

INFORMATION SHEET

Assessment of health, fitness & performance

You are invited to take part in physiological/assessment tests as part of educational/consultancy activities conducted by the Sport and Exercise Science, James Cook University. These procedures will be supervised by SES staff and will be conducted to assist members of the community in identifying their current health and fitness status. Subsequent re-testing can assist in identifying the effectiveness of exercise training or rehabilitation programmes for members. These tests will be undertaken following a brief warm up to ensure maximum effort and minimal risk of injury for each participant.

Please find below a brief summary of the tests that you will conduct on 13.08.17.

Taking part in these procedures/activities/study is completely voluntary and you can stop taking part in these at any time without explanation or prejudice. You may also withdraw any unprocessed data from the procedures/activities/study.

Sit and Reach, Dynamic Flexibility

These tests are designed to assess the participant's range of motion or flexibility. Each participant will be asked to remove their shoes, sit upon the floor with the soles of their feet placed against the sit and reach apparatus. Participants will then reach forward as far as they can along the sit and reach apparatus (towards toes) while maintaining leg contact (buttocks, knees and heels) with the floor. Participants will repeat this process three (3) times with the best attempt recorded. Following the sit and reach test each participant will stand approximately 40 cm away from a wall (back to wall) which has been marked with a vertical line. Each participant will be required to turn their body to one side and place their hands on either side of the vertical line while maintaining their stance (i.e. feet do not move). Participants will then twist their body back to the start, place their hands upon the floor, followed by a body twist in the opposite direction, placement of hands on either side of the vertical line and return to starting position with hands on the floor. Each participant will continue this process and complete as many hand placements (on the wall) as possible in twenty (20) seconds. Participants will complete the dynamic flexibility test twice with the best attempt recorded.

Vertical jump

This test is designed to assess the participant's anaerobic power. Each participant will take a standing position beside the vertical jump apparatus and asked to reach as high as possible to move away the vanes of the jump apparatus (feet must remain flat on the ground). Participants will then take a jumping stance and jump as high as possible to move the highest vanes possible. The participant will perform three jumps with the greatest difference between starting and finishing vane (height) recorded as the participant's jump height.

Sprint

This test is designed to assess the participant's running/sprinting speed. Participants will take a starting position between two timing gates. When ready, the participant will sprint as fast as possible between successive timing gates. Time taken to run the entire distance will be recorded electronically with the fastest of three (3) runs recorded.

Backward medicine ball throw

This test is designed to assess the anaerobic power of the participant. Participants will be asked to stand behind a line with their back facing the landing area. Participants will then be required to throw a 4kg medicine ball backwards over their head using any two-handed means. The best distance of three (3) throws will be recorded.

Illinois agility

This test is designed to assess the participant's ability to run and change direction while moving (i.e. agility). Each participant will be required to sprint continuously from the starting line, around a cone 9.14 metres away and back to the starting line, weave between 3 cones placed at 3 m intervals, weave back to the starting line through the same 3 cones, sprint 9.14 metres and return to the starting line. Participants will perform this agility test three (3) times with the best time recorded.

Sit ups test

This test is designed to assess the participant's muscular strength and endurance. Each participant will be asked to lie supine on a mat on the floor. When instructed participants will bend their knees in the sit up position and undertake as many full sit ups as they can in 1 minute.

Push ups test

This test is designed to assess the participant's muscular strength and endurance. Each participant will be asked to undertake the push up position on a mat on the floor. This may involve knees off the ground or on the ground. When instructed participants will undertake as many full push ups as they can in 1 minute.

There exists the possibility of certain changes occurring during the tests including excessive breathing, sweating, fatigue and a minimal likelihood of dizziness, nausea, weakness and other adverse reactions. Should you experience any substantial problems, you should discontinue the test without reference to personnel. Please remember that you are free to withdraw from any test and that you are not compelled to continue if you wish to withdraw. If you do feel significantly distressed in any way, please advise the researcher and you will be referred to a qualified professional (e.g. JCU Health, 47814495; JCU Counselling Service, 47814711) to assist you. All tests will be administered by qualified personnel who will attempt to answer any questions you may have. Should you have any further questions we would be pleased to answer them and invite you to contact us on the numbers below.

Participants will be voluntarily taking part in these procedures and may stop the procedures at any time. All information given and recorded during these procedures will be kept strictly confidential and no names will be used to identify participants with these procedures without prior approval. Information obtained from participation in these procedures may be used for educational and/or research purposes including publications to the community (e.g. journal articles, conferences proceedings, etc).

Principal Investigator:

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***If you have any concerns regarding the ethical conduct of the study, please contact:
Human Ethics, Research Office, James Cook University, Townsville, Qld, 4811 , Phone: (07) 4781 5011
(ethics@jcu.edu.au)***

INFORMED CONSENT FORM (<18 years of age)

PRINCIPAL INVESTIGATOR	Associate Professor Fiona Barnett
PROJECT TITLE:	Assessment of health, fitness & performance
COLLEGE	COLLEGE OF HEALTHCARE SCIENCES

I understand the aim of this activity is to examine the physiological responses to different exercise. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve the completion of a pre-screening questionnaire and the performance of a number of different exercise tests and I agree that the staff/researcher may use the results as described in the information sheet including educational and/or research purposes.

I acknowledge that:

- any risks and possible effects of participating in the exercises have been explained to my satisfaction;
- taking part in this activity is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;
- that any information I give will be kept strictly confidential and that no names will be used to identify me with this study without my approval;

(Please tick to indicate consent)

	No	Yes
I consent to complete a pre-screening questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking maximal sprints	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking backwards medicine ball throw	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking a vertical jump test	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking sit and reach and dynamic flexibility tests	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking sit up and push up tests	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking an agility test	<input type="checkbox"/>	<input type="checkbox"/>

Name: <i>(printed)</i>	
Signature:	Date:

(Please tick to indicate consent)

	No	Yes
I consent to my child to complete a pre-screening questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking maximal sprints	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking backwards medicine ball throw	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking a vertical jump test	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking sit and reach and dynamic flexibility tests	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking sit up and push up tests	<input type="checkbox"/>	<input type="checkbox"/>
I consent to my child undertaking an agility test	<input type="checkbox"/>	<input type="checkbox"/>

Guardian's Name: <i>(printed)</i>	
Guardian's Signature:	Date:

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I consent to undertaking sit up and push up tests	<input type="checkbox"/>	<input type="checkbox"/>
I consent to undertaking an agility test	<input type="checkbox"/>	<input type="checkbox"/>

Name: <i>(printed)</i>	
Signature:	Date:

PRE-SCREENING MEDICAL HISTORY QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

Date of Birth: _____
Height (cm): _____ Weight (kg): _____ BMI: _____
Blood pressure: _____

Past History

Have you ever been medically diagnosed with any of the following and if so, when?

	Date		Date
Rheumatic fever	<input type="checkbox"/> _____	Lung disease	<input type="checkbox"/> _____
High cholesterol	<input type="checkbox"/> _____	Operations	<input type="checkbox"/> _____
High blood pressure	<input type="checkbox"/> _____	Injuries - back, joints	<input type="checkbox"/> _____
Any heart trouble	<input type="checkbox"/> _____	Diabetes	<input type="checkbox"/> _____
Disease of the arteries	<input type="checkbox"/> _____	Epilepsy	<input type="checkbox"/> _____
Varicose veins	<input type="checkbox"/> _____	Asthma	<input type="checkbox"/> _____

Explain: _____

Family History

To the best of your knowledge, have any of your close relatives (e.g. parents, grandparents, siblings) ever had any of the following?

	Age	Relative		Age	Relative
Heart attack	()	_____	Congenital heart disease	()	_____
High blood pressure	()	_____	Heart operations	()	_____
High cholesterol	()	_____	Other	()	_____
Diabetes	()	_____			

Present Symptoms Review

Have you recently experienced or had medical treatment for any of the following and if so, when?

Chest pain	<input type="checkbox"/> _____	Coughing of blood	<input type="checkbox"/> _____
Shortness of Breath	<input type="checkbox"/> _____	Back pain	<input type="checkbox"/> _____
Heart palpitations	<input type="checkbox"/> _____	Swollen, stiff, painful joints	<input type="checkbox"/> _____
Cough on exertion	<input type="checkbox"/> _____		

Explain: _____

Females only. Are you pregnant? YES (Months?) NO

Medication

Are you currently taking any medications? YES NO

If yes, what medication are you taking? _____

What is this medication for? _____

Smoking

Do you smoke? YES NO

If YES, for how long have you smoked? _____

If YES, how many a day? _____

If NO, have you ever smoked? YES NO

If YES, for how long? _____

If YES, when did you stop? _____

Diet

Are you currently eating less food in order to lose weight? YES NO

If YES, what foods are you restricting or cutting out? _____

Alcohol

Do you drink alcoholic beverages regularly? YES NO

If YES, how often _____ and how much ? _____

Exercise

Is your occupation: Sedentary? Moderately active? Very active?

Do you engage in any regular exercise or sport? YES NO

If YES, please specify the activity _____

intensity _____

frequency _____

Have you ever been told not to exercise? YES NO

If YES, please state by whom and for what reason? _____
