

SOAR INTO SHAPE IN 2012

Registration packet

“Eat better, move more, live healthier”



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Start Date

- *Soar into Shape in 2012* begins on 27 February and ends on 27 April, 2012 (9 weeks).

Registration

- Entry packets may be picked up at the Fitness Center or HAWC. Return all completed materials to the HAWC by 1200, **24 February**. You can compete as an individual or as part of a 2-4 person team. Each team member needs to fill out a registration form.

Orientation

The 30 minute program orientation will be held in the Fitness Center on the following dates. You only need to attend one of them. Points are awarded for attending.

- **Wednesday 22 February at 0700 in Gym 1**
- **Thursday 23 February at 1600 in the Field House**
- **Friday 24 February at 1200 in Gym 1**

New this year....

Beginner & Athlete options for Wellness Challenges

Points for cholesterol screens

Fruit & Veggie Tracking is back!

Choose the classes you want to attend!

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Soar Into Shape 2012 REGISTRATION FORM

Name: _____

Email: _____

Squadron: _____ Section: Section/Flight: _____

Division: Team Individual Category: weight loss weight maintenance

If applicable:

Team Name: _____

Team Leaders Name: _____

Other team members: _____

Gender: Male Female Status: Active Duty Civilian/Contractor Dependent

Age: 18-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 > 60 years old

Do you have two (2) or more of the following risk factors?

- | | |
|---|---|
| <input type="checkbox"/> Physically inactive; that is, you have not participated in physical activity of a moderate level for at least 30 minutes per session | <input type="checkbox"/> High cholesterol that is not controlled |
| <input type="checkbox"/> Used tobacco in the last 30 days | <input type="checkbox"/> Family history of heart disease (develop in father/brother before age 55 or mother/sister before age 65) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Abdominal circumference >40"; 35" for females |
| <input type="checkbox"/> High blood pressure that is not controlled | <input type="checkbox"/> Age >= 45 years for males; >= 55 years for females |

If you checked 2 or more risk factors, contact your unit fitness program manager (UFPM) or your Primary Care Manager for evaluation.

Has a doctor told you any of the following at any time in the past year? (Choose all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> You have high blood pressure. | <input type="checkbox"/> You are potentially at risk for a heart attack or stroke because of a lifestyle factor. |
| <input type="checkbox"/> You have high cholesterol. | <input type="checkbox"/> Your family history makes you a candidate for heart disease or stroke. |
| <input type="checkbox"/> You don't get enough exercise. | <input type="checkbox"/> I have not been to the doctor. |
| <input type="checkbox"/> You should change your diet for health reasons. | <input type="checkbox"/> None of the above. |

HEALTHY LIFESTYLE QUESTIONNAIRE

Please answer the following questions. Responses are used to assess the health status of participants and used for data collection purposes. Information will not be shared with health care provider or other health care professionals.

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1. Would you say that in general your health is:

- Excellent Fair
 Very good Poor
 Good

2. Which of the following best describes your current exercise pattern?

- I do not exercise, but I am ready to start I exercise once in a while, but not regularly
 I exercise regularly, but started only recently I exercise regularly (for longer than 6 months)

3. How often do you participate in cardiovascular exercise each week? (e.g. brisk walking or jogging, swimming, aerobic dance or cycling, at least 30 minutes without stopping, sufficient to make you breathe more heavily and your heart beat faster)

- Less than once a week 1-2 times a week 3 times a week 4 or more times a week

4. How often do you participate in strength training exercises per week? (e.g. free weight, machines, body or resistance bands)

- Less than once a week 2-3 times a week 4-5 times a week 6-7 times a week

5. How many cups of fruits and vegetables do you normally eat per day? Examples: 1 cup = size of baseball, 1 banana, 8 large strawberries; 2 cups lettuce/spinach.

- None 1-2 3-4 5-6 7-8 9+

6. How many times per week do you eat out at restaurants?

- Less than once a week 2-3 times a week 4-5 times a week 6-7 times a week

7. What beverages do you consume on a regular basis? (check all that apply)

- Energy Drinks Milk (all types) Coffee Tea Juice Water
 Sports Beverages Sweet Tea Crystal Light/artificially sweetened Kool Aid/Fruit Punch

8. Are you using nutritional supplements? Yes No

If yes, for what purpose?

- Weight loss supplement my diet nutrition deficiency performance enhancement
 other _____

Products = _____

9. How do you cook most of your foods?

- Eat most meals at Dining Facility on base Use pre-packaged meals microwave Baked
 Fry Boil Other _____

10. Check the meals you typically consume daily.

- Breakfast P.M. Snack
 A.M. Snack Supper
 Lunch Evening snack

11. Do you currently use tobacco? Yes No Occasionally

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