

HEALTH INDEX ASSESSMENT



CAMPUSMOWE
Movement & Wellbeing

Pre-assessment screening form

NAME: _____

UNIVERSITY: SAMK Pori SAMK Rauma DIAK UCPorti OKL Student Staff member

Date of birth: D _____ M _____ Y _____ Age: _____ Height: _____

- Do you have a pacemaker? YES NO
- Are you using medication for any following reasons?

Asthma, blood pressure and / or heart conditions: YES NO

Evaluate your current studying / working ability

Assuming that the best value of your studying or working ability has at some stage been 10, what value would you give to your current ability? Mark down your answer:

Currently unable to study or work 0 1 2 3 4 5 6 7 8 9 10 *Currently best ability to study or work*

How often after you study- or workday you feel extremely tired? Mark down your answer:

1= very often 2= quite often 3= every now and then 4= rarely ever 5= almost never

Evaluate your physical activity level based on your aerobic fitness level during past 3 months:

1. LOW: I am not doing on any physical activities or exercising regularly. I am walking and doing some activities occasionally. I mostly use car to commute from place to another.
2. MODERATE: I am physically active e.g. doing a brisk walk daily or doing mild to moderate exercising regularly 1-2 times a week at least once a week, but mostly twice a week OR your daily work strains you physically.
3. HIGH: I am doing mild to moderate level exercising regularly at least 3 times a week OR I am walking / cycling daily (at least 30min one way) to my work and back.
4. VERY HIGH: I am doing regularly at least 5 times a week moderate to heavy level activities and my exercising is goal orientated.

PARTICIPANT CONSENT

Any information provided by you and information collected will remain confidential. This form will be collected by the tester and will be disposed appropriately.

By participating on the Health index assessments, I consent that my assessment results are saved to LiiKU and CampusMoWe data collection systems and can be used anonymously as a part of larger research concerning University students health and wellbeing.

LiiKU and CampusMoWe can send me marketing material of their products and services: YES NO

Date: _____ Signature: _____

Tester will fill:

Waist: _____ Grip strength : _____ Polar-Index: _____