

Worker's Surname	First Name	Initial	WCB Claim Number
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5. Please indicate how you are doing right now using the following scale:

- Very Poor Poor Okay Good Very Good

Please tell us if there is anything you would like us to know.

6. Please indicate if you are having any of the following (check if "yes"):

- problems with attention, concentration, or memory.
 concerns with your sleeping.
 difficulties maintaining personal hygiene.
 problems with eating and/or nutrition.
 problems conducting financial transactions independently (e.g., buying groceries, personal articles, banking, etc.).
 physical problems or limitations that prevent you from performing your daily activities or your employment.

If you checked any of the above items, please describe.

7. Please indicate what your current sources of income are (i.e., wages from your employer, EI benefits) and if you are entitled to receive any additional benefits such as Short Term Disability benefits from your employer.

8. Please indicate any languages you are fluent in. What language do you speak at home and at work? Would you like us to arrange a translator when we contact you?

9. Please add any additional information that you would like reviewed (e.g., emails, text messages, police reports, records or otherwise).
