

LEAD-UP

A Lifestyle Education Access for Diabetics: a University Program
Texas Woman's University

HEALTH AND PHYSICAL ACTIVITY AGREEMENT

Before starting a wellness program with Texas Woman's University Kinesiology Department I, _____, certify to TWU that I have fully and accurately completed the Health and Physical Activity History form presented to me by a TWU LEAD-UP staff member; and that I have provided accurate responses to the questions as indicated on the form or asked by the LEAD-UP staff. I understand that it is important that I provide complete and accurate responses to the interviewer; I acknowledge that Texas Woman's University has relied on my responses in its decisions regarding my personal training program, and I recognize that my failure to give complete and accurate responses could lead to possible injury to myself during the program. I understand that a medical clearance form may be needed by my physician depending upon the responses I give, in accordance to ACSM guidelines.

I have been given the opportunity to ask questions regarding the TWU LEAD-UP Health and Physical Activity History form and my supervised fitness program, and I have received satisfactory answers to those questions.

I have read this Health and Physical Activity Agreement and understand all of its terms. I have provided complete and accurate information to the best of my ability regarding my current and prior physical status, including any pre-existing injuries or special medical conditions.

Participant Signature

Witness Signature

Print Name

Print Name

Date

Date

RELEASE FOR PARTICIPATION

Purpose and Explanation of Procedures

I, _____, hereby consent to voluntarily engage in the TWU LEAD-UP Wellness Program. Initially, I will be involved in a wellness program only where I am free to participate in the available exercise activities within the given program hours. The levels of exercise I perform will be based upon my cardiorespiratory fitness (heart and lungs) and my muscular fitness. I acknowledge it is required by the TWU LEAD-UP Wellness Program that I am examined by a physician of my choice and obtain his/her approval for my participation in the program. I have been given a medical clearance form to be signed by my physician to authorize me to begin a supervised walking program, in accordance to ACSM guidelines. Furthermore, within a twelve (12) month period preceding the date of this release, I have not been advised by a physician or other health care professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning program. I will be given instructions regarding the amount and type of exercise I should perform. I understand that I am expected to follow my physician's instructions with regard to any exercise and fitness related programs. If I am taking prescribed medications, I have already so informed the TWU LEAD-UP Wellness Program and further agree to inform the staff of any changes which my physician or I have made with regard to use of any medications or change in my medical status.

I have been informed that during my participation in the TWU LEAD-UP Wellness Program, I will be allowed to engage in the available physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the staff of my symptoms. I hereby state that I have been so advised and agree to inform the staff of my symptoms, should any develop. I understand that during the performance of the wellness program or any other assessments I consent to, physical touching and positioning of my body by the staff may be necessary to assess my muscular and bodily reactions to specific exercises as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

Risks

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of heart rhythm, and, less likely, heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury including, but no limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimize these occurrences by proper assessments of my condition before each session, staff supervision during exercise and by my own control of exercise efforts.

I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

Inquiries and Freedom of Consent

I have been given the opportunity to ask questions regarding the procedures of the TWU LEAD-UP Wellness Program and I have received satisfactory answers to those questions. I agree that TWU shall not be liable or responsible for any injuries to me resulting from my participation in the TWU LEAD-UP Wellness Program (whether at home, a health club or other fitness facility, outdoors, or other public places), and I release and discharge TWU as a whole, its employees, agents and/or administrators or assigns from any claims and suits as a result of any injury or other damage which may occur in connection with my participation in the TWU LEAD-UP Wellness Program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and/or other assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by the TWU LEAD-UP Wellness Program staff.

Participant Signature

TWU LEAD-UP Staff Signature

Print Name

Print Name

Date

Date

Date: _____

PERSONAL INFORMATION

Name: _____

Birth Date: _____

Gender: Male Female

Age: _____

Local Address: _____

City/State: _____

Zip: _____

NOTE: As a LEAD-UP participant, you will receive a monthly newsletter and calendar. You can receive it via mail or email. Please indicate below which you prefer by starring (*) next to the information. Please still provide both pieces of information for our files.

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Physician Information (required):

Name: _____

Phone: _____

Address: _____

PAR-Q QUESTIONNAIRE

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| ___ | ___ | 2. Do you feel pain in your chest when you do physical activity? |
| ___ | ___ | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| ___ | ___ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| ___ | ___ | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| ___ | ___ | 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| ___ | ___ | 7. Do you know of any other reason why you should not do physical activity? |

HEALTH HISTORY INFORMATION

1. Have you ever been told that you have high blood pressure? _____
If yes, do you know what your blood pressure usually is: _____/_____
2. Have you ever been told that you have high cholesterol? _____
Do you know your cholesterol level: _____
3. Do you currently use tobacco? _____
If yes, how many packs per day? _____ How many dips? _____
4. Do you have a family history of cardiovascular disease (heart disease)? _____
5. Have you ever been diagnosed with any type of cardiovascular disease? _____
If yes, what was the diagnosis? _____
6. Have you been diagnosed with diabetes _____ or borderline diabetes _____?
If yes,
 1. How long? _____
 2. What is your fasting glucose level? _____ HgbA1c? _____
 3. When was the last time you had either checked? _____
 4. Do you monitor your glucose daily? _____
 5. What medication(s) are you currently on for diabetes or borderline diabetes?

7. What medications are you currently taking? (please list all): _____

8. Do you currently take any vitamin/mineral or herbal supplements? (please list all):

9. What is your current weight? _____ Height: _____
How much did you weigh a year ago? _____ 5 years ago? _____

LIFESTYLE INFORMATION

1. Reasons for joining the TWU LEAD-UP Wellness Program?
 Weight Control/Loss Staying in Shape
 Cardiovascular Conditioning Increasing Strength
 Stress Reduction Physician request
 To prevent diabetes diagnosis To lower intake of diabetic medication
 Improve health & overall well-being
 Other - _____
2. Have you ever participated in diabetes diet education consultation or program?
Yes _____ No _____ If yes, when? _____
3. Have you met with a dietitian before? Yes _____ No _____
If yes, were you prescribed a specific diet? Yes _____ No _____
What type? _____

4. Have you ever been on any special diet (fad or other)? Yes _____ No _____
 If yes, what kind of diet(s)? _____
 When? _____
 Was there any component of the diet(s) that worked well?

5. Have you changed your eating habits in the last 6 months?
 Yes ____ No ____
 If yes, please explain:

6. How many times do you eat meals away from home each week?
 Breakfast _____ Lunch _____ Dinner _____

7. When you eat away from home, where do you usually eat?
 Cafeteria _____ Fast food _____ Dine-In restaurants _____ Car _____
 Vending machines _____ Desk _____ Friends/Family homes _____
 Other _____

8. How is most of your food cooked?
 Boiled _____ Fried _____ Baked _____ Broiled _____ Grilled _____
 Other _____

9. Do you drink beer, wine, or any other alcohol? Yes ____ No ____
 If yes, what do you drink? _____
 How often? _____

10. Do you currently exercise on a regular basis (3-5 times per week)? _____
 If yes, how many days? _____
 What form(s) of exercise? _____

11. How would you rank your current knowledge level about diabetes?
 Excellent Good Moderate Poor Extremely poor

12. What lifestyle habit(s) would you most like to change?

13. If you had to choose 2 main goals for yourself initially, what would they be?
 1. _____

 2. _____

How often do you plan on using the TWU LEAD-UP Program facilities for exercise?
 (check appropriate boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday
6:30-8am					not available
11-1pm					
5:30-7:30pm					not available

Thank you for the completion of this questionnaire. All information is kept confidential.