



A Healthier Weigh Weigh-In Recording Sheet

Team Name _____

Beginning Weight - January __, 2019	Ending Weight - March/April __, 2019
A:	
B:	
C:	
D:	
TOTAL	TOTAL

Weight Difference # _____

Weight Loss Percentage _____

WAIST Circumference (Inches)			WAIST Circumference (Inches)		
January	Height in Inches	Ratio (Waist/Height)	March	Height	Ratio
A:			A:		
B:			B:		
C:			C:		
D:			D:		
Total:			Total:		

Team Inches Lost: _____

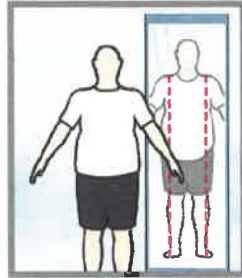
Percentage of Inches Lost: _____

Waist Circumference Measurement Guidelines—Self-Measurement

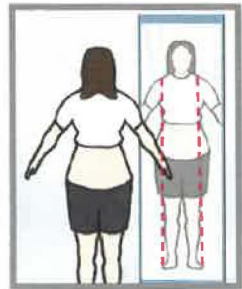
Step 1

Place yourself in the following manner:

- Stand in front of a mirror
- Ensure your abdomen is unrestricted and clear
- Feet shoulder-width apart



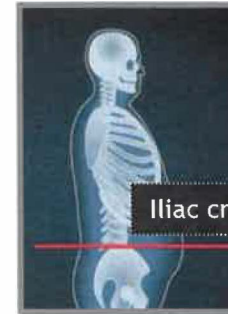
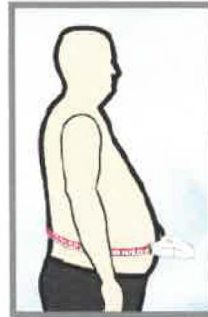
Man



Woman

Step 2

- Wrap the measuring tape around your waist and insert the end of the tape into the appropriate slot.
- Locate the uppermost border of your hipbones (iliac crest) on your right-hand side.



Iliac crest

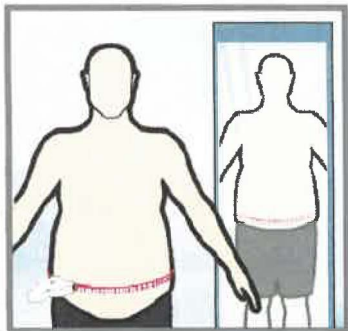
Step 3

- Align the bottom edge of the measuring tape with the top of your hipbones.



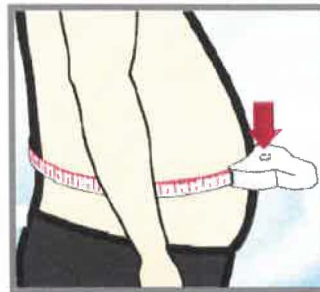
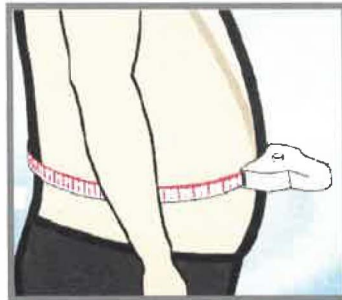
Step 4

- With the help of a mirror, ensure that the tape is placed horizontally and wraps all around your abdomen.



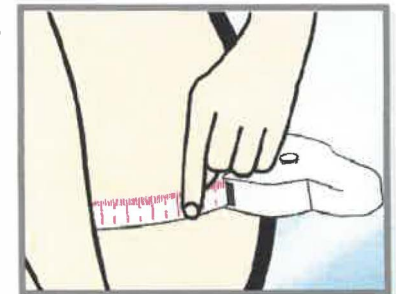
Step 5

- Before taking the measurement, take 2-3 NORMAL breaths.
- At the end of the 3rd expiration, make a final adjustment by gently tightening the tape around your abdomen using the tape's central button.



Step 6

- Take the measurement at the end of a NORMAL expiration.
- Before removing the tape, pinch the end of the measuring tape with your fingers closest to your measurement and hold it in position.
- Note the result.



 International Chair on
Cardiometabolic Risk

 myhealthywaist.org



A Healthier Weigh 2019

“Trek to the Summit” ENTRY FORM

Entry Fee: \$40/person; \$160/team of 4 persons - due prior to weigh-ins.

Return To: County Extension Office with checks or cash.

Each challenge participant agrees to:

- Be present for the challenge weigh-in and weigh-out. Coordinate a weigh-in time with Extension Agent. Contact us if there is a scheduling conflict so an alternative time can be set up.
- Complete a pre and post assessment on health and fitness.
- Complete a Participant Summary and Program Consent Form stating they are aware of risks and benefits associated with exercising and weight loss.
- Access bi-weekly online newsletter about nutrition, health and fitness and complete Reflections/activities.
- Record daily dedicated physical activity in minutes; report weekly to Team Captain who reports weekly to Extension Office.

TEAM NAME _____

Requested Weigh-In Date/Time _____

Please clearly print all info and include email addresses!

Name - Team Member #1 (Team Captain) _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell: _____ Email: _____

Name - Team Member #2 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell: _____ Email: _____

Name - Team Member #3 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell: _____ Email: _____

Name - Team Member #4 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell: _____ Email: _____





"A Healthier Weigh" Participant Consent

I have voluntarily enrolled in a 12-week program for health and fitness offered by Morgan and Logan counties and Golden Plains Area Extension. The goal of "A Healthier Weigh" is to become more fit by changing lifestyle practices. Participants will do this by increasing physical activity and learning about recommended nutrition, health and fitness.

I understand that participation in "A Healthier Weigh" may be associated with some risks because of increasing physical activity. I understand that each person may react differently to fitness activities and these reactions cannot be predicted with complete accuracy. If I am under a physician's care for any chronic health condition that may affect my ability to participate, I have consulted with my health care professional and received approval. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude me participating in this program.

Information on weekly team steps/miles submitted will be provided to participants and the media throughout the event, but individual participant names will not be identified. At the conclusion of "A Healthier Weigh", team results will be given and members of the teams will be identified, but no individual results will be released. Participants will be requested to complete a Pre-Assessment at the beginning of the program and a Post-Assessment and Program Evaluation at the end to determine changes in nutrition, health, and fitness that have occurred during "A Healthier Weigh". Aggregate information on the results of all teams will be used to report program impacts to Colorado State University.

Your signature acknowledges that you have agreed to participate in the "A Healthier Weigh" program.

I agree to allow any pictures taken during the program to be used as part of publicity or reporting on A Healthier Weigh.

1) Signature _____ Date _____

Printed Name _____

2) Signature _____ Date _____

Printed Name _____

3) Signature _____ Date _____

Printed Name _____

4) Signature _____ Date _____

Printed Name _____

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**COLORADO STATE UNIVERSITY
EXTENSION**

"A Healthier Weigh"

Research Consent



As part of the 12-week A Healthier Weigh program, we would like to use the information that we collect from your participation for research purposes. We would like to present results of our program at professional meetings and publish results in professional journals and other venues.

At the conclusion of the program, all individual information will be destroyed and only aggregate information will be kept and reported. During the program, all of your information will be kept in secure files and will only be available to the Extension Agent in each county that is coordinating the program.

There is no direct benefit to you for allowing us to use your data for research, but it is hoped that our results will be able to improve our program as well as others who implement this same program. There are no known risks in letting us use your data for research purposes.

Letting us use your data for research purposes is voluntary and your decision will not affect your participation in this program. You may withdraw consent and stop participating at any time without penalty. If you withdraw from the program, any data collected will be destroyed at the time of my withdrawal.

Your signature acknowledges that you have read the information stated and willingly sign this consent form and that you will allow us to use your data for research. Your signature also acknowledges that you have received, on the date signed, a copy of this document.

1) Signature

Date

Printed Name

2) Signature

Date

Printed Name

3) Signature

Date

Printed Name

4) Signature

Date

Printed Name

Signature of person providing information

Date

Principal Investigator: Gisele Jefferson, Washington County Extension, 970-345-2287

Co-Investigators: Joy Akey, Yuma County Extension, 970-322-4151

Tracy Trumper, Phillips County Extension, 970-854-3616

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EXTENSION



A Healthier Weigh 2019 Pre-Assessment

Please respond to the following statements about your current physical activity and eating habits.

	Always or Most Often	Sometimes	Rarely or Never	Don't Know
I get at least 30 minutes of dedicated physical activity 5 days per week.				
I get at least 30 minutes 2 days a week of dedicated strength straining as part of my overall physical activity.				
I work each week to increase my flexibility through stretching.				
Half of my daily beverage consumption is water.				
I regularly include all food groups (vegetables, fruit, grains, protein & dairy) in my daily meals and snacks.				
I eat recommended portion sizes for most foods.				
I eat breakfast every morning, including a source of lean protein.				
I use mindfulness as a tool for health and weight management.				
I get regular health screenings.				
I get 8 hours of restful sleep every night.				
I have a support system in place to help with my health and fitness goals.				

What are your health and fitness goal(s) for participating in A Healthier Weigh challenge?

- 1.
- 2.
- 3.

What is your biggest challenge to over-come to achieve your health and fitness goals? How might you plan to over-come this challenge(s)?

