

## WellCats

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Net ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Office Building: \_\_\_\_\_

Self-Identified Sex:

- Female
- Male
- Other/I would rather not say

Employment Status:

- Faculty
- Staff

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.

\_\_\_\_\_  
Initials

Releasees:

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

\_\_\_\_\_  
Initials

Assumption of Risks:

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.

\_\_\_\_\_  
Initials

Indemnification:

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.

\_\_\_\_\_  
Initials

Intent:

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.

\_\_\_\_\_  
Initials

Release:

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.

\_\_\_\_\_  
Initials

Free Act:

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<sup>2</sup>. *(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)*

Medication	Purpose of Medication

**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



**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     10-11 hours  
 4-5 hours     12-13 hours  
 6-7 hours     14-15 hours  
 8-9 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     10-11 hours  
 4-5 hours     12-13 hours  
 6-7 hours     14-15 hours  
 8-9 hours     16 or more hours

How did you feel during the past week?

	Not at all	Hardly	Somewhat	Fairly	Much	Very much
28. Rested	1	2	3	4	5	6
29. Dull	1	2	3	4	5	6
30. Active	1	2	3	4	5	6
31. Inefficient	1	2	3	4	5	6
32. Tense	1	2	3	4	5	6
33. Stressed	1	2	3	4	5	6
34. Energetic	1	2	3	4	5	6
35. Calm	1	2	3	4	5	6
36. Passive	1	2	3	4	5	6
37. Pressured	1	2	3	4	5	6
38. Focused	1	2	3	4	5	6

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As a result of joining *WellCats*, how has your **dietary intake** of the following changed?

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- |                             |                                       |                                 |                                 |   |
|-----------------------------|---------------------------------------|---------------------------------|---------------------------------|---|
| 39. Fruit                   | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 40. White potatoes          | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 41. Vegetables              | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 42. Flour/sugar-based items | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 43. Sugar-sweetened drinks  | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |

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As a result of joining *WellCats*, how has your **physical activity** changed?

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- |                                    |                                       |                                 |                                 |   |
|------------------------------------|---------------------------------------|---------------------------------|---------------------------------|---|
| 44. Aerobic exercise               | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 45. Strength-training              | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |
| 46. Being sedentary (e.g. sitting) | <input type="radio"/> stayed the same | <input type="radio"/> increased | <input type="radio"/> decreased | <input type="radio"/> N/A (I'm new to WellCats) |

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

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47.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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48.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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49.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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50.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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51.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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52.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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.*

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

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53.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- Financial wellness is managing financial expenses/spending, planning for emergencies, knowing where to go for financial guidance, and saving for retirement.*

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

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54.  stayed the same       improved       worsened       N/A (I'm new to WellCats)
- 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](mailto: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 – ([dgober@txstate.edu](mailto:dgober@txstate.edu)) or to Monica Gonzales, IRB Regulatory Manager 512-245-2334 - ([meg201@txstate.edu](mailto: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.

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