

Fitness Check Form

Class Information Site name: Class time:			
First MI Last Name:			
Year What YEAR were you born? Gender: O Female C	OMale O Other		
Month Day Year Today's Date: / /			
1. In general would you say your health is:			
O Excellent O Very good O Good O Fair O Poor			
2. Has this program improved your physical abilities (walking, bending, strength, moving			
around, doing the activities you want to do)?	Not applicable		
NoOOOOGreatimprovement12345improvement	(new participant)		
 3. Including the days that you go to EnhanceFitness class, how many days per week do you do physical activity that is about as hard as EnhanceFitness exercises, for 30 minutes or more? O None O 1 day O 2 days O 3 days O 4 days O 5 or more days 			
4a. How many times have you fallen to the ground in the past 4 months? (Include falls where any part of your body above the ankle hit the ground and falls that occurred on stairs.)			
O No falls O 1 time O 2 times O 3 times O 4 times O 5 times	nes O 6 or more		
4b. As a result of your WORST fall in the past 4 months, did you have an injury t medical care?	hat required O Yes O No		
4c. As a result of your WORST fall in the past 4 months, did you have an injury t	hat caused vou to		
cut back on usual activity?	O Yes O No		
5. Do you do any Level I (modified) exercises during EnhanceFitness classes?	O Yes O No		

Please turn the page to record Fitness Check results

Chair stand: (# of STANDS in 30 seconds)	O Unable to do one chair stand, even with assistance		
Arm curl: (# of REPS in 30 seconds) O 5 lb (Female) O 8 lb (Male)	O Right arm O Left arm	Unable to lift O required weight	
8-foot Up-and-go: (# of SECONDS to complete one circuit Round to the nearest whole second.)	. Used walker, cane or other assistive device		
Optional Fitness Checks			
2-minute step test: (# of STEPS, counting just ONE LEG, in 2 minutes)			
6-minute walk: (# of YARDS walked in 6 minutes)			
One-leg stand: (# of SECONDS)			

Important Confidentiality Notice

MI *EnhanceFitness* partner agencies and Project Enhance/Sound Generations (Seattle, WA), developer of the *EnhanceFitness* program, would like to know how this program can improve people's health. The information on this form is sent to Project Enhance by the MI Department of Health and Human Services. Project Enhance may share fitness check results and demographic information (like race and gender) with researchers who help them to evaluate the program's effectiveness. Your information is kept private (as provided by law). Each person is assigned a code number, and responses from all people are combined to measure progress for all groups. No personal information is released or printed. Sharing your information is your choice. If you choose not to, you can still take the class and have the instructor test your progress through fitness checks. Please see the 'MI *EnhanceFitness* Privacy Notice' for further information. If you are willing to have your fitness check results used for program evaluation, mark "Yes" below.

I am willing to have my fitness check results used for program evaluation. \bigcirc Yes \bigcirc No

Signature

Date

MI Fitness Check June 2016