Wellness Transformation Project 2.0
APPLICATION

ONLY 30 SPOTS AVAILABLE!

DATE:
9/6 - 12/10

DAYS:
MON: 6 - 6:45 pm
THURS: 5 - 5:30 pm

INCLUDES
- GROUP FITNESS SESSIONS
- WELLNESS TRANSFORMATION HUDDLES
- FREE CHAIR MASSAGES & FULL BODY SENSOR ASSESSMENTS

WELLNESS TRANSFORMATION PROJECT 2.0
WITH DOMINIQUE & JACKIE

FOR AU STUDENTS, EMPLOYEES & SPOUSES.

TO REGISTER GO TO:
ANDREWS.EDU/WELLNESS

SMALL FEE ASSESSED
DESCRIPTION

University Wellness is filling 30 spots for ‘WELLNESS TRANSFORMATION PROJECT 2.0’ with Andrews University students, faculty, staff and spouses for the Fall Semester 2018.

Enrollment in this initiative will require dedicated commitment to all components throughout the project (September 6 – December 10, 2018), which include:

1. Attendance & participation in weekly Fitness Express (Mondays 6 – 6:45 p.m.)
2. Attendance & participation in weekly Wellness Transformation Huddle (Thursdays 5 – 5:30 p.m.)
3. Completion of the Wellness Transformation Guide
4. Active participation with Transformation Team outside of schedule sessions

What is included?
1. Pre- and post Full Body Sensor Screening
2. Free weekly Group Fitness Session (Fitness Express) with Dominique
3. Free weekly Wellness Transformation Huddle with Jackie & Dominique
4. Resources, materials, education, tools
5. Strategic behavior change techniques and support systems

QUALIFICATION CRITERIA

1. Currently a student, staff, faculty at Andrews University or spouse thereof
2. Currently have a BMI of 25 or higher (see BMI Chart below)
3. Currently physically inactive (no regular exercise routine and generally sedentary)
4. Currently struggling with unhealthy lifestyle behaviors (eating, sleeping, stress management, physical activity, etc.)
5. Cannot have serious medical condition, which would require medical supervision during activity (this will be determined by the PAR-Q – see below)
HARD COPY OF APPLICATION & FEE ($25) DUE TO CC168 BY: August 31, 2018
*cash or checks only

APPLICATION

FIRST NAME: _________________________ LAST NAME: _________________________

AU ID: ___________________ YEAR AT AU: ________________________

BIRTHDAY: _____/_____/_____ MAJOR(S): ________________________

DEPARTMENT: ______________________________________________________

MALE OR FEMALE   HEIGHT: _____ feet _____ inches  WEIGHT: _____ lbs.

PAR-Q (please circle appropriate answers)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?    YES    NO

2. Do you feel pain in your chest when you do physical activity?    YES    NO

3. In the past month, have you had chest pain when you were NOT doing physical activity?    YES    NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness?    YES    NO
   If yes, explain:

5. 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
   If yes, explain:

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?    YES    NO
   If yes, list all medications here:

7. Do you know of any other reason why you should not do physical activity?    YES    NO
   If yes, explain:
LIFESTYLE BEHAVIOR QUESTIONS (please circle appropriate answers)

1.) How many hours per day (on average) do you usually sit/are sedentary? _______ hours

2.) How many days per week do you engage in structured exercise? ______ days

If you do engage in structured exercise, how long are those sessions? _____ min.

What type of exercise do you engage in?

3.) How many hours do you sleep each night (on average)? _________ hours

4.) How many steps do you walk per day (on average)? _________ steps
(If you don’t know, try to describe it here in your own words)

5.) Do you currently eat 3 – 5 balanced healthy meals per day?  YES  NO
Describe your dietary habits:

6.) Describe your liquid intake each day: (what, how much, etc.)

7.) Describe your challenge(s) with living a healthy life to the fullest?