

Date _____

Santa Ana Health Screening Questionnaire

All information is kept confidential.

Name: _____ Phone # (Main) _____ (Other) _____

Email: _____ Male/Female _____ Date of Birth _____ Age: _____

Address: _____

Emergency Contact: _____ Phone # (Main) _____ (Other) _____

Where do you go for your health care? Santa Ana Clinic Other: _____

(Check all that apply) Are you a : Santa Ana Tribal Member Other Tribal Member Employee

Do you have or have you had any of the following?

(mark all that apply)

HEALTH CONDITIONS (1 or >)

- Heart Attack
- Heart Surgery
- Other heart conditions (angioplasty, pacemaker, valve disease, heart failure, etc.)
- Any other medical or physical problems, If yes, list _____
- Diabetes: If yes, when? _____
- Currently Pregnant

SYMPTOMS (1 or >)

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You have burning or cramping sensation in your lower legs when walking short distances

CARDIOVASCULAR RISK FACTORS (2 or >)

- You are a man \geq 45 years
 - You are a woman \geq 55 years
 - Pre-Diabetes
 - You smoke, or quit smoking within the previous 6 months
 - Your doctor has told you that you have high blood pressure
 - Your doctor has told you that you have high cholesterol
 - You have a family history of heart disease, **either**:
 - father or brother who had a heart attack or heart surgery before age 55
- OR**
- mother or sister who had a heart attack or heart surgery before age 65

OTHER HEALTH ISSUES

- Asthma or other lung disease? If yes, explain: _____
- Muscle and/or joint problems that limit your physical activity? If yes, explain: _____
- Given birth in the last 8 weeks: If yes, are you cleared for exercise? ___ Yes ___ No
- Significant recent changes in health status that has not been evaluated by a physician?
If yes, please explain: _____

I do not have any of the above Health conditions or Risk factors

If you answered yes to diabetes, do you have?

- Numbness or loss of feeling in your hands or feet
- Vision problem
- Diabetic kidney problems
- Have you ever had symptoms of high/low blood sugar?

If yes to any of the above explain the best you can: _____

Authorization to use or release personal health information

By signing this statement, I give consent for SACWP to share/review information about my health status with my medical provider for ongoing care and safety while exercising. *This will only occur if deemed necessary due to health conditions or risks.* I do not have to sign if I do not give consent.

Participant Signature _____ **Print name** _____ **Date:** _____

WAIVER OF LIABILITY

I have read the questions on this questionnaire, understand them, and have answered them to the best of my knowledge. I understand that, depending on my health and fitness, participation in an exercise program may involve some risks to my health, including injury, abnormal blood pressure response, fainting, dizziness, irregular heart rhythm, and in rare instances, heart attack, stroke or even death. I understand that a medical clearance may be required prior to my participation. I understand that I should report any unusual symptoms that I experience during or after exercise, and that I should update my health history questionnaire should I become aware of a change in my health status. Any questions that I had were answered to my satisfaction. I hereby release the Pueblo of Santa Ana and its tribal administration, employees, agents, or volunteer staff from any liability for any injuries, which may arise as a result of my participation in an exercise program.

Participant Signature _____ **Print name** _____ **Date:** _____

Witness Signature _____ **Print name** _____ **Date:** _____

For Fitness Staff only

- Blood Pressure Date _____ BP _____/_____
- Needs Medical Clearance Yes No Date: _____ Staff Initials _____
- Ok to Exercise Yes No Date: _____ Staff Initials _____

For Santa Ana Community Members only

- Would you like for us to contact you about cholesterol and/or diabetes screening? ___Yes ___No
- If Diabetic, are you interested in education on foot care and blood sugar monitoring with exercise. ___Yes ___No

Santa Ana Fitness Center

Policy Review

June 2014

This is a Drug and Alcohol Free Establishment; No one under the Influence will be allowed in the Fitness Center.

Health History / Change in Health Status

- A health history must be completed before using the Fitness Center; sometimes a medical clearance will be required prior to participation. Certain medical conditions require modifications to your exercise program for your continued safety.
- All health information is kept completely confidential.
- It is your responsibility to inform the fitness staff of any change in your health status.
- **Pregnancy is a change in health status – please let us know if you are pregnant so we can provide you with safe workout guidelines.**
- Any physical problems (Injuries or illness) should be reported immediately to fitness staff.

Facility hours

- You are welcome to utilize the fitness center during posted hours. Please check frequently for any schedule changes.
- Appointments can be made to exercise, see staff if interested. Only those who have been through the health screen process can make appointments.
- Santa Ana Tribal IHS & FSIP employees:
 1. Can have access during supervised hours, but community members have priority.
 2. May use the Fitness Center unsupervised if they do not have any health risk or medical conditions. ***If interested, you must see staff for approval.***
 3. These exercise sessions must be done on individual's own time; arrangements should be made with supervisors if lunchtime workouts are planned.

Sign-in and Exercise Records

- Participants are required to sign-in before working out.
- Please record your workout on your PT log or Cardio 150 log.
- Please turn in your Cardio 150 log. This information is required for reporting to our funding agency. Your documentation helps support continued funding for the fitness center.

Equipment Use

- All equipment must be used as instructed by the fitness center staff.
- If you are unsure how to use a machine, please ask a staff member.
- Do not slam or drop weights or weight stacks.
- Do not sit on the weight equipment between sets if someone else is waiting to use it.

Facility Cleanliness / Maintenance

- Please wipe your feet and check your shoes for stickers before entering the fitness center.
- You are responsible for wiping down the exercise equipment after use. Cleaning wipes are provided on the exercise floor for your convenience.
- Please report any cleaning issues or equipment problems to the fitness staff.
- Towels are available; please place in towel bin after use.

Youth Participation -Safety comes first in the Fitness Center

- Youth are welcome to use the fitness center after parent or guardian has completed the Medical History forms.
- Youth ages 10 and up are able to use the cardio equipment without adult supervision.
- Youth 9 or under can come to the fitness center, without parent supervision, they can participate in exercise fun, jump rope, video workouts, or any other training the staff is conducting.
- Orientation is required for all youth using cardio equipment.
- Any youth, regardless of age, will be asked to leave the Fitness Center if they are misbehaving.

Food and Water

Food and drinks (other than water) are not allowed in the Fitness Center. We have a water fountain, but we recommend that you bring a water bottle with you to assure adequate water intake.

Clothing

- Please wear loose, comfortable clothing and shoes appropriate for a workout.
- Open toe shoes or high heels should not be worn in the fitness center.
- No clothing with rivets or decorations; the jewelry might tear the equipment upholstery.
- No work out belts.

General

- Watch the bulletin board for special announcements.
- Do not touch or adjust the thermostat.
- **Parents are responsible for supervising their children.**
- **If you have young children with you, please do not allow them to play on or around the equipment.**

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THESE RULES, AS WELL AS ANY OTHER RULES POSTED IN THE FITNESS CENTER.

Printed Name

Signature

Date

Staff Initials

How physically active are you?

The Wellness Program is interested in finding out about the kinds of physical activities that you do as part of your everyday life **other than your work**. There are three types of physical activity: cardio, muscle-strengthening, and flexibility.

Cardio
Cardio activities, also called aerobic activities, are physical activities that take **moderate to vigorous** physical effort and make you breathe harder than normal. Cardio activities should be **at least 10 minutes in length** and performed at a brisk pace. Not all cardio activities are the same. The pictures below are examples of common daily activities. The activities in the **moderate to vigorous** categories count as **cardio activities**.

Light Lifestyle Everyday Activities • Does NOT count as Cardio • you can talk and sing	Moderate Cardio Activities • you can talk but not sing	Vigorous Cardio Activities • you can only say a few words without stopping to catch your breath
Light House Work/Vacuuuming  Light Yard Work  Walking Leisurely or Softball 	Fast Walking or Jogging  Aerobics Class  Biking on level ground  Heavy Yard Work 	Running  Stair Machine  Basketball or Soccer Game 

These do **NOT** count as Cardio | These **Do** count as Cardio Activities

Check all that apply		I'm doing this now
1	I rarely or never do any cardio activities.	<input type="checkbox"/>
2	I do some light or moderate cardio activities, but not every week.	<input type="checkbox"/>
3	I do some light activity every week.	<input type="checkbox"/>
4	I do moderate cardio activities every week, but less than 30 minutes a day or 5 days a week.	<input type="checkbox"/>
5	I do vigorous cardio activities every week, but less than 25 minutes a day or 3 days a week.	<input type="checkbox"/>
6	I do 30 minutes or more a day of moderate cardio activities, 5 or more days a week.	<input type="checkbox"/>
7	I do 25 minutes or more a day of vigorous cardio activities, 3 or more days a week.	<input type="checkbox"/>

Muscle-strengthening

Muscle-strengthening activities make muscles do more work than they are used to doing. Lifting weights, working with resistance bands, doing calisthenics using body weight for resistance (such as pushups, pull-ups and crunches), carrying heavy loads, and heavy chores like digging and chopping wood are all examples of muscle-strengthening activities. Time spent in muscle-strengthening activities does not count toward the cardio activity guidelines.



Check the one that applies

I'm doing this now

- 1 I do activities to increase muscle strength, such as lifting weights or calisthenics, twice a week or more.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Flexibility

Flexibility activities improve the range of motion of joints and include stretching and yoga. Time spent doing flexibility activities does not count toward cardio or muscle-strengthening guidelines.



Check the one that applies

I'm doing this now

- 1 I do activities to improve flexibility, such as stretching or yoga, twice a week or more.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions:

1. Have you ever been told that you have? (check one)
 pre-diabetes diabetes none of the above

2. On a scale of 1 to 10 how **ready** are you to **increase** your activity in the following areas: (circle the #)
- | | | | | | | | | | | | | | |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|----|---------|
| Cardio? | (Not ready) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | (Ready) |
| Muscle-strengthening? | (Not ready) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | (Ready) |
| Flexibility? | (Not ready) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | (Ready) |

3. What are your **favorite** ways to be active? (please list them)
-

4. What is the minimum amount of **moderate-intensity cardio activity** you should get each week for health benefits (if you don't know then put "don't know")?

minutes/week

Staff initials _____