



Waukesha County UW-Extension
515 W Moreland Blvd AC G22
Waukesha, WI 53188

Phone: 262-548-7770
Fax: 262-548-7787
Dial 711 for Wisconsin Relay
www.waukeshacounty.gov/uwex/

To: Waukesha County Residents

Re: Be Strong Stay Strong Program

Dear Potential Participant,

Enclosed is a package of information pertaining to the Be Strong Stay Strong Program. This moderate-intensity progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility. This program will also have a health educational component.

This program is based upon the results of strength training studies in older adults conducted by scientist at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientist and Exercise Physiologist at Tufts University have designed this program especially for mid-life and older adults. UW-Extension is currently offering this program in Waukesha County.

Before beginning this program, you must complete all appropriate paper work. Please be sure to sign and date each form as indicated.

- Participant Consent
- Participant Summary Information Sheet
- Physical Activity Readiness Questionnaire (PAR-Q) for ages 15-69. If you answer yes to any question on the PAR-Q *or* you are over the age of 69 you must have a Physician Authorization form completed.
- Medical History and Current Health History

For more information about the program, class locations and dates, visit us on the web at www.waukeshacounty.gov/uwex/fd/.

If you are interested in participating, please call to register and have all paperwork filled out and returned to UW-Extension before the starting date of class. The cost of this program is \$30. A sliding fee scale is available. If you have further questions, please call me at 262-548-7789.

Sincerely,

Jen Whitty, MPH, RD
Family Living Educator
jennifer.whitty@ces.uwex.edu

*Be Strong Stay Strong is a gender neutral version of StrongWomen™

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Be Strong Stay Strong* Strength Training Program



Participant Consent

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to: muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, or conducted the Be Strong Stay Strong Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Print Name _____

Signature _____

Date _____

*Be Strong Stay Strong is a gender neutral version of the StrongWomen™ Program, a national fitness program for women out of Tufts University.

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Be Strong Stay Strong* Program

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Demographic Questionnaire

Please fill out the following information.

The information we are asking you to provide is needed to comply with federal reporting requirements. We also need it to help us analyze and evaluate programs to offer additional healthy aging opportunities to participants. We will store this information in a secure electronic database. We will not share your information with other agencies without your permission. We will not sell this information to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied access to this program if you refuse to provide this information. If you have questions regarding this questionnaire, please ask the Program Leader.

Name: _____

Address: _____

City, State: _____ **ZIP:** _____

Telephone: _____

County: _____

E-mail: _____

Date of Birth: ____ / ____ / ____ **Age:** _____

Strong Seniors Program site: _____

Start Date: ____ / ____ / ____ **End Date:** ____ / ____ / ____

In case of emergency, please call:

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Would you like to be contacted by the StrongWomen Program director (Miriam Nelson, PhD), manager (Rebecca Seguin, MS, CSCS), or one of their direct colleagues regarding your participation in this program?

If so, please check the **YES** box below and a copy of this contact sheet (not pages 2 and 3) will be provided to the StrongWomen Program so that you may be contacted in the future. If not, please check the **NO** box below; your contact sheet will not be provided to the program.

YES – Please provide my contact sheet. **NO** – Please do NOT provide my contact sheet.

Background

1. What is your gender?

- Male
- Female

2. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Don't know

3. What is your race? (Check all that apply.)

- American Indian or Alaska Native
- Asian or Asian-American
- Black or African-American
- Hawaiian Native or Pacific Islander
- Hispanic
- White or Caucasian
- Other: _____
-

(skip if it does not apply to you):

4. Are you currently? (Check only one.)

- Married
- Separated

Please **check** your income level

- Over \$15,930 (\$1,327.50 / month)
- Under \$15,930 (\$1,327.50 / month)

(skip if it does not apply to you):

5. Are you currently? (Check only one.)

- Widowed
- Divorced
- Never married
- Partnered (living with someone)

6. Please **check** your income level

- Over \$11,770 (\$ 980.84 / month)
- Under \$11,770 (\$ 980.84 / month)

7. Today, how many people (including yourself) live in your household?

Number of people: _____

8. What is your location of residence?

- Rural (over 10 acres)
- Small town or village
- City/suburb of a city

9. Please circle the highest year of school you have completed:

- 1 2 3 4 5 (primary school)
- 6 7 8 9 10 11 12 (middle/high school)
- 13 14 15 16 (tech / college)
- 17 18 19 20 21 22 23+ (graduate school)

10. Do you speak a language other than English at home?

- Yes; what language? _____
(If Yes, please answer 12 and 13.)
- No (If No, skip to 14)

11. Do you sometimes have difficulty speaking English?

- Yes
- No

12. Do you sometimes have difficulty understanding English?

- Yes
- No

...continued on next page

13. Has a health care provider ever told you that you have any of the following chronic conditions?

(Check ✓ all that apply.)

- Alzheimer's or Related Dementia
- Arthritis/rheumatic disease
- Breathing/lung disease (*asthma, emphysema, bronchitis*)
- Anxiety disorders
- Cancer
- Depression or anxiety disorders
- Diabetes
- Heart disease
- Hypertension (high blood pressure)
- Osteoporosis (low bone density)
- Stroke
- Glaucoma / chronic eye problems
- Other chronic condition: _____

- None (no chronic condition)

14. When you need some help with things around the house, do you have someone you can count on to help?

- Yes (If Yes, please answer 15.)
- No (If No, skip to question 16.)

15. Who provides the **most** help for you? (Check ✓ only one.)

- Spouse in house
- Child in home
- Child out of home
- Other family in home
- Other family out of home
- Other in home
- Other out of home
- Don't know

16. Are you currently or have you been in the last year a caregiver for a family member or friend?

- Yes
- No

17. Are you limited in any way in any activities because of physical, mental or emotional problems?

- Yes
- No

18. How did you learn about this program?

- Health care provider (MD / ANP)
- Friend or family member
- TV or Radio ad
- Poster or Brochure
- Informational Presentation
- Newspaper / Newsletter
- Health care insurance provider
- Other _____

Thank you for your assistance!

If you have any questions or comments about these questions, please contact: Lee Clay, ADRC of Waukesha County, 514 Riverview Avenue, Waukesha, WI 53188, (262) 548-7848.

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Be Strong Stay Strong*
Strength Training Program

Medical History and Current Health Survey

Name _____

Please read the following list carefully and circle Yes or No as it applies to your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

Medical History		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (Last reading /)	Yes	No
Low Blood Pressure (Last reading /)	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading /)	Yes	No
Diabetes (Type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History of Heart Disease (Mother, Father, Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injuries (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No
Stroke	Yes	No
Surgery	Yes	No

*Be Strong Stay Strong is a gender neutral version of the StrongWomen Program, a national fitness program for women.

Be Strong Stay Strong

Terminal Illness	Yes	No
Medical History (continued)		
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No
Current Health – Past month		
Back Pain	Yes	No
Chest Pain or Tightness	Yes	No
Discomfort from the Waist Up	Yes	No
Heart Palpitations	Yes	No
Indigestion	Yes	No
Jaw Pain	Yes	No
Joint Pain	Yes	No
Lightheadedness	Yes	No
Muscle Pain	Yes	No
Nausea	Yes	No
Neck Pain	Yes	No
New Medication or Dosage Changes	Yes	No
Shortness of Breath	Yes	No
Other:	Yes	No

Signature _____

Date _____

Be Strong Stay Strong*
Strength Training Program

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69 the PAR-Q will tell you if a signed Physician Authorization Form is required. If you are over 69 years of age, a signed Physician Authorization Form is mandatory. Please read the questions carefully and answer each one honestly.

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition? (for example: water pills blood thinners)		
Do you have any other reason why you should not do physical activity?		

NOTE:

-If your health changes so that you then answer YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity.

-Informed use of the PAR-Q: The Canadian Society for Exercise Physiology Health Canada and their agents assume no liability for persons who undertake physical activity and if in doubt about completing this questionnaire consult your doctor prior to physical activity.

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Be Strong Stay Strong
Strength Training Program

If you answered "YES" to one or more questions:

For participation in this program, a signed Physician Authorization Form is required. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

- Find out which community programs are safe and helpful for you.

If you answered "NO" to all of the questions:

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.

- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever. Wait until you feel better; or

- If you are or may be pregnant. Talk to you doctor before you start becoming more active.

I have read understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

• Name: _____

• Signature: _____

• Date: _____

• Witness: _____

Be Strong Stay Strong*
Strength Training Program

Physician Authorization Form

Patient Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Date of Last Exam: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Other: _____

Medical Conditions: _____

Medications: _____

Special Considerations: _____

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature: _____

Print Name:

Address:

Phone Number: _____ FAX Number: _____

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Dear Dr. _____,

Your patient _____, is interested in participating in the Be Strong Stay Strong* Program with the University of Wisconsin-Extension. This moderate-intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility.

This program is based upon the results of strength training studies in older adults conducted by scientist at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientist and Exercise Physiologists at Tufts University have designed this exercise program especially for midlife and older adults, and Program Leaders in your community are implementing this program. Your patient will be required to complete a Medical History Questionnaire and provide Informed Consent prior to participation in the exercise program.

Please complete and sign the enclosed Physicians Authorization Form. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call please call me at 262-548-7789.

Sincerely,

Jen Whitty, MPH, RD
Family Living Educator
UW-Extension Waukesha County
jennifer.whitty@ces.uwex.edu

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Waukesha County

UW-EXTENSION STANDARD RELEASE

Be Strong Stay Strong* Program

By signing this Release, I agree to and understand the following:

I agree to grant to the Board of Regents and University of Wisconsin-Extension (hereinafter University), its advertising agency, licensees, and producers of its educational and promotional materials and their successors and assigns, the right to use, publish, and copyright my picture, voice, and/or moving image for educational programs, advertising, and promotion of University programs.

I understand that this right includes the right to combine my picture, voice, and/or moving image with others and the right to alter any of these for the purposes described above.

I also understand that once my picture, voice, or moving image is placed on a University of Wisconsin web site, CD-ROM, or other form of media, including electronic, it may be viewed or used on or off campus.

I agree to release the University and all of its officers, employees, and agents from any liability claims and costs of whatever kind that occur in connection with my actions while being photographed or recorded for the University.

Print Name(s): _____ Date: _____

Signature(s): _____

Street Address/City/State/Zip: _____

Telephone Number: () _____

If the individual signing above is not yet eighteen (18) years old, the child's parent or guardian must read and sign the following form.

I agree that I am the Parent or Guardian of the above individual, a minor, and that I have read and approved the above Release.

I agree to release the University and all of its officers, employees, and agents from any liability claims and costs of whatever kind that occur in connection with my actions or the actions of the above individual.

Parent or Guardian

Signature(s): _____

Telephone Number: () _____ Date: _____

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University of Wisconsin-Extension - Cooperative Extension

432 N. Lake Street, Room 601 – Madison, WI 53706-1415 (608) 263-5110 – (608) 265-4545-Fax – 711 Wisconsin Relay

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