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
- ☐ Kneeling
- ☐ Twisting
- ☐ Climbing
- ☐ Crouching
- ☐ Stooping
- ☐ Balancing
- ☐ Crawling
- ☐ Travel
- ☐ Other: (specify)

Comments:

2. SELF CARE

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

Comments:

3. SELF DIRECTION

- ☐ Dependability
- ☐ Frequent Changes
- ☐ Being Punctual
- ☐ Judgment
- ☐ Initiating Activities
- ☐ Being Organized
- ☐ Planning Activities
- ☐ Attention Span
- ☐ Following Routine
- ☐ Making Decisions
- ☐ Other: (specify)

Comments:

4. WORK SKILLS

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

Comments:

5. WORK TOLERANCE

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

(specify)

- ☐ Other:

(specify)

Comments:

6. INTERPERSONAL SKILLS

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

(specify)

Comments:

7. COMMUNICATION

- ☐ Speaking
- ☐ Reading
- ☐ Hearing
- ☐ Writing
- ☐ Interviewing
- ☐ Other:

(specify)

Comments:

Insert Additional HAQ Notes Here (Optional):