



New Participant Packet

JCSU Student

- Freshman Sophomore
 Junior Senior
 Charlotte's Webb
 Master's Degree

JCSU Employee

- Faculty Staff

Kennedy Charter School

- Student Staff

Exercise is Medicine

- Medical Referral
 Wounded Warrior Project
 Village HeartBEAT

Participant Information

_____	_____	_____	_____
First Name	Middle Name	Last Name	JCSU ID Number
_____	_____	_____	_____
Birthdate	Marital Status	Phone Number	Preferred Email
_____	_____		
Home Zip Code	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian		
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other: _____		

Emergency Contact Information

_____	_____	_____
Name	Phone Number	Relationship

Health History

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes No

Do you feel pain in your chest when you do physical activity? Yes No

In the past month, have you had chest pain when you were not doing physical activity? Yes No

Do you lose balance because of dizziness or do you ever lose consciousness? Yes No

Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity? Yes No

Is your doctor currently prescribing drugs (for example, water pills) you're your blood pressure or heart condition? Yes No

Do you know of any other reason why you should not do physical activity? Yes No

Do you currently have, or getting treatment for Diabetes? Yes No

Do you currently have, or getting treatment for High Cholesterol Yes No

Please list any medications you are presently taking.



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Wellness Profile

1. Do you believe your current lifestyle:
 - Positively affects your health
 - Negatively affects your health
 - Does not affect your health
 - Not Sure
2. Of all the possible actions you could take in order to prevent disease and maintain/enhance your health, how much do you estimate you are currently doing?
 - 0% (none at all)
 - 25%
 - 50%
 - 75%
 - 100% (all possible)
3. Which area of behavior would you most like to change in order to improve your health?
(select only one)
 - Exercise
 - Nutrition
 - Weight Management
 - Alcohol
 - Smoking
 - Stress Management
4. Have you ever lost ten percent of your weight through dieting/exercise and then gained it back?
 - No
 - Yes
5. Have you recently had a significant loss of weight, and you're not sure why?
 - Yes
 - No
6. How do you feel about your current weight?
 - Would like to lose weight
 - Would like to gain weight
 - Satisfied with weight
7. Do you accumulate at least 30 min. of physical activity on most (5-6) days of the week? The activity must be moderate to high intensity like walking, house work, cycling, stair climbing, swimming, running or sport games.
 - Yes
 - No
8. On average, how many times a week do you perform aerobic exercise for at least 20 continuous minutes? Examples are fast walking, hard cycling, running, swimming and vigorous sports.
 - Never
 - Less than 1 time a week
 - 1-2 times a week
 - 3 or more times a week
9. When you do aerobic exercise, how much time do you spend in the activity?
 - Less than 20 minutes
 - 20-30 minutes
 - 30-60 minutes
 - More than 60 minutes



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10. How would you describe your aerobic exercise?
 - Not very vigorous
 - Somewhat vigorous
 - Quite vigorous
11. Do you warm up before and cool down after aerobic exercise?
 - Yes
 - No
 - Not Sure
12. Do you participate in strength training activities (weight lifting)?
 - Yes
 - No
13. How often do you stretch your muscles in order to gain flexibility?
 - Never
 - Occasionally
 - Often
14. How often do you perform abdominal exercises such as sit-ups which are intended to strengthen the abdomen?
 - Never
 - Occasionally
 - Often
15. What is the biggest barrier to increasing and/or maintaining your level of exercise?
(select only one)
 - Not enough time
 - Cost
 - Lack of appropriate facility or equipment
 - No one to exercise with
 - Physical incapacity
 - None
16. How often do you eat breakfast?
 - Never
 - Occasionally
 - Most of the time
 - Always
17. On average, how many servings of foods which are high in calcium do you eat each day? Foods such as milk, cheese, yogurt and green leafy vegetables are high in calcium.
 - Less than 1 serving each day
 - 1-2 servings each day
 - 3 or more servings each day
18. On average, how many servings of foods which are high in fiber do you eat each day? Foods such as beans, whole grains, cereals, fruits and vegetables are high in fiber.
 - Less than 1 serving each day
 - 1-2 servings each day
 - 3-4 servings each day
 - 5 or more servings each day



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19. On average, how many servings of foods which are high in fat do you eat each day? Foods such as whole milk, cheese, eggs, red meat, fried foods and some desserts are high in fat.
- Less than 1 serving each day
 - 1-2 servings each day
 - 3-4 servings each day
 - 5 or more servings each day
20. How often do you choose low fat or low cholesterol foods?
- Never
 - Occasionally
 - Often
21. How often do you add salt to your cooking or add it to your food at the table?
- Never
 - Occasionally
 - Often.
22. How often do you read nutrition labels on food packages?
- Never
 - Occasionally
 - Often
23. On average, how many drinks of alcoholic beverages do you have in a week? A drink is a 12 oz. bottle or can of beer, a 5 oz. glass of wine, a 12 oz. wine cooler, or a shot of liquor.
(If you do not drink alcohol, skip to Question #26)
- Less than 1 drink/week
 - 1 - 7 drinks/week
 - 8 - 14 drinks/week
 - More than 14 drinks/week
24. On average, how many drinks do you have in one setting?
- 1 - 2 drinks/setting
 - 3 - 5 drinks/setting
 - More than 5 drinks/setting
25. On average, how many days per week do you drink alcohol?
- Less than 1 day/week
 - 1 - 2 days/week
 - 3 - 5 days/week
 - 6 - 7 days/week
26. How many times in the last month did you ride in a car when the driver was under the influence of drugs or alcohol?
- None
 - One or more times
27. What percent of the time do you buckle your safety belt when riding in a car?
- Never -- 0%
 - Seldom -- 1-39%
 - Sometimes -- 40-79%
 - Nearly always -- 80-99%
 - Always -- 100%



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28. How would you describe your driving behavior?
- Safe and deliberate
 - Sometimes take chances
 - Aggressive
29. How often do you wear sunscreen or protective clothing when you are in the sun?
- Never
 - Occasionally
 - Often
 - Always
30. When riding a bicycle, motorcycle, or similar vehicle, how often do you wear a helmet?
- Never
 - Occasionally
 - Often
 - Always
 - Don't ride such a vehicle
31. Does your home have a smoke detector that works?
- Yes
 - No
 - Not sure
32. When lifting objects, even when they are not very heavy, do you lift them properly?
- Yes
 - No
 - Not sure
33. What is your exposure to second-hand smoke?
- None
 - A little
 - A lot
34. Do you currently use cigars, pipes, or smokeless tobacco such as chewing tobacco, snuff or pouches?
- Yes
 - No
35. Do you smoke cigarettes?
- Currently smoke
 - Used to smoke
 - Never smoked (***If selected, skip to Question #37***)
36. What is the primary reason you have not quit smoking?
- Cannot break the addiction
 - Too much stress in my life
 - Enjoy smoking
 - Afraid to gain weight
37. During the past year, how much effect has stress had on your health?
- None
 - Not much
 - A lot



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38. Do you think your current level of stress is high enough to affect your health or quality of life?
- Yes
 - No
 - Not sure
39. How effective do you think you are in dealing with the stress in your life?
- Not effective
 - Somewhat effective
 - Effective
 - Not sure
40. Do your sleep patterns promote good health?
- Yes
 - No
 - Not sure
41. How often do you feel tense, anxious or upset?
- Never
 - Occasionally
 - Often
42. In general, do you have emotional support from others to help you deal with stress?
- Yes
 - No
43. How often do friends or relatives suggest that you should slow down, take life easier or relax more?
- Never
 - Occasionally
 - Often
44. How often do you find yourself getting irritated or annoyed with others?
- Never
 - Occasionally
 - Often
45. How often do you feel a chronic sense of struggle with daily events?
- Never
 - Occasionally
 - Often
46. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?
- Yes, 1 loss/misfortune
 - Yes, 2 or more losses/misfortunes
 - No



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RELEASE AND WAIVER OF LIABILITY & PERSONAL INFORMATION AUTHORIZATION

In consideration of my being permitted by Johnson C. Smith University HealthPlex, to use its facilities and / or participate in any programs or activities offered by Johnson C. Smith University, I agree to the following waiver and release. I hereby agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Johnson C. Smith University, its Board of Trustees, officers, employees, agents, or volunteers (hereinafter collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my participation in the activities of Johnson C. Smith University HealthPlex (including but not limited to any transportation to and from any such activities). I hereby acknowledge the inherent risk in fitness and wellness programming. I am voluntarily participating in these activities with the knowledge and appreciations of the specific dangers involved and hereby voluntarily agree to accept and assume all risks of personal injury, death or any other damages. I certify that I have read the posted rules, and accept responsibility for failure to abide by these rules. If a member of the Johnson C. Smith University HealthPlex's staff makes a specific request of or instruction to me, I agree to comply. I hereby agree that in the event any claim arising out of or incidental to personal injury, death or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all such claims, including attorney's fees incurred by the University in defending any such claims. In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with the above-described activity, I hereby give my consent and authorization for:

- (1) The administration of emergency first aid care and treatment at the scene of an emergency by employees of Johnson C. Smith University, or
- (2) The administration of any treatment deemed necessary by a licensed physician or dentist, and
- (3) The transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performances of such surgery; and I represent that I have no allergies, physical impairments, or any other disabilities and that I am not taking any medication, which medication (or physical impairment) would preclude me from participating in said activity.

The JCSU HealthPlex is an applied health research facility. You are reading this because you have shown interest in participating in programs and/or activities sponsored by the JCSU HealthPlex. The purpose of this form is to inform you that by taking part in sponsored programs and/or activities by the HealthPlex, you agree that your personal information may be used for current and/or future research studies, however any researcher wanting to use your data must submit an application to the JCSU IRB and obtain your informed consent. The information obtained from you will remain confidential. Raw data will be stored in a locked cabinet in the Health Research office and will be made available only to persons conducting the study unless you specifically give permission in writing to do otherwise.

Description of protected health information that may be used and released with your informed consent:

The health information includes all information created and/or collected during your participation in JCSU HealthPlex sponsored programs and/or activities. Protected health information used may include results of tests, procedures or surveys that are part of the research.

Research use of your protected health information with your informed consent:

During the conduct of the research, the researchers may use or share your health information: with each other and with other researcher collaborators involved with the study; with law enforcement or other agencies, when required by law.



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Protection of your health information

JCSU HealthPlex and its collaborators agree to protect your health information and will only share this information as described in this Authorization. Please note that individually-identifiable health information disclosed pursuant to the authorization may no longer be protected by Federal laws or regulations and may be subject to re-disclosure by the recipient.

Removal of your identifying information (De-Identification)

If all information that identifies you is removed from your health information, the remaining information is no longer subject to the limits of this Authorization or to the HIPAA privacy laws. Therefore, the de-identified information may be used and released by the researchers (as permitted by law) for other purposes, such as other research projects.

Withdrawal or removal

You may change your mind and cancel this Authorization at any time. To revoke your authorization, you must write to the JCSU HealthPlex at this facility or you can ask a member of the JCSU HealthPlex to give you a form to revoke the authorization. Your request will be valid when the JCSU HealthPlex receives it. If you revoke this authorization, you may not be able to continue to participate in certain programs and/or activities sponsored by the JCSU HealthPlex. This will not affect your right to use the Irwin Belk Complex weight room. Even after you cancel this Authorization, the researchers may still use and disclose health information they have already obtained to maintain the integrity and reliability of the research.

Contact information for questions about my rights under HIPAA

The HealthPlex complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its privacy regulations and all other applicable laws that protect your privacy. If you have questions or concerns regarding your privacy rights under HIPAA, contact Victor Romano, Director of the Center of Minority Health & Family Wellness at (704) 330-1371 or vromano@jcsu.edu.

Right to Refuse to Sign this Authorization

You do not have to sign this Authorization. However, because your health information is required for research participation, if you decide not to sign this Authorization form, it may affect your participation in certain programs and/or activities sponsored by the JCSU HealthPlex.

I have carefully read this release, waiver of liability, research participation, and emergency medical authorization form and I fully understand its contents. I am aware that this release and waiver of liability is a lease of liability (including but not limited to liability of negligence) and an indemnification agreement, and I sign it of my own free will. Participation in any and all activities within this facility and/or sponsored events by Johnson C. Smith University is voluntary. All participants understand and agree that the use of the HealthPlex and/or participation in an activity sponsored by Johnson C. Smith University is at their own risk and that Johnson C. Smith University is not responsible for any incidents, injuries, or loss of property that may occur.

Signature of Participant: _____

Date: _____