WellCats

Name (Print): ___________________________ Date: ___________________________

Birthdate: _______________ Net ID: __________ Phone Number: _______________

Department: ___________________________ Office Building: _______________

Self-Identified Sex: Employment Status:
  o Female o Faculty
  o Male o Staff
  o Other/I would rather not say

Emergency Contact Name: ____________________ Emergency Contact Number: _______________

WellCats, the Texas State Employee Wellness Program, is FREE to all employees and includes unlimited access to Brunch/Lunch ‘n Learn sessions covering a variety of wellness topics, open swim at the Aqua Sports Center, open racquetball at Jowers Center, health-related physical fitness testing and feedback, health behavior coaching, nutrition consultation, group fitness classes held at a variety of locations throughout campus, and much, much more.

Registration Process for New Members ONLY

Note. Current and former members only need to register online once, but they are required to update their personal health appraisal each year to maintain their membership.

To be eligible to participate in this free program:

1. Complete online registration: https://tim.txstate.edu/hhptotalwellness/Home.aspx
2. Complete three forms beginning on page 2 of this document: (a) Activity Release of Liability, Indemnification and Assumption of the Risk Agreement; (b) Photograph Release and Indemnity; and (c) Personal Health and Wellness Appraisal. (Note. The Consent Form is optional.)
3. Submit the completed forms via campus mail (or hand-deliver) to Carolyn Swearingen, Department of Health and Human Performance, Jowers Center A208C. (For registration questions, please contact Carolyn at 512-245-1972.)

Once the registration paperwork is processed, new members will receive a WellCats welcome gift.
Activity Release of Liability, Indemnification and Assumption of the Risk Agreement

Participant Name (Print): ________________________________

Program: WellCats

This is a Release of Liability, Indemnification and Assumption of Risk agreement. Read it carefully and sign below. Completion of this form is required before you participate in the Program. This document cannot be altered or modified by any verbal or written statements.

_____ Releases:
Initials The Board of Regents, The Texas State University System, Texas State University, and all regents, employees, agents, and officers for these entities.

_____ Assumption of Risks:
Initials To the best of my knowledge, I am in good health and have no physical limitations that would preclude or impede my participation in the Program. I am aware of the risks and hazards connected with the Program, and I elect to participate voluntarily and engage in the Program knowing that the Program may be hazardous to my property and me. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I may sustain as a result of being engaged in the Program, whether or not based on the negligence or other wrongful conduct of Releasees.

_____ Indemnification:
Initials I also agree to indemnify and hold harmless the releasees from any and all loss, liability, damage, or costs of any nature whatsoever, including court costs and attorney’s fees, that they may incur due to my participation in this program whether caused by the negligence of releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the releasees from losses they may incur as a result of my injuries and my injuring another person or damaging another person’s property while participating in the program.

_____ Intent:
Initials I intend that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue to Releasees. I further agree that this Activity Release of Liability, Indemnification and Assumption of Risk Agreement should be construed in accordance with the laws of the State of Texas.

_____ Release:
Initials In consideration for facilitating my participation in the Program described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including a claim of negligence, arising out of any loss or damage to my property and any injury, including death, that I may sustain whether or not caused by the negligence of the Releasees, while participating in the Program, supervised or unsupervised, or while in transportation to and from the Program.

_____ Free Act:
Initials I acknowledge that I have read and understand this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am of lawful age (18 years or older) and legally competent to sign this Agreement.

Signature of Participant: ________________________________ Date: __________
**Photograph Release and Indemnity**

**Releasees:** The Texas State University System Board of Regents, Texas State University, their administrators, employees, representatives and agents. (Texas State)

**Consent:** For good and valuable consideration, I hereby grant to Texas State full and complete rights to the use of my image (still photograph or video), with or without the use of my name, in print and electronic publications or productions promoting Texas State, Texas State University System, its colleges and/or programs. This release is given without charge to or any remuneration from Texas State.

I authorize Texas State to (a) record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and (b) Use my name in connection with these recordings. I hereby irrevocably assign, transfer, release and convey to Texas State, in perpetuity, throughout the university, a nonexclusive and royalty-free license to use the recordings above, as well as all intellectual property rights embodied in or pertaining to any of the foregoing and the complete right to exploit or otherwise use those recordings, in any form of medium, expression or technology now known or hereafter known or developed.

I waive the right to inspect or approve any reproduction of my physical likeness or voice or my voice recording, and I release and discharge Texas State and Board of Regents, officers, agents and employees from all claims in connection with the use of my physical likeness, voice, and name.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other University publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand that all recordings, in whatever medium, shall remain the property of Texas State.

**Release:** I hereby release and hold Texas State free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert. I release Texas State and those acting pursuant to its authority from any and all liability for any violation of any personal, intellectual or proprietary right I may have in connection with such use by Texas State. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This release includes all claims, whether or not caused by Texas State’s negligence.

**Indemnity:** I also agree to indemnify and hold Texas State harmless from any loss, damage, liability, or costs that they may incur from the university’s use of my image, name, or voice.

I understand that all such recordings, in whatever medium, shall remain the property of Texas State. I have read and fully understand the terms of this release.

Signed this _________ day of _________

Signature ____________________ Printed Name ____________________
Personal Health and Wellness Appraisal

**Instructions:** Check all statements that are true.

### Section A. Signs or Symptoms of Cardiovascular, Metabolic, or Renal Disease. *(Check all statements that are true.)*

- I have experienced discomfort or pain in chest, neck, jaw, or arms?
- I have experienced shortness of breath or unreasonable breathlessness at rest or with mild exertion?
- I have experienced dizziness, fainting, or blackouts?
- I have experienced difficulty breathing when lying flat or when sleeping?
- I have experienced ankle swelling (not caused by an ankle injury)?
- I have experienced forceful or rapid heartbeats?
- I have experienced pain in the legs that is brought on by exercise and quickly subsides once you stop exercising (within 1 to 2 minutes)?
- I have a heart murmur?
- I have experienced unusual fatigue or shortness of breath with usual activities?

### Section B. Current Level of Physical Activity. *(Check if statement is true.)*

- I have not been physically active. (I have not participated in planned, structured physical activity at a moderate intensity for at least 30 minutes 3 days/week for the last 3 months.)

### Section C. Known Cardiovascular, Metabolic, or Renal Disease. *(Check all statements that are true.)*

- I have had a heart attack?
- I have had heart surgery?
- I have had cardiac catheterization?
- I have had coronary angioplasty?
- I have had a pacemaker/implantable cardiac defibrillator/rhythm disturbance?
- I have heart valve disease?
- I have had heart failure?
- I have had a heart transplant?
- I have congenital heart disease?
- I have diabetes?
- I have renal (kidney) disease?

### Section D. Height and Weight

My height is: _____ feet _____ inches  
My weight is: _____ pounds  
My **body mass index (BMI)** is _____ kg/m$^2$. *(Leave blank empty. WellCats staff will calculate BMI.)*

### Section E. Risk Factors for Cardiovascular Disease. *(Check all statements that are true.)*

- I have **high blood pressure** or take blood pressure medication. (Check the box if you do not know your blood pressure.)
- I have **high cholesterol levels** or take cholesterol medication. (Check the box if you do not know your cholesterol.)
- I smoke, have quit smoking within the last 6 months, or am exposed to environmental tobacco smoke (i.e., second-hand smoke)?
- My father or brother has experienced a heart attack, heart or blood vessel surgery, or sudden death from a heart attack or stroke before age 55, or my mother or sister has experienced a heart attack, heart or blood vessel surgery, or sudden death from a heart attack or stroke before age 65.
- I am a male 45 years or older.
- I am a female 55 years or older, I have had a hysterectomy, or I am postmenopausal.
Section F. Other health concerns that may warrant medical clearance before engaging in any lab activity involving exercise. (Check all statements that are true.)

☐ I am pregnant or think that I might be pregnant.

☐ I have been told not to exercise by a health care provider. *If this statement is true, please elaborate:*

_______________________________________________________________

☐ I have problems with my muscles, bones, or joints? *If this statement is true, please elaborate:*

_______________________________________________________________

☐ I have concerns about my safety during exercise? *If this statement is true, please elaborate:*

_______________________________________________________________

Section G. Prescription Medications *(excluding birth control)*

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<th>Medication</th>
<th>Purpose of Medication</th>
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Section H. Certification of Information

I certify that the information included on this form is correct.

_____________________________ ____________________________  
Date Printed Name of Participant Signature of Participant

Section I. WellCats staff will complete.

Medical Clearance:

☐ Medical clearance is not necessary for exercise. Participant may perform moderate and/or vigorous intensity exercise.

☐ Medical clearance is not necessary for light/moderate exercise. Medical clearance is recommended prior to engaging in vigorous exercise.

☐ Medical clearance is recommended prior to exercise.

_____________________________ ____________________________  
Date Printed Name of Staff Signature of Staff
Personal Health and Wellness Appraisal (continued)

1. Yesterday, how many servings of fruit did you eat? (An example of a serving of fruit is a medium apple, a small glass of fruit juice, or a handful of cut-up fruit.)

2. Yesterday, how many servings of white potatoes (baked, mashed, fried) did you eat? (A serving is a small potato, a baseball-sized amount of mashed potatoes, or a handful of fries.)

3. Yesterday, not including potatoes, how many servings of vegetables did you eat? A serving is a small salad or a handful of cooked green beans or cut-up vegetables.

4. Yesterday, how many servings of flour or sugar-based products did you eat (such as cereal, bread, muffins, waffles, cake, cookies, pie, toast, rolls, pizza)? An example of a serving is ¾ cup cereal, a slice of bread, a small roll.

5. Last week, how many servings of a sugar-sweetened beverage (such as soda, sweetened tea, fruit drink) did you have?

6. During the past 7 days, how many times did you or someone in your home cook or prepare:
   - Breakfast
   - Lunch
   - Dinner

   (Choose only one)

7. Cooking or preparing food at home can mean a lot of things. Convenience foods refer to frozen meals (like pizza), meals from a can or box (like macaroni and cheese), or pre-prepared food made outside your home (like potato salad). Fresh ingredients or whole foods refer to fresh or packaged food that is close to its natural state and doesn’t have added seasonings (like canned beans, frozen raw chicken breasts, fresh spinach). Considering these definitions, choose one of the following choices that best describes the type of foods you cook at home:
   - You mostly cook or prepare convenience foods.
   - You use a combination of convenience foods and fresh ingredients/whole foods.
   - You mostly cook or prepare fresh ingredients/whole foods.

8. Which of the following best describes your interest in eating more fruits and vegetables? (Choose one)
   - I have thought about eating more fruits and vegetables.
   - I am thinking of eating more fruits and vegetables in the next month.
   - I am currently trying to eat more fruits and vegetables.
   - None of the above.

The following questions are about your usual physical activity and exercise. This includes walking and sports.

9. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? (Choose only one)
   - rarely or never
   - 1-3 times each month
   - 1 time each week
   - 2-3 times each month
   - 4-6 times each week
   - 7 or more times each week

10. When you walk outside the home for more than 10 minutes without stopping, for how many minutes do you usually walk? (Choose only one)
    - less than 20 minutes
    - 20-39 minutes
    - 40-59 minutes
    - 1 hour or more

11. What is your usual speed? (Choose only one)
    - casual strolling or walking (less than 2 miles/hour)
    - average or normal (2-3 miles/hour)
    - fairly fast (3-4 miles/hour)
    - very fast (more than 4 miles/hour)
    - don’t know
Not including walking outside the home, how often each week (7 days) do you usually do the exercises below?

12. STRENUOUS OR VERY HARD EXERCISE (that is exhausting and causes a substantial increase in sweat, breathing rate, and heart rate), like aerobic dancing, jogging, tennis, swimming laps, playing tennis singles, biking faster than 10 mph, and full-court basketball.

- None
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

13. How long do you usually exercise strenuously at one time? *(Skip, if answered “none” above.)*

- Less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

14. MODERATE EXERCISE (that is not exhausting, but causes a noticeable increase in sweat, breathing rate, and heart rate), like leisure biking (less than 10 mph), tennis doubles, noncompetitive volleyball, and shooting baskets.

- None
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

15. How long do you usually exercise moderately at one time? *(Skip, if answered “none” above.)*

- Less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

16. MILD EXERCISE (that causes a slight increase in sweat, breathing rate, and heart rate), like slow dancing, playing billiards, stretching, and table tennis.

- None
- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week

17. How long do you usually exercise mildly at one time? *(Skip, if answered “none” above.)*

- Less than 20 minutes
- 20-39 minutes
- 40-59 minutes
- 1 hour or more

18. In a typical week, how many times do you engage in MUSCLE-STRENGTHENING physical activity such as resistance training, body-weight exercises, including weight training and working with resistance bands, as well as doing calisthenics that use body weight for resistance (push-ups, pull-ups, and sit-ups)?

_____ times per week

19. On average, about how long do you engage in muscle-strengthening physical activity at one time? *(Skip, if answered “none” or “0” above.)*

_____ minutes each time

For each of the ages below, did you usually do strenuous or very hard exercises at least 3 times a week? This would include exercise that was long enough to work up a sweat and make your heart beat fast. *(Be sure to mark “No” if you did not do very hard exercises at the ages listed below.)*

20. 18 years old
- no
- yes
- not applicable

21. 35 years old
- no
- yes
- not applicable

22. 50 years old
- no
- yes
- not applicable
The next set of questions ask about some of your usual activities.

23. About how many hours each week do you usually spend doing heavy (strenuous) indoor household chores such as scrubbing floors, sweeping, or vacuuming?
   - less than 1 hour
   - 1-3 hours
   - 4-6 hours
   - 7-9 hours
   - 10 or more hours

24. About how many months during the year do you usually do things in the yard, such as mowing, raking, gardening, or shoveling snow?
   - less than 1 month
   - 1-3 months
   - 4-6 months
   - 7-9 months
   - 10 or more months

25. When you do these things in the yard, how many hours each week do you do them?
   - less than 1 hour
   - 1-3 hours
   - 4-6 hours
   - 7-9 hours
   - 10 or more hours

26. During a usual day and night about how many hours do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking.
   - less than 4 hours
   - 4-5 hours
   - 6-7 hours
   - 8-9 hours
   - 10-11 hours
   - 12-13 hours
   - 14-15 hours
   - 16 or more hours

27. During a usual day and night, about how many hours do you spend sleeping or lying down with your feet up? Be sure to include the time you spend sleeping or trying to sleep at night, resting or napping, and lying down watching TV.
   - less than 4 hours
   - 4-5 hours
   - 6-7 hours
   - 8-9 hours
   - 10-11 hours
   - 12-13 hours
   - 14-15 hours
   - 16 or more hours

How did you feel during the past week?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Hardly</th>
<th>Somewhat</th>
<th>Fairly</th>
<th>Much</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Rested</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>29. Dull</td>
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<td>2</td>
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<td>4</td>
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<td>6</td>
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<tr>
<td>30. Active</td>
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<td>2</td>
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<tr>
<td>31. Inefficient</td>
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<td>2</td>
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<tr>
<td>32. Tense</td>
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<td>2</td>
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<td>33. Stressed</td>
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<td>34. Energetic</td>
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<td>35. Calm</td>
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<td>36. Passive</td>
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<td>2</td>
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<td>37. Pressured</td>
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<td>2</td>
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<tr>
<td>38. Focused</td>
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</table>
As a result of joining WellCats, how has your **dietary intake** of the following changed?

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<thead>
<tr>
<th></th>
<th>stayed the same</th>
<th>increased</th>
<th>decreased</th>
<th>N/A (I’m new to WellCats)</th>
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</thead>
<tbody>
<tr>
<td>39. Fruit</td>
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<td>40. White potatoes</td>
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<tr>
<td>41. Vegetables</td>
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<tr>
<td>42. Flour/sugar-based items</td>
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<td>43. Sugar-sweetened drinks</td>
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As a result of joining WellCats, how has your **physical activity** changed?

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<th>stayed the same</th>
<th>increased</th>
<th>decreased</th>
<th>N/A (I’m new to WellCats)</th>
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<tbody>
<tr>
<td>44. Aerobic exercise</td>
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<tr>
<td>45. Strength-training</td>
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<td>46. Being sedentary (e.g. sitting)</td>
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As a result of joining WellCats, how has your **overall physical wellness** changed?

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<th></th>
<th>improved</th>
<th>worsened</th>
<th>N/A (I’m new to WellCats)</th>
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<tr>
<td>47. Physical wellness</td>
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Physical wellness is the ability to maintain a healthy quality of life and get through the day without too much fatigue or stress. The ability to recognize that our behaviors affect wellness, and to adopt healthy habits (routine check-ups, balanced diet, exercise) while avoiding destructive habits (tobacco, drugs, alcohol) will support physical wellness.

As a result of joining WellCats, how has your overall **social wellness** changed?

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<th>N/A (I’m new to WellCats)</th>
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<tr>
<td>48. Social wellness</td>
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Social wellness is the ability to relate and connect to others. The ability to seek, establish, and maintain positive relationships (and avoid negative relationships) with family, friends, and co-workers, will support social wellness.

As a result of joining WellCats, how has your overall **intellectual wellness** changed?

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<tr>
<td>49. Intellectual wellness</td>
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Intellectual wellness is the ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction, and community betterment. The desire to learn new concepts, improve skills and seek challenges in pursuit of lifelong learning will support intellectual wellness.

As a result of joining WellCats, how has your overall **emotional wellness** changed?

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<tr>
<td>50. Emotional wellness</td>
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Emotional wellness is the ability to understand our feelings and cope with life’s challenges. The ability to acknowledge and share feelings of anger, fear, sadness, or stress, as well as hope, love, joy, and happiness in a productive manner will support emotional wellness.

As a result of joining WellCats, how has your overall **spiritual wellness** changed?

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<tr>
<td>51. Spiritual wellness</td>
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Spiritual wellness is the ability to establish peace and harmony, and have a sense of meaning or purpose in life. The ability to connect values and actions and to realize a common purpose that binds the world together will support spiritual wellness.

As a result of joining WellCats, how has your overall **environmental wellness** changed?

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<td>52. Environmental wellness</td>
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Environmental wellness is the ability to understand how the environment affects us, and to recognize our own responsibility for the quality of air, water, and land around us. The ability to make a positive environmental impact at home, in our communities, and the planet contributes to our environmental wellness.

As a result of joining WellCats, how has your overall **financial wellness** changed?

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<td>53. Financial wellness</td>
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Financial wellness is managing financial expenses/spending, planning for emergencies, knowing where to go for financial guidance, and saving for retirement.

As a result of joining WellCats, how has your overall **occupational wellness** changed?

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<tr>
<td>54. Occupational wellness</td>
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Occupational wellness is the ability to get personal fulfillment from our jobs while maintaining balance in our lives. Our desire to contribute in our careers to make a positive impact on the organizations we work in and to society as a whole supports occupational wellness.
INFORMED CONSENT

Study Title: WellCats
Principal Investigator: Lisa Lloyd, Ph.D
Email: LisaLloyd@txstate.edu
Phone: 512-245-8358

Co-Investigators: Janet Bezner, Ph.D.
Sylvia Crixell, Ph.D.

This consent form will give you the information you will need to understand why this research study is being done and why you are being invited to participate. It will also describe what you will need to do to participate as well as any known risks, inconveniences or discomforts that you may have while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

PURPOSE AND BACKGROUND
As a participant in WellCats (the Texas State Employee Wellness Program), you are probably aware that we are collecting many different forms of data to provide you with feedback and evaluate our program. The purpose of this consent form is to provide you with information so that you can make a choice as to whether the data that we collect can be used for research, as well. This research will help in measuring the feasibility and overall effectiveness of a wellness program in a university setting.

PROCEDURES
You are asked to make a decision as to whether the data from your personal health and wellness appraisal, fitness assessments, and attendance records, and responses to program quality and effectiveness via focus groups and/or surveys can be used for research.

If we can show, through research, that a worksite wellness program offered at a university setting is not only health-promoting but also cost-effective, then it is our expectation that more universities will adopt a similar model and thereby enhance the lives of their employees. In order to lay the groundwork for this initiative, we need to systematically gather data from participants. You can help us with this effort by allowing us to compile your data collected during the program and use it for research purposes such as publications.

RISKS/DISCOMFORTS
The results of this research will likely be presented at academic conferences and may be published in an academic journal. These results will only be reported as averages for large groups of people. Your name will never be included and your individual results or scores will never be revealed to anyone. Thus, the only risk to you for allowing us to use your data for research is a small chance of breach of confidentiality.

BENEFITS/ALTERNATIVES
The data will be used to inform development and modification of WellCats, as well as future interventions designed to improve the effectiveness of worksite wellness programs at Texas State University and beyond. If we can show, through research, that a worksite wellness program offered at a university setting is not only health-promoting but also cost-effective, then it is our expectation that more universities will adopt a similar model and thereby enhance the lives of their employees.
EXTENT OF CONFIDENTIALITY
Reasonable efforts will be made to keep the personal information in your research record private and confidential. Any identifiable information obtained in connection with this study (i.e. personal health and wellness appraisal, health assessments, and attendance records) will remain confidential and will be disclosed only with your permission or as required by law. The members of the research team, and the Texas State University Office of Research Compliance (ORC) may access the data. The ORC monitors research studies to protect the rights and welfare of research participants.

The results of this research will likely be presented at academic conferences and may be published in an academic journal. These results will only be reported as averages for large groups of people. Your name will never be included and your individual results or scores will never be revealed to anyone. Data collected for research will be kept for five years after the study is completed and then destroyed.

PAYMENT/COMPENSATION
You will not be paid for allowing us to use your data for research purposes.

PARTICIPATION IS VOLUNTARY
You do not have to release your data in order to participate in the free WellCats program. You may also refuse to answer any questions you do not want to answer. Participation in this research project is voluntary and you may withdraw from the program at any time. Additionally, you can withdraw your data from the study at any time and for any reason. There will be no negative consequences from Texas State if you choose to withdraw from the study or withdraw your data from the study.

QUESTIONS
The primary researchers are Dr. Janet Bezner, Dr. Sylvia Crixell, and Dr. Lisa Lloyd, all employed at Texas State University. If you have any questions or concerns about your participation in this study, Dr. Lisa Lloyd can be contacted via email at LisaLloyd@txstate.edu or by phone at 512-245-8358.

This project was approved by the Texas State IRB on September 29, 2017. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB Chair, Dr. Denise Gobert 512-245-8351 – (dgobert@txstate.edu) or to Monica Gonzales, IRB Regulatory Manager 512-245-2334 - (meg201@txstate.edu).

DOCUMENTATION OF CONSENT
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I understand I can withdraw at any time.

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<th>Printed Name of Study Participant</th>
<th>Signature of Study Participant</th>
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<th>Signature of Person Obtaining Consent</th>
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