SSCH - Health Assessment Form - Pre Session

* Indicates required question

1. Membership consent

Check all that apply.

- [ ] I understand that by completing this form and attending this event I will automatically be enrolled as a Member of Support Social Care Heroes, at no cost to myself

2. Session Date *

Example: January 7, 2019

3. First Name *

4. Last Name *

5. Your Email *

6. Gender *

Mark only one oval.

- Male
- Female
- Non-binary
- Other
- Prefer not to say

7. Your Employer *

_____

8. Occupation

Mark only one oval.

- Carer
- Nurse
- Manager
- Domestic & Housekeeping
- Kitchen & Catering
- Maintenance
- Activities
- Other
- I am not working in care

9. Age *

Check all that apply.

- [ ] 16-18
- [ ] 19-24
- [ ] 25-34
- [ ] 35-44
- [ ] 45-54
- [ ] 55-64
- [ ] 65-74
- [ ] 75-84
- [ ] 85+
- [ ] Prefer not to say

10. Ethnicity

Check all that apply.

- [ ] White
- [ ] Asian or Asian British
- [ ] Black or Black British
- [ ] Oher ethnic group
- [ ] Mixed / multiple heritage
- [ ] Prefer not say

11. Do you consider yourself a disabled person?

Mark only one oval.

- ◯ No
- ◯ Prefer not to say
- ◯ Communication (e.g. impaired speech)
- ◯ Hearing (e.g. mild to profound deafness)
- ◯ Learning (mind to profound learning disability)
- ◯ Mental ill health (bipolar disorders, schizophrenia, depression, anxiety)
- ◯ Visual (e.g. partially sighted to blind)
- ◯ Developmental (e.g. dyslexia)
- ◯ Impaired memory/concentration or ability to understand (e.g. head injury, stroke, dementia)
- ◯ Long-term illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, arthritis, chronic asthma)
- ◯ Mobility or physical (e.g.dexterity)
- ◯ Autistic Spectrum Disorders or Attention Deficit Disorders

12. Session Type *

Mark only one oval.

- ◯ Nutrition and diet
- ◯ Physical health and exercise
- ◯ Emotional well-being
- ◯ Financial well-being
- ◯ Menopause
- ◯ Know your numbers
- ◯ Overwhelmed manager
- ◯ Other

13. SSCH Lead

Mark only one oval.

- Seb Kane
- Viki Garbett
- Brad Richards
- Other

14. I have been feeling optimistic about the future *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

15. I feel useful *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

16. I have been feeling relaxed *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

17. I have been feeling interested in other people *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

18. I have had energy to spare *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

19. I've been dealing with problems well *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

20. I have been thinking clearly *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

21. I have been feeling good about myself *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

22. I've been feeling close to other people *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

23. I've been feeling confident *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

24. I have been able to make up my own mind about things *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

25. I've been interested in new things *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

26. I've been feeling cheerful *

Mark only one oval.

	1	2	3	4	5	
Rare	◯	◯	◯	◯	◯	All of the time

27. How much physical pain or discomfort are you experiencing currently? *

Mark only one oval.

	0	1	2	3	4	5	
Non	◯	◯	◯	◯	◯	◯	Severe

28. How fatigued or low in energy do you feel today? *

Mark only one oval.

	0	1	2	3	4	5	
Full	◯	◯	◯	◯	◯	◯	Completely exhausted

29. How would you rate your overall mental health and emotional state right now? *

Mark only one oval.

- ◯ Excellent
- ◯ Good
- ◯ OK
- ◯ Not great
- ◯ Very poor

30. Are you happy with your current diet? *

Mark only one oval.

- ◯ Yes, I eat well and healthy. I don't need any help on this.
- ◯ I eat well but my diet could be better.
- ◯ My diet is not the best but I know what needs changing.
- ◯ My diet is poor and I am unsure how to improve it.
- ◯ My diet needs radical changes.

31. Is there anything specific you would like to discuss in this session?

32. I hereby authorise Support Social Care Heroes to publish photographs and videos taken of me on for use in the Support Social Care Heroes print and online marketing materials, as well as other Company publications. I hereby release Support Social Care Heroes, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation. I understand that anonymous data is held about me and I agree this information may be shared with public sector organisations (such as the council and universities). * *

Mark only one oval.

- ◯ I consent
- ◯ I do not consent

33. Disclaimer: *

The information provided is for general informational purposes only and is not a substitute for professional medical advice. Always consult with a qualified healthcare provider before starting any new health, fitness, or nutrition program. Use of this information is at your own risk. We are not responsible for any adverse effects resulting from its use. By using this service you acknowledge that you have read and agree to this disclaimer. For more details, consult a healthcare professional. *

Check all that apply.

- [ ] I understand and agree

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