



MY HEALTH JOURNAL

NAME: _____

ADDRESS: _____

PHONE: _____

My Health Journal is about your health. Your body. You! It's where you can keep your test results and family history, track your healthcare visits, write your health questions, set your health goals and think about a healthy you. If you want, you can bring this journal with you when you visit your healthcare provider.

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Emergency Contact: _____
Phone: _____
Phone: _____
Local Hospital: _____
Phone: _____
Healthcare Provider: _____
Phone: _____
Dentist: _____
Phone: _____
Mammogram Clinic: _____
Phone: _____
Eye Doctor: _____
Phone: _____
Other: _____
Phone: _____

OTHER IMPORTANT PHONE NUMBERS

The CARE-LINE <i>TTY for the hearing impaired: 1-877-452-2514</i>	1-800-662-7030
North Carolina Coalition Against Domestic Violence	1-888-232-9124
North Carolina Coalition Against Sexual Assault	1-888-737-2272
Alcohol/Drug Council of North Carolina	1-800-688-4232
QuitlineNC	1-800-784-8669
N.C. HIV/AIDS Hotline "Get Real. Get Tested."	1-888-HIV-4-REAL
Planned Parenthood	1-800-230-PLAN
Carolinass Poison Center	1-800-222-1222

MY CHECKUP CHALLENGE

Checkups find and treat minor problems before they become major ones. Schedule the following checkups today!

PHYSICAL EXAM

Schedule a physical exam, to check your overall health, if you haven't had an exam in the past year. These are some tests that may be part of your physical exam. Your healthcare provider will let you know which ones you need.

Date: _____

You and your healthcare provider will talk about many of the subjects in this journal—your health history, your concerns, your habits and your health goals. You may want to go through these pages before your visit. Write down any questions you have. Don't be afraid to ask.

My questions:

My healthcare provider's answers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Blood Pressure Check

_____ / _____ Date: _____
systolic diastolic

_____ / _____ Date: _____
systolic diastolic

_____ / _____ Date: _____
systolic diastolic

Measures the force of your blood when your heart beats (systolic) and when your heart rests (diastolic). High blood pressure can lead to heart disease, stroke, loss of eyesight and kidney damage. High blood pressure doesn't always have symptoms or signs. Ask if your blood pressure is "normal" or "high."

Cholesterol Test

Total cholesterol _____

Date: _____

Cholesterol is needed to help your cells grow. It also helps your body make hormones and digest fats. But a high level can put you at risk for heart disease. If your level is higher than 200, ask your healthcare provider what you can do to lower it. Ask if you need this test when you schedule your physical exam.

Diabetes ("Blood Sugar") Glucose Test

Diabetes is a disease in which your blood glucose, or blood sugar level, is too high. High blood sugar can harm your heart, kidneys, nerves, blood vessels and eyes. Talk to your healthcare provider about your risk for diabetes especially if it runs in your family. Ask if you need a glucose test.

Date: _____

Test results: _____

What the results mean: _____

HIV/AIDS and Sexually Transmitted Infections (STIs) Tests

If you have any of the HIV or STI risk factors listed on page 9, you should be tested. Be sure to talk with your healthcare provider if you are at risk.

Date: _____

Test results: _____

Date: _____

Test results: _____

Date: _____

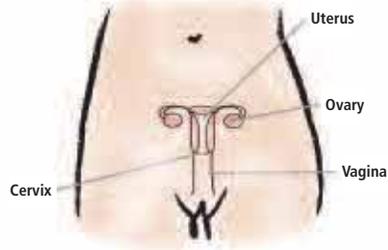
Test results: _____



Your healthcare provider may ask you questions about your private life: How heavy is your menstrual flow? How many sexual partners have you had? How many pregnancies? Abortions? Miscarriages? Do you use birth control? These questions aren't meant to embarrass you or make you feel bad. Your answers help your healthcare provider know how to better care for you.

PELVIC EXAM, BREAST EXAM AND PAP TEST

A pelvic exam looks at the health of your ovaries, uterus, vagina and rectum. A breast exam looks for lumps that could be cancer. A pap test looks for cancer of the cervix. You need a pelvic exam, a breast exam and a pap test every 1 to 3 years. Your healthcare provider will tell you how often is right for you. You may get these exams as part of your physical exam. Or you may get them from an OB/GYN.



Date: _____

Test results: _____

My questions:

My healthcare provider's answers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MAMMOGRAM

You need your first mammogram at age 40, earlier if you are at high risk for breast cancer. After 40, you need one every year. A mammogram is an X-ray of your breasts that looks for cancer. Talk to your healthcare provider about a mammogram. Your healthcare provider may have to schedule your mammogram for you.

Date: _____

Test results: _____

My questions:

My healthcare provider's answers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EYE EXAM

You need an eye exam every 2 years. You should see your eye doctor more often if your vision changes or if you have high blood pressure, diabetes or heart disease. If you wear contacts, you need an eye exam every year. Date: _____

My questions:

My healthcare provider's answers:

DENTAL EXAM

You need a dental exam and cleaning every 6 to 12 months. Date: _____ Date: _____
Date: _____ Date: _____

My questions:

My dentist's answers:

OTHER TESTS OR CHECKUPS

Test: _____ Date: _____

My questions:

My healthcare provider's answers:

Test: _____ Date: _____

My questions:

My healthcare provider's answers:

MY GENERAL HEALTH HISTORY

It's important to share your health history with your healthcare provider.

MY HEALTH PROBLEMS AND CONCERNS

- 1 _____
- 2 _____
- 3 _____
- 4 _____

- Over-the-counter medicines I take now: _____

- Prescription medicines I take now: _____

- Medicines I am allergic to: _____

- Other allergies: _____

- Home remedies, herbal medicines or teas that I use: _____

MY SURGERIES AND HOSPITAL STAYS

WHY I WAS IN THE HOSPITAL	DATE	HOSPITAL NAME, CITY AND STATE

MY BLOOD TYPE

Mark the box with your blood type. Don't know it? Ask your healthcare provider to check it for you.

O+	O-	AB+	AB-	A+	A-	B+	B-



A simple blood test can let you know if you have sickle cell disease or if you can pass the sickle cell gene on to your children. You can be tested for free at your local health department. Call the CARE-LINE (1-800-662-7030) for more information.

MY IMMUNIZATIONS

Vaccines protect you from some diseases. You may not need all the vaccines listed. Ask your healthcare provider. Write down the date you get each shot or dose of vaccine.

VACCINE	DATE	DATE	DATE
Influenza (flu shot) Need 1 every year!			
Tetanus, diphtheria, pertussis (Td/Tdap) Ages 11-18: one dose of Tdap is recommended. After 18: get a Td every 10 years, one should be a Tdap.			
Human papilloma virus (HPV) Three-dose series recommended for females 11 through 26 years of age.			
Measles, mumps, rubella (MMR) At least one dose if born after 1956. Some may need a second dose.			
Chicken pox (Varicella) Need two doses if you haven't had chicken pox.			
Hepatitis A Two-dose series recommended for anyone at high risk for Hepatitis A or those who want to be protected.			
Hepatitis B Three-dose series recommended for anyone at high risk for Hepatitis B or for those who want to be protected.			

OTHER IMPORTANT INFO

Broken bones, sprains, pains, and other things I want to tell my healthcare provider about:

MY REPRODUCTIVE HEALTH

Your physical exam may include a discussion of birth control and sexually transmitted infection (STI) risks, a breast exam and a pelvic exam. Be sure to ask about any concerns you have!

METHODS OF BIRTH CONTROL I HAVE USED (CHECK ALL THAT APPLY)

METHOD	USE NOW	USED BEFORE	
No sex (abstinence)			<p>All these methods will help prevent pregnancy. But only abstinence, latex condoms or polyurethane condoms will give you some protection against HIV and other STIs.</p> <p>For more information on STIs and birth control methods, talk to your healthcare provider or Planned Parenthood (1-800-230-PLAN).</p>
The pill			
Nuva Ring			
The patch			
Norplant (in your arm)	//////		
Implanon (in your arm)			
Depo Provera (injection)			
IUD			
Condoms, male			
Condoms, female			
Diaphragm			
Foams, creams			
Tubes tied or Essure(female) or vasectomy (male)			
Natural family planning			
Emergency birth control/ morning-after pill			



Men and women 19 years and older may be able to get a free, family planning exam and some types of birth control methods. For more information, call your local health department, talk to your healthcare provider or call the CARE-LINE (1-800-662-7030).

HIV/AIDS

HIV/AIDS is increasing among women. You may be at increased risk for HIV infection if you:

- had vaginal, anal or oral sex that was “unprotected” (meaning you didn’t use a latex or polyurethane condom).
- shared needles with others to shoot drugs or take steroids.
- exchanged sex for drugs or money.
- have hepatitis, tuberculosis (TB) or a sexually transmitted infection (STI).
- received a blood transfusion or clotting factor between 1978 and 1985.
- had unprotected sex with someone who has done any of the above.

Talk to your healthcare provider about ways to get tested.

MY BREAST HEALTH

Early detection is key to surviving breast cancer. Examine your breasts each month 3 to 5 days after your period ends. Get to know what “normal” is for you. Then you’ll know when your breasts change.

Check Lying Down

Lie down. Place your left arm behind your head. With your right hand, feel the left breast all around using the 3 patterns shown on the right. Gently squeeze the nipple and check for clear drops or blood. Then switch hands. Put your right arm behind your head. Check your right breast. Check under your arms, too.

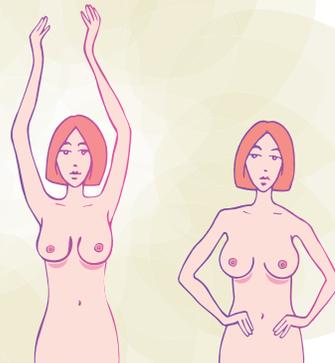


Check Standing Up

How do your breasts look when you bend over with your hands on your hips? Look closely.

- Do you see lumps or dimples?
- Are there clear drops or blood coming from your nipples?
- Do you feel pain or tender spots?

If you answer “yes” to any of these, make an appointment with your healthcare provider. If you have questions about how to do a breast self-exam, ask your healthcare provider to help you.



BREAST SELF-EXAM AND MENSTRUAL CHART

Use this chart each month. Mark the circle after you do your monthly breast exam. Do your breast exam 3 to 5 days after your period ends. Write in the dates your period begins and ends (if you are menstruating).

JANUARY	FEBRUARY	MARCH	APRIL
Breast exam <input type="checkbox"/>			
First day of period: _____			
Last day of period: _____			
MAY	JUNE	JULY	AUGUST
Breast exam <input type="checkbox"/>			
First day of period: _____			
Last day of period: _____			
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Breast exam <input type="checkbox"/>			
First day of period: _____			
Last day of period: _____			



If you miss your period or have unusually heavy bleeding or painful cramps, call your healthcare provider.

MY EMOTIONAL HEALTH

Your feelings also affect your health. Your body can be harmed by long-term emotional stress and pain. Your healthcare provider, local support groups and organizations can help. Call the CARE-LINE (1-800-662-7030) for more information on the services in your area.

DEPRESSION?

It's normal to be sad sometimes. But if your "blue mood" doesn't get better with time, you may be depressed. Depression is a serious health problem and needs treatment. If you have been very sad and have one or more of the following signs, seek help.

DO YOU ...	YES	NO
feel restless or moody?		
feel worn-out?		
get a lot of headaches?		
get chest pains?		
have trouble sleeping or sleep too much?		
have trouble eating?		
eat too much or too often?		
have trouble making up your mind?		
worry a lot?		
have little interest in the things you once enjoyed?		
feel useless and guilty?		
feel like hurting yourself or someone you care about?		

Most of the time I feel: _____

DOMESTIC AND SEXUAL VIOLENCE

Domestic or sexual violence is not your fault. No one deserves to be hurt. Talk to your healthcare provider if you:

- were sexually abused as a child.
- feel threatened or unsafe.
- have a partner who yells at you, calls you names or threatens you.
- have a partner who kicks or hits you.
- have a partner who forces you to have sex.

Need help NOW? CALL 1-888-232-9124.
The North Carolina Coalition Against Domestic Violence can give you information about services in your area.

MY FAMILY HEALTH HISTORY

It is important to tell your healthcare provider about any family history of cancer, stroke, heart disease, diabetes or mental illness.

FAMILY MEMBERS	HEALTH PROBLEMS	CAUSE OF DEATH (IF APPLIES)
Mother		
Father		
Mother's Parents		
Father's Parents		
Brothers and Sisters		

MY HEALTHY LIVING

A healthier you is easier than you think. How easy? All you need to do is change 1 thing. Just 1 thing. And when you're done and feeling good, change 1 more thing! On and on you go, making yourself healthier by small, easy steps.

Need help picking your 1 thing? Below is a list of good ideas you can choose from. All of these will make you healthier, feel better and will reduce your risk of dying from heart disease—the number one killer of women in the U.S.

1 Get 30 minutes or more of physical activity at least 5 times a week.

Move your body to see big health gains! Walk, dance, ride a bike. Anything that gets you moving can improve your weight, mood and blood pressure.

What 3 things can you do to get more physical activity?

For example: Walk before breakfast. Take the stairs. Go dancing on Fridays.

1. _____
2. _____
3. _____

2 Eat healthier.

Eating healthy can go a long way to reducing your risk for heart disease. Eat more fruits and veggies each day. Eat foods high in fiber. Look for foods that are low in salt, trans fats and saturated fats. Drink water instead of soda or juice.

What 3 things can you do to help yourself eat healthier?

For example: Make my sandwiches on whole wheat bread. Make sure I always have fruit to snack on.

1. _____
2. _____
3. _____

3 Keep your weight in a healthy range.

(Doing #1 and #2 make this MUCH easier!) Losing weight is really a matter of adding and subtracting. You add fewer calories to your body when you eat healthy, eat less and stay away from fried and fast foods. You subtract calories from your body when you are active.

What 3 foods or drinks can you cut out (or cut back on) to cut calories?

For example: Soda, french fries and candy.

1. _____
2. _____
3. _____

4 Quit smoking and stay away from secondhand smoke.

When you smoke or breathe smoke secondhand, you greatly increase your risk of heart disease and cancer. If you or someone you love needs help quitting, call QuitlineNC (1-800-QUIT-NOW).

Do you want to quit smoking?

- Yes
- No

If yes, list the people you could call for help and support:

5 Drink no more than one alcoholic drink per day.

Alcohol can increase your blood pressure, your risk of stroke and breast cancer and add to your waistline.

If you regularly drink to get drunk, ask yourself why that might be. Many women drink, smoke or use medicines or drugs to deal with stress. If you need help, please contact the CARE-LINE (1-800-662-7030) or the Alcohol and Drug Council of N.C. (1-800-688-4232).

If you are pregnant or could be pregnant, don't drink at all. Even a little alcohol could harm your baby and cause birth defects.

WHAT I'D MOST LIKE TO CHANGE

If I could change 1 thing about my health it would be ... _____

What good things would happen if I change that 1 thing? _____

What is stopping me or making it hard for me to change that 1 thing? _____

PICK 1 THING

You've come up with ideas for how you could be healthier. And you've thought about the thing that you would most like to change about your health.

Now it's time for **1** small step.

Pick **1** thing, just **1** thing that you will do for 21 out of the next 28 days.

My **1** thing is: _____

To do that, I will help myself by: _____

And if I need more help, I will ask the following friends and family members to help me by:

Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!
Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!	Date _____ Did my 1 ? <input type="radio"/> Yes Great Job! <input type="radio"/> No Try again tomorrow!
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DAY 29: LOOKING BACK

Did you check more “Yes” answers than “No”?

Yes. Terrific! What helped? What else could help? Were there any pitfalls or problems that you want to watch for in the future?

No. Don't worry and don't get mad at yourself! Long-term change almost always takes a couple of tries before it “sticks.” What did you learn from these 28 days that will help you when you try again? What will help you check more “Yes” answers next time?

WHAT'S NEXT?

First, pat yourself on the back! You tried, and that's huge! Second, decide what you want to do. You can work on your **1** thing for another 28 days. Or you can move on to another **1** thing. It's up to you. You know yourself and when you've truly changed your **1** thing. Whatever you decide, know that life-long healthy change takes one small step at a time.

MY IMPORTANT PAPERS

You can ask for a copy of your medical records to keep at home. Keep them and other legal papers in a safe place. For example, put them in a folder or envelope in your dresser.

IMPORTANT PAPERS	WHERE I KEEP THEM
My medical records	
My family's medical records	
My health insurance information (Insurance carrier, policy number, group number)	
Other important papers	



Two very important documents you may want to learn more about are the **Health Care Power of Attorney** and the **Last Will and Testament**. A **Health Care Power of Attorney** allows someone else to make medical decisions for you when you can't make them for yourself. A **Last Will and Testament** tells who you want to have custody of your minor children and your property after you die.



For more information and an online version of this journal (*My Health e-Journal*), check out the NC Healthy Start Foundation website! www.NCHealthyStart.org/WHJ/doc and www.mamasana.org (en español)

