UCSB WorkStrong Participant Assessment Questionnaire

work STRONG
University of California, Santa Barbara

Name:______________________________ Date: ______________________________
Cell Phone: ___________________________ Email: ______________________________

Have you ever been diagnosed with any of the following conditions (check all that apply)?

- ❑ cancer (type)__________
- ❑ heart disease
- ❑ high blood pressure
- ❑ asthma
- ❑ osteoporosis
- ❑ rheumatoid arthritis
- ❑ anxiety/depression
- ❑ lung problems
- ❑ anemia
- ❑ thyroid problems
- ❑ diabetes
- ❑ disordered eating
- ❑ headaches/migraines
- ❑ stroke
- ❑ back/neck problems
- ❑ kidney/liver problems
- ❑ high cholesterol
- ❑ other________________

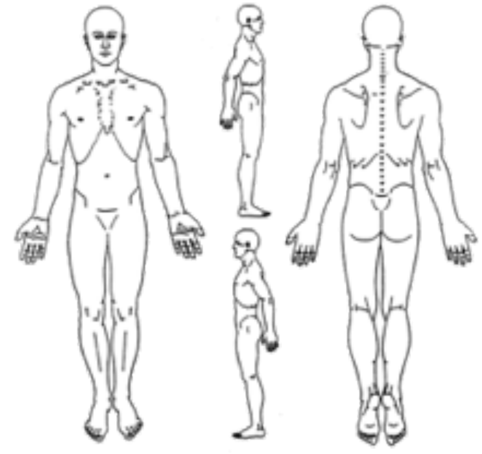
FOR Women: Are you currently pregnant or think you might be pregnant? **YES** **NO**

Do you have allergies to oils, nuts or scents? **YES** **NO**
If yes, please explain ____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	**Not At All**	**Several Days**	**More than Half the Days**	**Nearly Every Day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

List your symptoms (injuries/joint disorders/heath concerns, etc.) in order or importance. Please mark the location of the symptoms listed on the body chart.

1. ____
2. ____
3. ____
4. ____
5. ____



Do you have any activities or positions that aggravate your condition(s):
____
____

Please list any current physical limitations related to your injuries: ______________________________
____

Do you have a regular exercise program/routine? **Yes** **No** If yes, please describe________________________
____

Indicate how you are dealing with daily stress: not well 1 2 3 4 5 6 7 8 9 10 well

Indicate your energy level: very low 1 2 3 4 5 6 7 8 9 10 very high

Please describe your health and wellness goals:

____

____

____

Education interests:

- ❑ stress reduction techniques
- ❑ ergonomics
- ❑ exercise program
- ❑ weight management
- ❑ self myofascial release
- ❑ posture
- ❑ healthy food preparation
- ❑ proper exercise technique
- ❑ meal planning
- ❑ women's health
- ❑ healthy aging
- ❑ other__________________

Thank you for your willingness to share this information and to take part in the WorkStrong Program. We look forward to working with you to make lifestyle changes to meet your health and wellness goals.