11. General Health

PATIENT SECTION	GP/NURSE SECTION
11.1 Do you have more than 4 (if male) or more than 2 (if female) servings of alcohol almost every day? ☐ Yes ☐ No	☐ CAGE questionnaire
11.2 If female and aged 18-70, when was your last Pap smear?_____ If female and aged 50-69, when was your last mammogram? _____	Previous results available for review? _____ ☐ Organise Pap smear ☐ Organise mammogram

11.3 Please tick the box that best describes the amount of time you feel for each question.

In the last 4 weeks, How often did you:	**Never/a little of the time**	**Some of the time**	**Most of the time**
Feel tired or lacking energy for no good reason?	☐	☐	☐
Feel depressed, hopeless or worthless?	☐	☐	☐
Feel that everything was an effort?	☐	☐	☐
Feel nervous, tense, worried or panicked?	☐	☐	☐
Have difficulty falling or staying asleep?	☐	☐	☐

Have you:

Lost interest or pleasure in most of your usual activities? ☐ Yes ☐ No

Lost your appetite or are overeating? ☐ Yes ☐ No

Had recurrent thoughts of death? ☐ Yes ☐ No

Describe: _____

_____

11.4 Are you satisfied with the level of care you currently receive for:

Activities of Daily Living? (eg Showering, Feeding) ☐ Yes ☐ No

Domestic tasks (eg Meal Prep, Laundry, Home maintenance) ☐ Yes ☐ No

Clinical care (catheter changes, wound care, home visits) ☐ Yes ☐ No

Does person need:
☐ Review of care needs with relevant care provider?
☐ Referral to social worker?
☐ Referral to Community Nurse?

11.5 How are you getting around at the moment?

☐ Not able to get out ☐ Wheelchair only ☐ Driving Self

☐ Carer / Other Drives ☐ Other service provider transport

☐ Taxi ☐ Bus ☐ Train

Are there any new difficulties/issues? _____

11.6 Are you currently employed? ☐ Yes ☐ No

If Yes, does your workplace adequately suit your needs?

Describe:

If No, would you like to return to work/study? ☐ Yes ☐ No

☐ Referral to occupational therapist

☐ Referral to Commonwealth Rehabilitation Service (CRS)