Participant ID: _____ Date:_____

Pre-Workshop Health Survey

Instructions: Please answer these questions to assist us in providing effective programming that meets the need of our participants.

1. In the past 3 months, have you been hospitalized? ☐ Yes ☐ No
   a. If yes, How many days? _____ Days
2. In the past 3 months, have you been seen in the Emergency Room? ☐ Yes ☐ No
   a. If yes, how many times? _____Times
3. In the past 3 months, have you had to visit your doctor for more than your regularly scheduled office visits? ☐ Yes ☐ No
   a. If yes, how many times? _____Times
4. During the past week, you were able to stretch, walk, swim, bike, or do other types of exercise for:

   ☐ None
   ☐ Less than 30 minutes per week
   ☐ 30-60 minutes per week
   ☐ 1-3 hours per week
   ☐ More than 3 hours per week

5. A fall is when your body goes to the ground without being pushed. Have you fallen in the past 3 months?
   ☐ Yes, I have fallen about _____ times ☐ No, I have not fallen
6. On average, how many days have you missed from work due to your chronic condition in the past 3 months?
   ☐ 0 Days ☐ 1-5 Days ☐ 6-10 Days ☐ 11+ Days
   ☐ N/A (Unemployed, Retired, Other)
7. Do you smoke any tobacco products (cigarettes, e-cigarettes, chewing tobacco?)
   ☐ Yes ☐ No
8. Do you have Medicare? ☐ Yes ☐ No
9. Do you have Medicaid? ☐ Yes ☐ No

Please turn over

We would like to know how confident you are in doing certain activities. For each of the following questions, please circle the number that corresponds to your confidence that you can do the tasks regularly at the present time.

10. How confident are you that you can keep the fatigue caused by your chronic condition from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident

11. How confident are you that you can keep the physical discomfort or pain of your chronic condition from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident

12. How confident are you that you can keep the emotional distress caused by your chronic condition from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident

13. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident

14. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident

15. How confident are you that you can do things other than just taking medication to reduce how much your chronic condition affects your everyday life?

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally Confident