

Hands On Hands Rehab Center, Inc.
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Please answer the following questions as they relate to you and your experience over the last year. This is not since your injury but in general how you would view each experience.

| <i>Choose the best answer for how you have felt.</i> | Yes | No |
|---|------------|-----------|
| 1. Are you basically satisfied with your life? | | |
| 2. Have you dropped many of your activities and interest ? | | |
| 3. Do you feel that your life is empty? | | |
| 4. Do you often get bored? | | |
| 5. Are you in good spirits most of the time? | | |
| 6. Are you afraid that something bad is going to happen to you? | | |
| 7. Do you feel happy most of the time? | | |
| 8. Do you often feel helpless? | | |
| 9. Do you prefer to stay at home, rather than going out and doing new things? | | |
| 10. Do you feel you have more problems with memory than most? | | |
| 11. Do you think it is wonderful to be alive now? | | |
| 12. Do you feel pretty worthless the way you are now? | | |
| 13. Do you feel full of energy? | | |
| 14. Do you feel that your situation is hopeless? (not relating to your injury but in general) | | |
| 15. Do you think that most people are better off than you are? | | |

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| | Yes | No | Did not answer |
|---|------------|-----------|-----------------------|
| 1. Have you relied on people for any to the following: bathing, dressing, shopping, banking or meals? | | | |
| 2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, medical care, or from being with people you wanted to be with? | | | |
| 3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened? | | | |
| 4. Has anyone tried to force you to sign papers or to use your money against your will? | | | |
| 5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? | | | |