



WELLPATH'S HEALTHY BACK CHALLENGE

HEALTHY BACK QUESTIONNAIRE

THE *HEALTHY BACK ASSESSMENT* PROCESS INCORPORATES THREE STEPS:

1. THE *HEALTHY BACK ASSESSMENT*
2. THE *POSTURE ASSESSMENT*
3. THE *HEALTHY BACK QUESTIONNAIRE*

THE QUESTIONNAIRE HELPS TO ASSESS THE HEALTH OF YOUR BACK AND YOUR RISK FOR HEALTH-RELATED ISSUES WITH YOUR BACK. TO COMPLETE THE QUESTIONNAIRE, YOU MUST COMPLETE TWO OTHER ACTIVITIES THAT ARE PART OF THE TOTAL ASSESSMENT: *HEALTHY BACK EVALUATION* (TESTS), WHICH WE DO THIS WEEK AND THE *POSTURE ASSESSMENT* WHICH WE DO IN WEEK 4 OF THE HEALTHY BACK CHALLENGE.

DIRECTIONS: COMPLETE THIS QUESTIONNAIRE AND THEN ADD YOUR POINTS FOR NON-MODIFIABLE FACTORS, MODIFIABLE FACTORS AND YOUR TOTAL SCORE. RECORD EACH ON THIS, AND YOUR *RESULTS SHEET*. WITH A PARTNER COMPLETE THE HEALTHY BACK EVALUATION AND DETERMINE YOUR RATING USING THE ASSOCIATED CHART. RECORD YOUR SCORE FROM THE HEALTHY BACK EVALUATION ON THE RESULTS SHEET. IF YOU DID NOT PASS A TEST, LIST THE JOINT, MUSCLES AND TYPE OF FITNESS TO BE DEVELOPED TO IMPROVE YOUR SCORE ON THE TEST.

NOTE: THIS EVALUATION ADAPTED FROM CORBIN, CORBIN, WELK & WELK, *CONCEPTS OF FITNESS & WELLNESS: A COMPREHENSIVE LIFESTYLE APPROACH*: 9TH ED., MCGRAW-HILL 2011.

NAME:

EMPLOYEE ID#:

DATE:

CIRCLE THE ANSWER FOR EACH QUESTION. ADD THE SCORES FOR EACH SECTION BELOW AND ON YOUR *HBC RESULTS SHEET* TO INDICATE YOUR MODIFIABLE RISK, NON-MODIFIABLE RISK AND TOTAL RISK SCORES FOR YOUR BACK HEALTH.

NON-MODIFIABLE FACTORS:

1. DO YOU HAVE ANY FAMILY HISTORY OF DISEASES WHICH AFFECT THE HEALTH OF YOUR JOINTS OR BONE SUCH AS OSTEOPOROSIS, ARTHRITIS, RHEUMATISM, ETC.?

0 NO

1 YES

2. CIRCLE YOUR AGE:

0 (<40 YEARS OLD)

1 (40-50 YEARS OLD)

2 (51-60)

3 (61+)

3. DID YOU PARTICIPATE EXTENSIVELY IN THESE OR SIMILAR SPORTS WHEN YOU WERE YOUNG: GYMNASTICS, FOOTBALL, WEIGHT LIFTING, SKIING, BALLET, JAVELIN, SHOT PUT, BASKETBALL, VOLLEYBALL?

0 (NO)

1 (SOME)

3 (EXTENSIVE)

4. HOW MANY PREVIOUS BACK OR NECK PROBLEMS HAVE YOU HAD?

0 (NONE)

1 (1)

2 (2)

3 (3+)

TOTAL YOUR SCORE FOR THE NON-MODIFIABLE FACTORS AND WRITE IT HERE:

MODIFIABLE FACTORS:

1. DOES YOUR DAILY ROUTINE INVOLVE HEAVY LIFTING?

0 (NO)

1 (SOME)

3 (EXTENSIVE)

2. DOES YOUR DAILY ROUTINE REQUIRE YOU TO STAND FOR LONG PERIODS OF TIME?

0 (NO)

1 (SOME)

3 (EXTENSIVE)

3. DOES YOUR DAILY ROUTINE REQUIRE YOU TO SIT FOR LONG PERIODS OF TIME?

0 (NO)

1 (SOME)

3 (EXTENSIVE)

MODIFIABLE FACTORS CONTINUED:

4. DOES YOUR DAILY ROUTINE REQUIRE TO SPEND HOURS ON THE SAME TASK IN THE SAME POSITION EACH DAY?

0 (No) 1 (SOME) 3 (EXTENSIVE)

5. DO YOU HAVE A SEDENTARY JOB AND DO YOU EXERCISE LESS THAN 3-DAYS PER WEEK?

0 (No) 2 (SEDENTARY JOB OR <3D/WEEK EXERCISE) 3 (BOTH SEDENTARY JOB & <3D/WEEK EXERCISE)

6. DO YOU HAVE A HIGH LEVEL OF STRESS?

0 (No) 1 (SOME) 3 (EXTENSIVE)

7. WHAT IS YOUR SCORE ON THE HEALTHY BACK TESTS?

0 (6-7) 1 (5) 3 (4) 5 (0-3)

8. WHAT IS YOUR SCORE ON THE POSTURE EVALUATION?

0 (0-2) 1 (3-4) 3 (5-7) 5 (8+)

TOTAL YOUR SCORE FOR THE MODIFIABLE FACTORS AND WRITE IT HERE:

ADD YOUR NON-MODIFIABLE AND MODIFIABLE SCORES AND WRITE IT HERE:

ON THE TABLE BELOW CIRCLE YOUR SCORE FOR EACH, NON-MODIFIABLE, MODIFIABLE AND TOTAL SCORE.

HEALTHY BACK QUESTIONNAIRE RISK RATINGS			
RATING	NON-MODIFIABLE SCORE	MODIFIABLE SCORE	TOTAL SCORE
VERY, HIGH RISK	7+	25+	32+
HIGH RISK	5-6	11-24	12-31
AVERAGE RISK	3-4	5-10	7-11
LOW RISK	0-2	0-4	0-5