

DESTINATION HEALTH

We all make choices every day that affect our health. The food we choose to eat, the number of hours of sleep we get—even the clothes we wear—affect our physical health. Physical health includes total care of our bodies, keeping our bodies fit, practicing good grooming habits, eating a well-balanced diet, and getting enough sleep.

Total Health is a combination of:

- **physical care** -- taking care of your body
- **mental care** -- liking yourself, focusing on positive feelings
- **social care** -- getting along with others

What does it mean to be healthy?

Finish the sentence: Healthy people ...

What makes me healthy is ...

What makes me NOT healthy is ...

Brainstorm ideas to identify barriers to selecting healthy choices.



Medical Self-Teaching Exam **Evaluate Your Knowledge of Your Health Status**

What is your medical condition called?

Describe:

How does your diagnosis affect your daily activities?

Describe:

What are the “warning signs” that indicate you need to see a doctor?

Describe:

Does your medical condition require any special procedures?

Describe:

Do you follow a special diet?

Describe:

Do you use any adaptive equipment, orthotics, or prosthetics?

Describe:

What medications do you use?

Name? _____

Reason? _____

Dosage? _____

Time? _____

Potential side effects? _____

Name? _____

Reason? _____

Dosage? _____

Time? _____

Potential side effects? _____

Name? _____

Reason? _____

Dosage? _____

Time? _____

Potential side effects? _____

Name? _____

Reason? _____

Dosage? _____

Time? _____

Potential side effects? _____

What do you do if you miss a dose? _____

Do you have special treatments, routine labs, or therapies?

What? _____

Why? _____

Who provides? _____

How often? _____

Who is your Primary Care Physician/Doctor? (Name, Address, & Phone)



What types of specialists do you see? (Specialty, Name, Address & Phone)

What pharmacy do you use? (Name & Phone)

What is your social security number? _____

What are your insurance plans?

Primary Insurance Company: _____

Policy Number: _____ Phone Number: _____

Who is the Primary Insured on Policy? _____

Secondary Insurance Company: _____

Policy Number: _____ Phone Number: _____

Who is the Primary Insured on Policy? _____

Other Insurance Company: _____

Policy Number: _____ Phone Number: _____

Who is the Primary Insured on Policy? _____

What do you do to prepare for an appointment with your doctor?

Describe _____

Under what circumstances would you call 911?

Describe _____

SELF-CARE HEALTHY HABITS SURVEY

Here is a list of healthy habits. How do you rate yourself on these habits?

1= No

2= Sometimes

3= Yes

MEDICATIONS

- _____ I know the names of my medications.
- _____ I know how often to take them.
- _____ I know the dosages of the medications.
- _____ I know why I take these medications.
- _____ I know the medication's potential side effects.
- _____ I can recognize the onset of side effects.
- _____ I know what foods, drinks, other medications, or activities to avoid while taking the medication.
- _____ I know the name and phone number of my pharmacist.
- _____ I know how to refill the prescriptions.
- _____ I check to see what the medication looks like and know that I have to call the pharmacist if it looks different.

DIET

- _____ I eat a balanced diet—nutritious foods from all 4 food groups.
- _____ I eat regular meals spaced out throughout the day.
- _____ I know how alcohol affects my condition and exercise good judgment.
- _____ I do not take drugs.
- _____ I know my ideal weight and how many calories it takes to maintain my weight.



1= No

2= Sometimes

3= Yes

- _____ I monitor changes in my weight.
- _____ I drink a lot of water and other sugar and caffeine free liquids.
- _____ I exercise regularly—at least 3-4 times a week.
- _____ I do not smoke.

SLEEP

- _____ I get plenty of rest: 8-9 hours of sleep every night.
- _____ I sleep more than I need.

PERSONAL CARE

- _____ I wash my hair daily.
- _____ I regularly put on makeup/shave.
- _____ I keep my glasses/contacts clean.
- _____ I have good personal hygiene.
- _____ I select my own clothes.
- _____ I wear clothing that is clean and ironed.
- _____ I wear clothing that is stylish and looks good on me.

HEALTH RULES OF THE ROAD

1. Medications

Medications are powerful tools that help us take care of ourselves. They must be treated with respect. Never change the amount or stop any medication without first talking to your doctor. Never ever share or take anyone else's medications. If you have any questions, call your pharmacist.

You must know the answers to the questions in the Healthy Habits Survey to be sure that you are using medications safely.

Tips for Safe Use of Medications

- Store in a cool, dry place.
- Don't keep them in your bathroom, medicine cabinet, or kitchen cabinets near the stove. These areas are too warm.
- Store medications in your refrigerator only if they are clearly labeled "Store in Refrigerator."
- Take food—or don't take food—with the medication based on the instructions.
- Don't drive or drink if the instructions tell you not to do this.
- **READ THE LABEL AND FOLLOW THE INSTRUCTIONS.**

2. Eat Healthy

In some cultures being overweight is seen as beautiful. Plumpness is a sign that a person can afford food. In the United States, however, many people value being thin and socially stigmatize people who are obese. The media bombards us with messages that say "thin is beautiful." The stars we see on television and in movies and the models we see in ads emphasize this message.

Many Americans weigh more than they should. Being overweight means weighing more than the desired weight for our sex, height, and frame size. Millions of Americans spend millions of dollars each year in efforts to control their weight. Thousands are opting to have gastric by-pass to help them lose weight.

Children and youth in the United States do not have balanced diets and have serious weight problems. At last count, about 25% of youth were obese. Obese means having too much fat in the body. At the same time, many eat poorly because they are afraid of being overweight. Many skip breakfast or lunch, or develop the more serious eating disorders of anorexia or bulimia. Extremes of over and under-eating produce fatigue and the risk of developing serious health problems.

Sometimes people say they eat healthy foods because they know they are supposed to eat like this. People often do not want others to know they eat a lot of junk food. Sometimes people underestimate how much junk food they eat. They may think they



eat a healthy diet but really don't do so. What people say they eat is not necessarily what they really eat.

Do you have a balanced diet? Do you know the four basic food groups? The four are (1) milk and milk products, 2) meat, fish, poultry, eggs, and beans, 3) fruits and vegetable, and 4) breads and cereals. There is a fifth group known as "other" which includes foods that are filling, but give few or no nutrients (e.g., butter, sugar, candy, soft drinks, doughnuts, jams, and jellies). Do you regularly eat foods from each of these groups? How did you score your diet on the Healthy Habits Survey?

3. Exercise

What do you think is the best food to eat before you exercise? Steak? Pizza? Candy? Many people think a thick steak is good because it provides protein, but protein in steak takes a long time to digest. Other people think candy bars provide a lot of energy, but sweets eaten just before exercise actually reduce the energy the body can use by 25%. How about pizza? Pizza dough is good, but the cheese takes time to digest. A check on what athletes eat at the Olympics finds training tables full of breads, rice, potatoes, and unsweetened fruit juices. The best pre-game meal is high in complex carbohydrates and low in protein and fat.

Do food and drink influence other types of performance in the same way it influences exercise? Should you eat a candy bar or drink juice before an important event? What we do know is that exercise may boost performance. After a 25-minute aerobic session, people scored higher on a test of creative thinking than after they watched a neutral videotape. Exercise may get the creative juices flowing.

Schedule a regular time, 30 to 45 minutes, 4 to 5 times per week. Daily is even better. Begin slowly; let your body get use to the increased demand. Working out with a friend can add to the enjoyment of the routine.

Start by stretching; stretch your arms and upper body if you do not use a wheel chair stretch your upper and lower legs and ankles. A good stretching program can decrease the chance of soreness and even injury. Sitting push-ups are one way to develop upper body strength, relieve pressure on your lower extremities, and help prevent skin problems.

Gradually increase the **duration** of your session until you can go 30 to 45 minutes. To get the most benefit from your exercise you need to reach and maintain your target heart rate for 30 minutes. This rate should be 40% to 80% of your maximal heart rate. At first aim for the lower number, gradually progressing to the upper range as you get stronger. Always complete a cool-down routine after exercising,

Example

Age 25	target heart rate	117-156
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Consult your doctor before starting a new exercise program, and seek medical attention if you have any of the following symptoms.

- Shortness of breath
- Chest pain
- Pain in the left shoulder or arm.

SO – start slowly, develop a comfortable routine, and stay with it.

U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, “Physical Activity and Health,” A Report Of The Surgeon General, <<http://www.cdc.gov>>

4. Sleep

A growing body of research indicates that youth performance and general happiness is related to getting enough sleep. Studies of children 10-17 years old who were allowed to get as much sleep as they needed showed they slept an average of 9 1/4 hours. Older adolescents napped in the day more easily than younger children due to biological clocks undergoing a hormonal “phase shift” that pushes the pre-programmed period of wakefulness about an hour later than it was in the early teens.

Simple lack of sleep may tip the balance for having emotional difficulties. Early starting times at school may result in grogginess and lack of attention, poor performance on exams, and increased odds of behavioral or disciplinary problems.

How many hours of sleep do you get each night? Is 8 hours enough? Do you feel rested when you get up in the morning? Can you think of times when you did not get enough sleep? How did you feel the next day? Are you a “morning person” or a “night person”? Do you stay up too late and then have trouble getting up the next day?

5. Personal Care

Being fresh and clean makes you feel good about yourself. Taking care of your own body gives you a good feeling about yourself and empowers you in any social situation.

Do you like to take a bath or shower? That’s up to you. Bathing daily cleans your skin and removes dirt and germs. As an added preventive measure, you should also use a deodorant or an antiperspirant regularly. Whether you bathe or shower, soak your feet and scrub them well. Dry thoroughly between toes to help prevent athlete’s foot. Trim your fingernails and toenails once a week and clean any dirt from under your nails daily.

You are the one to determine how often your hair needs washing. Daily is fine, but hair must be washed at least once a week. Your hair will not be harmed from frequent shampooing if you rinse it thoroughly.



Regular, thorough, washing will keep the skin as clean as possible. Wash your face at least twice a day and three times is better. Use a #30 sunscreen when you will be in the sun. Drinking plenty of water (natural moisturizer) and eating good foods are also important for healthy skin. Many, many diseases are spread by the hands. Wash them often (with soap and water). FRICTION (rubbing hands together) HELPS TO KILL GERMS. Always wash hands before meals and after using the toilet.

A very important aspect of good grooming is proper mouth hygiene. Keep your teeth clean by thoroughly brushing after each meal and between meals as necessary. Dental floss should be used to remove food particles that a toothbrush can't reach. Remember to rinse your toothbrush after each use and allow it to air dry. Your toothbrush should be replaced regularly at 6-month intervals. See your dentist regularly.

DESTINATION DOCTOR'S OFFICE

Get Ready

- Write out a list of the reasons for the visit (Use the Communication Sheet).
 - What are your symptoms?
 - When did they start?
 - What did you do?
- List the items in order of concern.
- Check to see that your Smart Card is complete and current. Take it with you.

Make the appointment

- Have your schedule and a pen/pencil ready.
- Have your list ready.
- Have insurance information handy.
- Call and identify yourself and the reason for the call (“My name is --- and I want to make an appointment with Dr. X” because ----).
- Ask if the doctor wants you to bring something with you.
- Write down everything you need to know about the appointment:
 - Date
 - Time
 - Office Address
 - Phone Number
 - Directions

Office Visit

- Use your Communication Sheet and Smart Card to ask and answer questions.
- Take notes on what the doctor says and/or have the doctor or nurse complete the Communication Sheet with instructions for you to follow.
- Answer questions honestly.
- Be sure to ask your questions.
- Be sure to ask again when you do not understand. It's okay!
- Before you leave the building—or once you get home, check to make sure you did not forget anything and that you understood everything.
- Call, e-mail, fax any questions or concerns.



Smart Card

Name:		Diagnosis:	
Date of Birth: Address:	Sex: Social Security Number:	Home Phone: Work Phone: Cell Phone:	Parents' Names: Home Phone: Work Phone: Cell Phone:
Health Insurance, Primary:		Secondary:	
Plan Name: Group Number: Policy Number: Phone: Name of Primary Insured:	Plan Name: Group Number: Policy Number: Phone: Name of Primary Insured:		
Doctors:	Specialty:	Phone:	Hospital:
Current Medications:		Vitamins/Supplements:	
Medication Allergies:	Food Allergies:	Other Allergies:	
Previous Surgeries:	Hospital/Doctor:	Date:	
Immunizations:	Date:	Date:	Date:

Primary Care Physician's Signature: _____ Date: _____

Communication Sheet

Child's name / <i>Nombre del niño(a)</i>			
Birth date / <i>Fecha de nacimiento</i>		Age / <i>Edad</i>	
Reason for appointment - What have you tried at home and how has it worked? <i>Razón para la cita - ¿Qué cosas ha intentado en la casa y como ha funcionado?</i>			
Well check? / <i>¿Visita de rutina?</i>			
Comments from child / <i>Comentarios del niño(a)</i>			
What's new since last visit? (medical visits, family, home, school) <i>¿Qué hay de nuevo desde su última cita?(citas medicas, familia, hogar, escuela)</i>			
Upcoming appointments, procedures (treatments,) studies <i>Citas, procedimientos (tratamientos,) estudios pendientes</i>			
Other questions, needs / <i>Otras preguntas, necesidades</i>			
Medications, treatments / <i>Medicinas, tratamientos</i>			
Diet / <i>Dieta</i>			

- Info from nurse <i>De la enfermera</i>	Weight <i>Peso</i>	Height <i>Altura</i>	Other <i>Otro</i>
Instructions, ideas from doctor / <i>Instrucciones, ideas del doctor</i>			
next appointment / <i>próxima cita</i> _____			CSHCN
white-family, yellow-chart, pink-care coordinator			



Knowing What to Ask

Questions You Should Be Able to Answer Regarding Any Pain You Are Experiencing

- What time of day did the pain occur?
- How would you rate the pain?
- What are some words to describe the pain? (On a scale of 1 to 10 with 1 being no pain and 10 being the worst ever)
- Where is the pain?
- What were you doing when it started?
- What did you do for the pain?
- Did it help ease the pain?
- Have you had this pain before?

Questions You May Want To Ask Your Doctor During Your Visit...

Tests

- What kind of tests will I have?
- What will the tests show?
- How accurate are they?
- Can the tests be performed in the doctor's office or will I need to go to a lab?
- Will my insurance pay for the tests?
- Will I need more tests later?
- When will I have the results?
- How will it affect my treatment?
- Are there any risks or side effects?
- Will it hurt? If so, is there anything that can be done to lessen the pain?
- Do I need to do anything special before or after the test?
- How much will it cost?

Medication

- Why do I need this medication?
- What will this medication do?
- Are there any side effects?
- Should I avoid any food, liquid, vitamins, herbal remedies, or are there other drug interactions?
- Are there any conditions for which this drug should not be used?
- How long do I need to take this medication?
- If I miss a dose what do I do?
- Can I stop taking the medication anytime?
- How soon should my symptoms improve?
- Are there any special instructions?
- Is a less expensive generic drug available?

Treatment

- What are the benefits?
- How long will each treatment take?
- What will it involve?
- How many treatments will I undergo?
- How soon will I see improvement?
- What happens if I miss a treatment?
- Will I miss school and/or work?
- What happens if the treatment does not work?
- Are any other treatments available?

Surgery

- What are the risk and benefits?
- Can the doctor refer me to another physician for a second opinion?
- Can the surgery be done as an outpatient surgery?
- How long will I be in the hospital?
- How long is the recovery time?
- What will it cost?
- What pre-op procedures will be done?
- Do I need to store blood?
- Who will take charge of my care while I'm in the hospital?
- When I go home, will I need special equipment or services?
- By whom and how will these arrangements be made?

Other Questions you may want to Discuss

- What are the rules and regulations of the doctor's office to ensure my confidentiality?
- What issues that are important to me? (i.e. working, physical limitations, more information about treatment, diagnosis, support groups, etc.)
- What is the best time to call if I have questions?
- Does the doctor have an e-mail address where I could ask questions?
- Would the doctor prefer me to fax my questions?



PAR Project

- Select one unhealthy habit and use PAR to change it, or
- Select one healthy habit and use PAR to monitor your compliance.

PROBLEM/GOAL/HYPOTHESIS	RESOURCES	STRATEGY/DATA
Problem: Goal: Hypothesis:		Strategy: Data:
Problem: Goal: Hypothesis:		Strategy: Data:

