

Application Deadline:

Monday, November 24th
2008



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GO RED LIFESTYLE MAKEOVER APPLICATION

CONTACT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Date of birth:

Phone:

Email:

Best time to reach you: Morning (8am-12pm) Afternoon (12pm-5pm) Evening (5pm-9pm)

DEMOGRAPHICS

Ethnic Origin: Caucasian African-American Hispanic-Latino Native American Asian Other

Number of individuals in household:

Highest Level of Education Completed:

PHYSICAL CONDITION

How often do you engage in Daily Physical Activity? 1-3 days/week 3-5 days/week 5-7 days/week

Amount of Daily Physical Activity: less than 15 minutes 15-30 minutes 30-60 minutes
more than 60 minutes

Height:

(ft)

(in)

Body weight:

Body Mass Index (see attached Body Mass Index Table to find your number):

Any pre-existing medical conditions (such as diabetes, heart condition, etc):

CARDIOVASCULAR FITNESS

Do you get short of breath when walking with others at a regular pace?

Do you have to stop to catch your breath after walking for 10 minutes or more at your own pace?

What was your last blood pressure reading (within the past 6 months):

HEALTH BEHAVIOR

On average, how many times **per week** do you eat meals that were prepared outside of your home? Please include cafeteria, eat-in restaurants, carry out restaurants, fast food restaurants, and restaurant delivery:

How often do you add ordinary salt to your food at the table? Rarely Occasionally Often

On average, how often or how many times do you eat green vegetables?

Never

1-2 per week

3-5 per week

more than 5 per week

How often have you drank milk in the past 30 days? Rarely Occasionally Often

How often have you had an alcoholic beverage in the past 30 days? Rarely Occasionally Often

Compared with yourself 10 years ago are you: More active now About the same Less active

Compared with most women are you: More active About the same Less active

See back

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EXPECTATIONS & REQUIREMENTS FOR PARTICIPATION IN THE

GO RED LIFESTYLE MAKEOVER

Should you be selected as a participant in the Go Red for Women Lifestyle Makeover, the following terms and conditions will apply to your participation:

1. You will meet via phone with your Go Red coach once per month as per a pre-selected time. The Go Red coaches will be available to support you and your progress throughout the makeover, but their time is limited and valuable, as is yours. Therefore, please indicate below your preference for the time of day to connect with your Go Red coach:

8 am—noon:_____ noon—4 pm:_____ 4 pm—9 pm:_____

Please note that the Go Red committee will attempt to connect you with the coach whose schedule best fits yours, but everyone will need to be flexible.

2. You will be expected to attend 4 out of the 5 education sessions pertaining to the different health behaviors addressed by the Go Red for Women Lifestyle Makeover. The education sessions are scheduled for the following days and times:

Monday, January 5, 2009	6:30 pm	Fargo Cass Public Health
Monday, February 2, 2009	7:00 pm	NDSU
Monday, March 2, 2009	7:00 pm	NDSU
Monday, April 6, 2009	7:00 pm	NDSU
Monday, May 4, 2009	7:00 pm	Fargo Cass Public Health

3. You will be encouraged to participate, on some level, in the Fargo Marathon on Saturday, May 9th. Provided you attend 4 out of the 5 education sessions (as outlined above in #2), the Go Red for Women Lifestyle Makeover will contribute \$25 toward the registration fee for the event of your choice in the Fargo Marathon.

Participation in the Fargo Marathon is NOT limited to walking or running; you may also choose to participate by manning a water aid station along the marathon route. The events to choose from are as follows:

- 5K Fun Run/Walk
- Half Marathon (13.1 miles)
- 4-Person Relay Team (26.2 miles)
- Full Marathon (26.2 miles)
- Volunteer at Go Red for Women water aid station (no registration fee required/provided)

SIGNATURE

I authorize the verification of the information provided that I answered all questions to the best of my knowledge and ability.

Disclaimer: The Go Red Lifestyle Makeover committee reserves the right to disqualify applicants if information in the following categories is not completed on this application: Physical Condition, Cardio Fitness and Health Behavior.

Signature of applicant:

Date:

Email Application to: hscott@cityoffargo.com or cmatter@cityoffargo.com or
Fax Application to: 701.298.6929 | Mail Application to: 401 3rd Ave North, Fargo, ND 58102

Find your height in the left column of the **BMI Chart**, and follow it across to find a weight that's closest to your body weight. Then work your way up to find your Body Mass Index (BMI).

		Body Mass Index Table																																																					
		Normal												Overweight												Obese												Extreme Obesity																	
Height (inches)	BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
		Body Weight (pounds)																																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258																			
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																			
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																			
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285																			
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295																			
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304																			
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314																			
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324																			
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334																			
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344																			
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354																			
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365																			
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376																			
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	336	343	351	358	365	372	379	386																			
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397																			
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408																			
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																			
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																			
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																			

Source: Adapted from CLINICAL GUIDELINES on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.