



The Providence Center

PBHCI - Medical Screening Short Form

Client Name

Client Number

Interview Date:

Gender: Male Female DOB:

1. In general, would you say your health is:

- Excellent Very Good Good Fair Poor

2. Compared to one year ago, how would you rate your health in general now?

- Much better than one year ago Somewhat better now than one year ago About the same Somewhat worse now than one year ago Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so,

3. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports
 Yes, limited a lot Yes, limited a little No, not limited at all
4. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf
 Yes, limited a lot Yes, limited a little No, not limited at all
5. Lifting or carrying groceries
 Yes, limited a lot Yes, limited a little No, not limited at all
6. Climbing several flights of stairs
 Yes, limited a lot Yes, limited a little No, not limited at all
7. Climbing one flight of stairs
 Yes, limited a lot Yes, limited a little No, not limited at all
8. Bending, kneeling or stooping
 Yes, limited a lot Yes, limited a little No, not limited at all
9. Walking more than a mile
 Yes, limited a lot Yes, limited a little No, not limited at all
10. Walking several blocks
 Yes, limited a lot Yes, limited a little No, not limited at all
11. Walking one block
 Yes, limited a lot Yes, limited a little No, not limited at all
12. Bathing or dressing yourself
 Yes, limited a lot Yes, limited a little No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

13. Cut down the amount of time you spent on work or other activities
 Yes No
14. Accomplished less than you would like

Yes No

15. Were limited in the kind of work or other activities

Yes No

16. Had difficulty performing the work or other activities (for example, it took extra effort)

Yes No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

17. Cut down the amount of time you spent on work or other activities

Yes No

18. Accomplished less than you would like

Yes No

19. Didn't do work or other activities as carefully as usual

Yes No

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

Not at all Slightly Moderately Quite a bit Extremely

21. How much bodily pain have you had during the past 4 weeks?

None Very mild Mild Moderate Severe Very Severe

22. During the past 4 weeks, how much did pain interfere with normal work (including both work outside the home and housework?)

Not at all Slightly Moderately Quite a bit Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

23. Did you feel full of pep?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

24. Have you been a very nervous person?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

25. Have you felt down in the dumps that nothing could cheer you up?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

26. Have you felt calm and peaceful?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

27. Did you have a lot of energy?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

28. Have you felt downhearted and blue?

All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time

- time the time time time time
29. Did you feel worn out?
 All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
30. Have you been a happy person?
 All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
31. Did you feel tired?
 All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
- 32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**
 All of the time Most of the time Some of the time A little of the time None of the time

How true or false is each of the following statements for you

33. I seem to get sick a little easier than other people
 Definitely true Mostly true Don't know Mostly false Definitely false
34. I am as healthy as anybody I know
 Definitely true Mostly true Don't know Mostly false Definitely false
35. I expect my health to get worse
 Definitely true Mostly true Don't know Mostly false Definitely false
36. My health is excellent
 Definitely true Mostly true Don't know Mostly false Definitely false

Scores:

General mental health	
Bodily Pain	
General health perception	
Physical functioning	
Mental health role limitations	
Physical health role limitations	
Social functioning	
Vitality	

PBHCI - Medical Screening Short Form
Form 40d
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Signature and credentials

Date

Approved by: