

Registration Process for Current/Former *WellCats* Members

Name (Print): _____ Date: _____

Birthdate: _____ Net ID: _____ Phone Number: _____

Department: _____ Office Building: _____

Self-Identified Gender:

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

Employment Status:

- Faculty
- Staff

Emergency Contact Name: _____ Emergency Contact Number: _____

Instructions. 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 remain eligible to participate in this free program:

1. Complete the Personal Health and Wellness Appraisal beginning on page 2.
2. Submit the completed form 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 paperwork is processed, members will receive a *WellCats* thank you gift.

Name: _____

Net ID: _____

Date: _____

Personal Health and Wellness Appraisal

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/m². *(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.
- Necessary for any 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 $\frac{3}{4}$ 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 | <input type="radio"/> 0-1 | <input type="radio"/> 2-3 | <input type="radio"/> 4-5 | <input type="radio"/> More than 5 |
| Lunch | <input type="radio"/> 0-1 | <input type="radio"/> 2-3 | <input type="radio"/> 4-5 | <input type="radio"/> More than 5 |
| Dinner | <input type="radio"/> 0-1 | <input type="radio"/> 2-3 | <input type="radio"/> 4-5 | <input type="radio"/> More than 5 |
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)
- | | |
|--|---|
| <input type="radio"/> rarely or never | <input type="radio"/> 2-3 times each week |
| <input type="radio"/> 1-3 times each month | <input type="radio"/> 4-6 times each week |
| <input type="radio"/> 1 time each week | <input type="radio"/> 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)
- | | |
|--|--------------------------------------|
| <input type="radio"/> less than 20 minutes | <input type="radio"/> 40-59 minutes |
| <input type="radio"/> 20-39 minutes | <input type="radio"/> 1 hour or more |
11. What is your usual speed? (Choose only one)
- | | |
|--|--|
| <input type="radio"/> casual strolling or walking (less than 2 miles/hour) | <input type="radio"/> fairly fast (3-4 miles/hour) |
| <input type="radio"/> average or normal (2-3 miles/hour) | <input type="radio"/> very fast (more than 4 miles/hour) |
| | <input type="radio"/> 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 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

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

- | | | | | |
|-----------------------------|---------------------------------------|---------------------------------|---------------------------------|---|
| 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) |

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

- | | | | | |
|------------------------------------|---------------------------------------|---------------------------------|---------------------------------|---|
| 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) |

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

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.*

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

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.*

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

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.*

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

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.*

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

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.*

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

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.*

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

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.*

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

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.*