



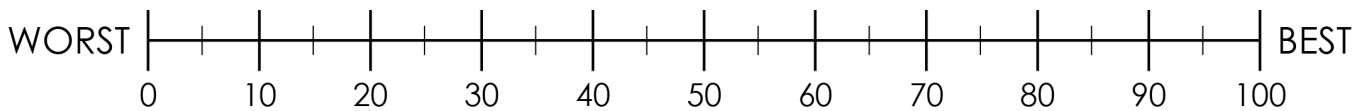
EAST BAY BRAIN & SPINE

MEDICAL GROUP

CURRENT HEALTH

Patient Name:	Patient DOB:
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Please indicate (draw a line) how good or bad your own health state is today – with your best health being at 100, your worst is 0.



In each section below, please check the box that best describes your current health.

MOBILITY

- I have no problems walking about
- I have slight problems walking about
- I have moderate problems walking about
- I have severe problems walking about
- I am unable to walk about

PAIN/DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

SELF-CARE

- I have no problems washing and dressing myself
- I have slight problems washing and dressing myself
- I have moderate problems washing and dressing myself
- I have severe problems washing and dressing myself
- I am unable to wash and dress myself

ANXIETY/DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

USUAL ACTIVITIES

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities