

# Stretch Don't Strain Participant Tracker



Name: \_\_\_\_\_ Email: \_\_\_\_\_ EIN: \_\_\_\_\_

| Initial Self-Assessment – To be filled out by Sept 21 <sup>st</sup>  |   |                                     | Post Self-Assessment – To be filled out by Oct 23 <sup>rd</sup>  |   |                                     |
|--|---|-------------------------------------|--|---|-------------------------------------|
| <b>How flexible would you say you are?</b><br><input type="checkbox"/> Very Flexible <input type="checkbox"/> Somewhat <input type="checkbox"/> Not Flexible |   |                                     | <b>How flexible would you say you are?</b><br><input type="checkbox"/> Very Flexible <input type="checkbox"/> Somewhat <input type="checkbox"/> Not Flexible |   |                                     |
| <b>Do you stretch before work?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes                            |   |                                     | <b>Do you stretch before work?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes                            |   |                                     |
| <b>Do you stretch during work?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes                            |   |                                     | <b>Do you stretch during work?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes                            |   |                                     |
| <b>Which body area would you like to be more flexible?</b>   |   |                                     | <b>Which body area would you say improved the most?</b>  |   |                                     |
| <input type="checkbox"/> Shoulder  | <input type="checkbox"/> Back             | <input type="checkbox"/> Hips       | <input type="checkbox"/> Shoulder  | <input type="checkbox"/> Back             | <input type="checkbox"/> Hips       |
| <input type="checkbox"/> Wrist   | <input type="checkbox"/> Legs             | <input type="checkbox"/> Upper Body | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Legs             | <input type="checkbox"/> Upper Body |
| <input type="checkbox"/> Lower Body  | <input type="checkbox"/> All of the Above |                                     | <input type="checkbox"/> Lower Body  | <input type="checkbox"/> All of the Above |                                     |

## STRETCH DON'T STRAIN STRETCHES TRACKER

Every day that you complete a stretching routine, mark the box as completed.

| Monday   | Tuesday  | Wednesday  | Thursday   | Friday   | Saturday   | Sunday   |
|--|--|--|--|--|--|--|
| <b>Sept 21<sup>st</sup></b><br><input type="checkbox"/> Complete | <b>Sept 22<sup>nd</sup></b><br><input type="checkbox"/> Complete | <b>Sept 23<sup>rd</sup></b><br><input type="checkbox"/> Complete | <b>Sept 24<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Sept 25<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Sept 25<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Sept 27<sup>th</sup></b><br><input type="checkbox"/> Complete |
| <b>Sept 28<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Sept 29<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Sept 30<sup>th</sup></b><br><input type="checkbox"/> Complete | <b>Oct 1<sup>st</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 2<sup>nd</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 3<sup>rd</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 4<sup>th</sup></b><br><input type="checkbox"/> Complete   |
| <b>Oct 5<sup>th</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 6<sup>th</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 7<sup>th</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 8<sup>th</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 9<sup>th</sup></b><br><input type="checkbox"/> Complete   | <b>Oct 10<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 11<sup>th</sup></b><br><input type="checkbox"/> Complete  |
| <b>Oct 12<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 13<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 14<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 15<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 16<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 17<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 18<sup>th</sup></b><br><input type="checkbox"/> Complete  |
| <b>Oct 19<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 20<sup>th</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 21<sup>st</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 22<sup>nd</sup></b><br><input type="checkbox"/> Complete  | <b>Oct 23<sup>rd</sup></b><br><input type="checkbox"/> Complete  | <b>Questions?</b> Contact<br>wellness@pima.gov                   |  |

Submit your completed Calendar to [challenges@welcoaz.org](mailto:challenges@welcoaz.org) by **October 30<sup>th</sup>**

