

Rehabilitation Services
Anne Arundel Medical Center

Please answer the following questions to help us address your healthcare needs. The Rehabilitation Staff can provide you with the information on these or other concerns you may have. Feel free to ask for information from your therapist.

Patient Name: _____ Date: _____

Circle the answer to the following questions using this key:

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you have back pain that limits your work, household, or recreational activities?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you have diabetes and need information on management of diabetes?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you feel depressed or have other emotional problems that are not being addressed?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you use non-prescription or prescription drugs in excess of recommended doses?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you use alcohol to manage your moods or emotions?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

If you smoke, do you have the desire to quit or reduce the amount you smoke?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never

Do you experience problems with loss of appetite, overeating, difficulty preparing meals, severe weight loss or weight gain?

1-Always 2-Almost Always 3-Sometimes 4-Almost Never 5-Never