

SOCIAL SERVICES AGENCY OF ALAMEDA COUNTY
GENERAL ASSISTANCE PROGRAM - HEALTH QUESTIONNAIRE

Name of the client _____

Date of birth: ___/___/___

Social Security No. ___/___/___

Male _____ Female _____

Case # _____

Yes	No

Worker # _____

Can you work?

If the answer is "NO", explain why:

CLINICAL HISTORY: Do you have or have you ever had any of the following problems:

	Yes	No		Yes	No
CARDIOVASCULAR			NEUROLOGICAL		
1 Enlarged heart			34 Balance problems		
2 Heart problems or heart attacks			35 Epilepsy, convulsions or seizures		
3 High or low blood pressure			36 Frequent or serious headaches		
4 Pain or pressure in the chest			37 Head injuries or loss of consciousness		
5 Palpitations or pounding of the heart			38 Loss of memory or amnesia		
6 Rheumatic fever			39 Difficulty in concentration or following instructions?		
7 Heart murmur			40 Paralysis, numbness		
8 Swelling of feet or ankles			VISION AND HEARING		
9 Varicose veins			41 Color blindness		
10 Fainting spells			42 Double or blurred vision		
11 Abnormal blood test or EKG			43 Glaucoma, cataracts, other eye trouble		
RESPIRATORY			44 Artificial eye		
12 Asthma or wheezing			45 Corrective ocular surgery		
13 Shortness of breath			46 Hearing loss		
14 Chronic cough /hoarseness			47 Hearing aid		
15 Emphysema			MISCELLANEOUS		
16 Coughed up blood			48 Drinks alcohol: number of drinks a day		
17 Abnormal chest x-ray or TB skin test			49 Drug or narcotic use		
GASTROINTESTINAL			50 In treatment for drug or alcohol abuse		
18 Jaundice, hepatitis or cirrhosis			51 Attempted suicide		
19 Piles or rectal bleeding			52 Suicidal thoughts		
20 Stomach, liver or intestinal trouble			53 Disabled, hospitalized, or treated for emotional or mental disorders?		
21 Ulcers			54 Depression		
MUSCULO-SKELETAL			55 Frequent trouble sleeping		
22 Fractured/broken bones			56 Nervous trouble of any sort		
23 Arthritis or rheumatism			57 Used tranquilizers		
24 Back surgery			58 Smokes: Number of packages a day; Number of years you have smoked:		
25 Bone, joint, or other deformity of the back			59 Recent weight gain or loss		
26 Treatment for back strain or pain			60 Skin condition or rash		
27 Leg cramps			61 Severe tooth or gum trouble		
28 Painful or trick knee, shoulder, elbow			62 Are you seeing a doctor?		
29 Rupture or hernia					
30 Spinal curvature, scoliosis					
31 Swollen or painful joints					
32 Worn brace for back support					
33 Worn neck brace or collar					

Name: _____

GIVE DETAILS OF "YES" ANSWERS ABOVE (list by number):

