



For Internal Use – PDF
Date Received:
By:

Northeast District Department of Health
69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 /860-774-1308 (fax) / www.followthefifty.org
Questions: contactus@followthefifty.org

MODEL RECRUITMENT QUESTIONNAIRE

Instructions: Please complete all fields. Print this form, complete, initial and sign where indicated, and return to: Follow the Fifty, c/o Northeast District Department of Health, 69 South Main Street, Unit 4, Brooklyn, CT 06234 or fax to 860-774-1308.

All information contained in this questionnaire is strictly confidential during the application process.
If selected, the applicant agrees to make public certain health conditions and risk factors associated with heart disease.

Name:		Age:
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	Work Phone:
Email:	Work Email:	
Emergency Contact Name:		Emergency Contact Phone:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Racial Origin: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Descent <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large		
Are you willing and able to commit to an entire year of heart healthy behavior?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If selected as a model, are you able to recruit a "coach?" (A mentor, guide, or active supporter)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If selected as a model, are you interested in having a team of cheerleaders?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sponsored by a business, group, or organization? If so, please name:		<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT TO PARTICIPATE

Participation in the *Follow the Fifty* campaign requires selected models to agree to the following (please initial after each):

I agree to disclose and make public certain health conditions and risk factors related to heart disease (Age, Body Mass Index, Blood Pressure, Cholesterol, and Blood Sugar) and may agree to disclose additional risk factors at my discretion. _____

I agree to sign publicity waivers to authorize the use of my image, likeness, and voice in all associated campaign marketing and advertising. _____

I agree to participate in at least six of the scheduled *Follow the Fifty* events, in addition to the campaign kick-off and finale. _____

I agree to participate in the campaign kick-off/screening in March, 2012 and the *Red Dress Divas in December Holiday Spectacular and Community Celebration* on Saturday, December 1, 2012 at the Hyde Cultural Center in Woodstock, CT. _____

I agree that my participation in *Follow the Fifty: Models of Heart Health Campaign* is strictly voluntary. _____

I agree to indemnify, defend, and hold harmless The Northeast District Department of Health, the HealthQuest Northeast Connecticut Coalition, their affiliates, subsidiaries, shareholders, members, directors, officers, employees, agents and parents, from and against any claim, and any associated losses, to the extent caused by bodily injury and illness, death, tangible property damage and theft, to the extent caused by the sponsoring organization/s negligent or willful acts and omissions. _____

Follow the Fifty is a public health partnership of:



Follow the Fifty: Models of Heart Health is sponsored by a grant from the Foundation for the National Institutes of Health as part of a public-private partnership with the National Heart, Lung, and Blood Institute to promote *The Heart Truth*®, a women's heart health awareness and action campaign. Funding is provided by individuals and corporations including *The Heart Truth* partners Belk Department Stores, Diet Coke, and Swarovski. **The Heart Truth*, its logo, and *The Red Dress* are registered trademarks of HHS.

HEALTH

Exercise	<input type="checkbox"/> Sedentary (No exercise)			
	<input type="checkbox"/> Mild exercise (e.g., climb stairs, walk 3 blocks, golf)			
	<input type="checkbox"/> Occasional vigorous exercise (e.g., work or recreation, less than 4 times per week for 30 minutes daily)			
	<input type="checkbox"/> Regular vigorous exercise (e.g., work or recreation 4 times per week or more for 30 minutes daily)			
Diet	Are you dieting?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you eat at least 5 servings (2 ½ cups) of fruit or vegetables daily?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of meals you eat in an average day?			
	Rank salt intake	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
	Rank fat intake	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
	Rank sugar intake	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Caffeine	<input type="checkbox"/> None	<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea	<input type="checkbox"/> Soda/Other
	Number of cups/cans per day?			
Tobacco	Do you use tobacco?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Cigarettes – packs per day			
	<input type="checkbox"/> # of years	<input type="checkbox"/> Or, year quit		
Do you have a primary care physician?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have high blood pressure? (Equal to or greater than 130/85) <i>If you don't know, just write in "IDK."</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your total cholesterol over 200?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your LDL ("bad") cholesterol over 130?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your HDL ("good") cholesterol less than 50?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your fasting blood glucose equal to or over 100?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your waist circumference 35 inches or more?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Body Mass Index (BMI) 25 or above?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you age 55 or older? (Please note - Age is a specific risk factor; campaign models may range in age from 25-60)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have angina or have had a previous heart attack?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a family history of early heart disease? (A father or brother diagnosed with heart disease before age 55 or a mother or sister with heart disease before age 65?)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOCIAL

Are you between the ages of 25-60?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you <i>work or live</i> in one of the following towns in northeastern Connecticut: Brooklyn, Canterbury, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Union, Woodstock		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to the Internet?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an active email address?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use social media? If so, do you use Facebook_____ YouTube_____ Twitter_____ LinkedIn_____ Other_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to attend evening and weekend events? If no, what days/times are best?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disclaimer and Signature: I certify that my answers are true and complete to the best of my knowledge, and agree to all initialed agreements of participation. If this application leads to my selection as a model, I understand that false or misleading information in my application may result in my release from the *Follow the Fifty* campaign.

Signature: _____ **Date:** _____

Thank you for your interest in the Follow the Fifty Campaign! Models will be announced in early March! ❤️