Reading ☐ Hearing ☐ Writing ☐ Interviewing
☐ Other _____
_____