

Growing Stronger

Participant Self-Assessment

This assessment is to be completed by the leader on an annual basis



Name: _____

Today's Date: _____

MOOD, ENERGY LEVEL AND MENTAL HEALTH

For the following questions, please answer by putting a check in the box that most applies to you:

	Rarely	Sometimes	Usually	Always
1. I feel younger than my age				
2. I feel independent				
3. I feel energetic				
4. I live an active life				
5. I feel strong				
6. I feel healthy				
7. I am as active as other people my age				

MOBILITY & DAILY LIVING ACTIVITIES

For the following questions, please answer by putting a check in the box that most applies to you:

	Rarely	Sometimes	Usually	Always
1. I find it easy to walk up or down two or more flights of stairs				
2. I have no trouble taking the trash out				
3. I do housework such as vacuuming and dusting on my own without difficulty				
4. I can easily lift a gallon of milk (8lbs)				
5. I have no trouble reaching into high cupboards or reaching down to pick up something on the floor				
6. I do not have trouble doing outdoor work such as mowing the lawn, raking leaves, or gardening				
7. I can easily walk a mile				

8. How many times have you fallen within the past year?

- 0
- 1-3
- 4-6
- 7-9
- 10+

9. Are you worried about falling?

- No
- A Little
- Moderately
- Very
- Extremely

10. How much "bodily pain" have you generally had during the past four weeks?
(While doing normal activities of daily living)

- None
- Very Little
- Moderate
- Quite A Bit
- Severe

11. In general, how would you rate the quality of your life?

- Poor
- Adequate
- Good
- Very Good
- Exceptional

12. In general, do you currently require household or nursing assistance to carry out daily activities? Yes No

If yes, please check the reason (s):

- Health problems
- Chronic Pain
- Lack of Strength or Endurance
- Lack of Flexibility
- Other Reasons: _____

13. In a typical week, how often do you leave your house?

(To run errands, go to work, go to meetings, classes, church, social functions, etc.)

- Less than once a week
- 1-2 times a week
- 3-4 times a week
- Most every day

14. Do you currently participate in regular physical exercise (such as walking, sports, exercise class, house work or yard work) that is strenuous enough to cause a noticeable increase in breathing, heart rate, or perspiration? Yes No

If yes, how many days per week? _____

HEALTH INDICATORS

15. Have you had a Bone Density (BMD) test in the last year?

- Yes
- No

If yes, did your doctor state your results were:

- Normal
- Osteoporosis
- Osteopenia

16. Do you currently take medicine for osteoporosis/osteopenia?

- Yes
- No

If Yes, what: _____

17. Has your doctor told you that you are diabetic?

- Yes
- No
- Don't Know

18. Has your doctor told you that you are pre-diabetic?

- Yes
- No
- Don't Know

19. Do you currently take medicine for diabetes?

- Yes
- No

GROWING STRONGER CLASS EVALUATION

For the following questions, please answer by putting a check in the box that most applies to you:

	Rarely	Sometimes	Usually	Always
1. Overall, are you satisfied with the class?				
2. Is the facility safe, clean, and comfortable?				
3. Do you feel that your health is better because of the program?				
4. Do you feel physically stronger?				
5. Do you have more energy?				
6. Do you sleep better?				
7. Are your joints any less painful?				
8. Have you become more active?				

9. Growing Stronger Site: _____

10. What prompted you to enroll in the class? _____

11. How did you hear about the class? _____

12. Which exercises do you like best about Growing Stronger? _____

13. Which exercises do you like least about the Growing Stronger? _____

14. Additional Comments are welcome: _____

