

HealthTracker™

Your Passport to Good Health



HealthTracker™

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Note: This passport can help you make informed choices about your health. It does not replace medical advice or treatment. Follow your doctor's or health care provider's advice.

Health Card (Copy this or cut it out. Keep it in your wallet.)

Name: _____ Birth Date: _____

Doctor's Name: _____ Phone: _____

Contact Person: _____ Phone: _____

Blood Type: _____

Medical Conditions: _____

Allergies: _____

Medicines you take: _____

Emergency Medicines to take: _____

Test Record

Date	Blood Pressure	Weight	Total Chol.	LDL Chol.	HDL Chol.	Triglycerides

Telephone Numbers & Information

Emergency Telephone Numbers

Emergency Medical Service (EMS): 9-1-1

Fire: _____

Police: _____

Poison Control: 800.222.1222

Local Poison Control: _____

Domestic Violence: 800.799.SAFE (7233)

Suicide Prevention Lifeline: 800.273.TALK (8255)

Doctors/Health Care Providers

Name	Specialty	Telephone #
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_____	_____	_____
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_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
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Hospital: _____

Pharmacy: _____

Employee Assistance Program (EAP): _____

Health Insurance Information

Company: _____

Address: _____

Phone Number: _____

Policyholder's Name: _____

Policy Number: _____

Introduction

A passport is a document that identifies you. This HealthTracker™ can help you identify and keep track of your health needs. Use it at a health screening, a health fair, your doctor's office, or on your own to plan a lifelong journey of good health.

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Be Physically Active

Make physical activity a part of your daily routine. Physical activity helps build and maintain healthy bones, muscles, and joints; lowers risk factors for heart disease, colon cancer, and Type 2 diabetes; helps control blood pressure and weight; and promotes well-being and self-esteem.

Do two types of physical activity:

- Activities for strength and flexibility.** Developing strength will help build and maintain your bones. Carrying groceries and lifting weights are two strength-building activities. Gentle stretching or yoga can increase flexibility.
- Aerobic activities.** These speed your heart rate and breathing, promoting cardiovascular fitness. Examples are walking briskly, aerobic dancing, jumping rope, and jogging.

Do an aerobic activity at least 20 minutes a day at least 5 days a week. The goal during an aerobic workout is to reach your target heart rate.

Target Heart Rate Zone		
Age	Beats Per Minute	Approx. Beats Per 10 Seconds
20	120 to 160	20 to 27
25	117 to 156	19 to 26
30	114 to 152	19 to 25
35	111 to 148	18 to 25
40	108 to 144	18 to 24
45	105 to 140	17 to 23
50	102 to 136	17 to 23
55	99 to 132	16 to 22
60	96 to 128	16 to 21
65+	93 to 124	15 to 20

Physical Activity Advice

(Check off items you do.)

- Consult your health care provider before starting a new vigorous exercise plan if you have a chronic health problem or if you are over 40 (men) or 50 (women).
- Get physically active. If you are already active, maintain or increase physical activity.
- Choose activities that can fit in with your daily routine.
- Start off with activities of low intensity, frequency, and duration. Build up your pace over several weeks. If you can't talk while you exercise, you're overdoing it.
- Do at least 30 (and try to build up to 60) minutes of moderate physical activity most, or all days of the week. Exercise for 30 to 60 minutes at one time or for 10 to 20 minutes, 3 times a day. To maintain weight loss, exercise 60 to 90 minutes a day.
- Warm-up before the activity. Stretch and/or walk for 5 minutes. After the activity, cool down and/or walk for 5 more minutes.
- If muscles or joints start to hurt, ease up.



For more information, contact:
www.healthierus.gov

Physical Activity Log			
Date	Type of Activity	Minutes Activity Was Done	Other (10 sec. Heart Rate, etc.)

Fitness Testing Log (3-Minute Step Test, 1-Mile Walking Test, etc.) Fill in if testing is done.		
Date	Test	Results

Control Your Weight

Being overweight or obese increases your risk for high blood pressure, high blood cholesterol, heart disease, stroke, diabetes, certain types of cancer, arthritis, and breathing problems. Aim for a healthy weight. Use the Body Mass Index (BMI) in the chart on the next page to find your healthy weight range.

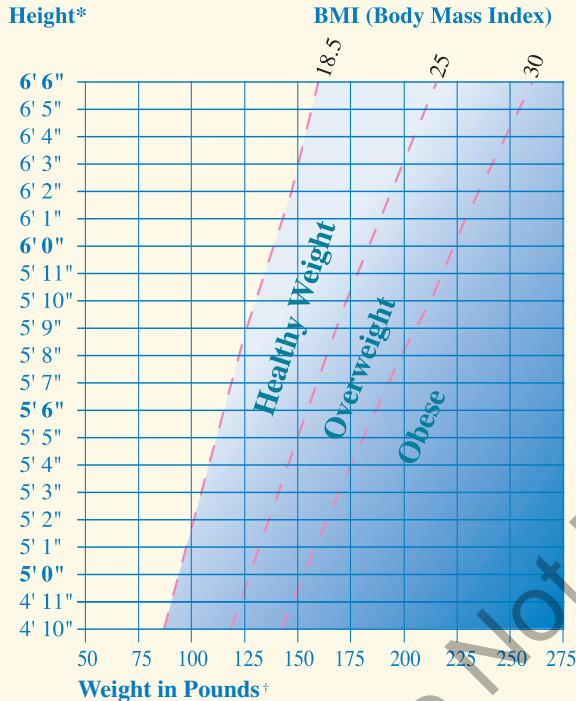


Find your weight on the bottom of the graph. Go straight up from that point until you come to the line that matches your height. Then look to find out what weight group you are in.

Not all adults who have a BMI in the range labeled “healthy” are at their most healthy weight. For example, some may have lots of fat and little muscle. A BMI above the healthy range is less healthy for most people; but it may be fine if you have lots of muscle and little fat. In general, though, if your BMI is above the healthy range, you may benefit from weight loss.

If you are at a healthy weight, aim to avoid weight gain. If you are already overweight, first aim to prevent further weight gain. Then lose weight to improve your health.

Are You at a Healthy Weight?



* Without shoes. † Without clothes.

Source: Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2000, page 3.

Check off the weight group you are in:

- Healthy Weight = BMI from 18.5 up to 25
- Overweight = BMI from 25 up to 30
- Obese = BMI of 30 or higher

To Control Your Weight

(Check off items you do.)

- Get regular physical activity to balance calories from the foods you eat.
- Build a healthy base by eating vegetables and fruits (5 to 7 servings a day) and grains (especially whole grains) with little added fat or sugar.
- Select sensible portion sizes. Especially limit portion sizes of foods high in calories (e.g., cookies, cakes, other sweets, fried foods, etc.). If necessary, remove high calorie snack foods from your home. Don't drink regular soda and other sweetened beverages.
- Eat to satisfy hunger, not emotions.
- Consume foods that are low in fat.
- When you eat out, avoid all-you-can-eat restaurants. Choose restaurants that offer low-fat foods.
- Eat at regular times each day. Consume at least half of your food in the first half of the day.
- Put smaller portions of food on your plate and limit second helpings.
- Eat slowly, taking at least 20 minutes to finish a meal.

For more information, contact:

Weight-control Information Network (WIN)

www.niddk.nih.gov. Click on "Weight Loss & Control" under "Health Information."

- Learn to handle stress.
- Reduce your intake of salt and foods high in salt. Use salt substitutes if your doctor says it's okay.
- Take prescribed medicine as directed. Don't stop taking it unless your doctor tells you to. Tell him/her if you have any side effects, (e.g., dizziness, faintness, skin rash, or dry cough in the absence of a cold).
- Don't take over-the-counter antihistamines and decongestants, unless your doctor tells you to.
- Limit caffeine.
- Don't eat black licorice. It can lower potassium, a mineral that may help lower blood pressure.

For more information, contact:
 National Heart, Lung, and Blood Institute
 800.575.WELL (English/Spanish) or www.nhlbi.nih.gov

Blood Pressure Record		Blood Pressure Record	
Date	Blood Pressure mm Hg	Date	Blood Pressure mm Hg

Control Your Cholesterol

The U.S. government has set the following guidelines:

LDL (“bad”) Cholesterol Therapeutic Goals	
LDLs help deposit cholesterol in the artery walls.	
<70 mg/dL	If at “very high-risk”
<100 mg/dL	If at “high-risk”
<70 mg/dL	Optional goal
<130 mg/dL	If at “moderate high-risk”
<100 mg/dL	Optional goal
<160 mg/dL	If at “lower/moderate risk”

Ask your doctor which heart disease risk level you are at.

Total Blood Cholesterol	
<200	Desirable (Aim for)
200-239	Borderline high (Undesirable)
≥240	High (Undesirable)

HDL (“good”) Cholesterol	
HDLs help remove cholesterol from the blood.	
<40	Low (Undesirable)
≥60	High (Desirable)

Triglycerides	
<150	Normal (Aim for)
150-199	Borderline high (Undesirable)
200-499	High (Undesirable)
≥500	Very high (Undesirable)

Take Care of Your Eyes

(Check off items that you do.)

- Have regular eye exams. (See “Vision” and “Glaucoma Screening” in “Common Health Tests & Record” on page 42.) If you have diabetes, high blood pressure, etc., you may need exams more often. Follow your doctor’s or health care provider’s advice. Fill in the “Vision Exam” on page 17.
- Contact your doctor or health care provider right away for any of these problems:
 - Blurred vision or gradual loss of side vision
 - Seeing halos around lights, spots in front of your eyes, or if straight lines look wavy
 - Poor night vision or problems with glare from lamps or the sun
 - Dark or blind spot in center of your vision
 - Cloudy, fuzzy, foggy, or filmy vision
 - Eye pain
 - Feeling of sand in the eye, burning, redness, or excessive tearing
- Wear sunglasses that block both UVA and UVB light.
- Wear protective eye wear as recommended for the activity you do. You may need to wear tinted eyeglasses to reduce glare, safety glasses, etc.



- Keep your eye wear clean and in good condition.
- Wear and replace glasses, contact lenses, etc. as instructed by your eye doctor.
- For dry eyes, use over-the-counter artificial tears.
- If you have high blood pressure and/or diabetes, follow your doctor’s or health care provider’s advice to keep the condition(s) under control.

Get Immediate Care For:

- Sudden loss of all or part of your vision, especially in one eye with sudden weakness or numbness on one side of your body. These could be signs of a stroke.
- Sudden vision loss or blurred vision and seeing dark spots or flashes of light all of a sudden. These could be signs of a detached or torn retina.
- Severe pain in and above the eye. Eye redness, swollen upper eyelid. Dilated and fixed pupil. Very blurred vision, halos around lights. These could be signs of a severe form of glaucoma.

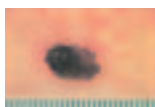
Vision Exam/Glaucoma Screening Record				
Date	Eyeglasses Rx	Contact Lens Rx	Glaucoma Screening (Write yes/no)	Other
	R- L-	R- L-		
	R- L-	R- L-		
	R- L-	R- L-		
	R- L-	R- L-		

Cancer Warning Signs

- Change in bladder or bowel habits
- Unusual bleeding or discharge
- Lump or thickening in the breast, joint areas, or elsewhere
- A sore that does not heal
- Cough or hoarseness that persists
- Change in a mole or wart. The letters “ABCDE” can help with what to look for.



Benign (normal) mole

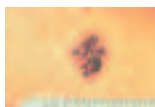


Melanoma

A. Asymmetry. The shape of one half does not match the other.



Benign (normal) mole



Melanoma

B. Border. The edges are ragged, notched, or blurred.



Benign (normal) mole



Melanoma

C. Color. The color is uneven. Shades of tan, black, and brown.



Benign (normal) mole



Melanoma

D. Diameter. The size changes. Often, it is bigger than the diameter of a pencil eraser.

E. Evolving. The lesion changes shape, size, shades, symptoms, and has surface bleeding.

Skin Cancer Self-Exam

- Check for signs of skin cancer. Do a skin self-exam monthly. The best time to do this is after a shower or bath. To check your skin, use a well-lit room, a full-length mirror, and a hand-held mirror.
 - Locate your birthmarks, moles, and blemishes. Know what they usually look like. Check for a change in the size, texture, or color of a mole. Check for a sore that does not heal.
 - Check all areas.
 1. Look at the front and back of your body in the mirror. Then, raise your arms and look at the left and right sides.
 2. Bend your elbows and look carefully at the palms of your hands. Make sure to look at both sides of your forearms and upper arms.
 3. Look at the back and front of the legs. Look between the buttocks and around the genital area.
 4. Look at your face, neck, and scalp. Use a comb or blow dryer to move hair so that you can see the scalp better.
 5. Sit and closely examine the feet. Look at the soles and the spaces between the toes.
- {**Note:** Get a skin exam from your doctor or health care provider as often as advised.}



Nicotine Dependency Test

	0 Points	1 Point	2 Points	Score
1. How soon after you wake up do you smoke your first cigarette?	After 30 min.	Within 30 min.		
2. Do you find it difficult to not smoke in places where it is “off limits,” such as airplanes, theaters, or doctors’ offices?	No	Yes		
3. Which of all the cigarettes you smoke in a day is the most satisfying?	Any but 1 st one in the morning	The 1 st one in the morning		
4. How many cigarettes a day do you smoke?	1-15	16-25	More than 26	
5. Do you smoke more during the morning than during the rest of the day?	No	Yes		
6. Do you continue to smoke even on days you are so ill that you stay in bed?	No	Yes		
7. Does the brand you smoke have a low (up to 0.4 mg.), medium (0.5 to 0.9 mg.), or high (1.0 mg. or more) nicotine content?	Low	Medium	High	
8. How often do you inhale the smoke from your cigarette?	Never	Sometimes	Always	
Total				

Take the Nicotine Dependency Test

Some smokers depend more on nicotine than others. The test on page 22 (developed by Karl-Olov Fagerstrom, Ph.D., Smoking Withdrawal Clinic, Ulleraker Hospital, Uppsala, Sweden) can help you figure out just how hooked you may be. Scores of 7 or higher show that you are very dependent on nicotine. Scores of 6 or less show that you have a low to moderate nicotine dependence. Regardless of your score, if you smoke, QUIT!

Ways to Quit Using Tobacco Products

(Check off items you do.)

- Use an over-the-counter nicotine replacement product (e.g., patch, gum, lozenge). Use it as directed.
- Talk to your doctor about prescribed medicines (e.g., a nicotine nasal spray, Nicotrol NS[®], a nicotine inhaler, and Nicotrol[®]). Another prescription medicine, Zyban[®], does not contain nicotine, but alters brain chemistry to help reduce cravings.



To increase your chances of success:

- Take part in a stop smoking class.
- Throw away all your cigarettes. Hide all smoking items, like matches, lighters, ashtrays, etc.

- Whenever you have an urge to smoke or chew, take a deep breath through your mouth. Slowly exhale through pursed lips. Repeat 5 to 10 times.
- To get rid of smoking triggers, change your daily routine and do things you don't normally associate with smoking.
- Keep your hands busy by holding something – a pen, a squeeze ball, a paper clip, etc.
- In place of cigarettes and snuff, use other things that will give oral gratification, like sugarless gum, mints, and toothpicks.
- Create a “ciggy bank.” Put the money you used to spend on cigarettes in a jar. Buy yourself a reward.
- Place a rubber band on your wrist and snap it every time you get an urge to smoke or chew.
- Talk to a nonsmoking friend for support.
- List good things you've noticed since you quit.
- Each day, renew your commitment to not use tobacco products.

For more information, contact:

American Lung Association
800.LUNG.USA or www.lungusa.org/tobacco

The National Cancer Institute's Smoking Quitline
877.440.QUIT

Smokefree.gov
800.QUIT.NOW or www.smokefree.gov

Leading Causes of Death

1. Heart Diseases
2. Cancer
3. Stroke
4. Chronic Lung Disease
5. Accidents
6. Diabetes
7. Flu and Pneumonia
8. Alzheimer's Disease
9. Kidney Diseases
10. Blood Poisoning

Source: National Vital Statistics Reports, Vol. 53 No. 17, March 7, 2005.

Most of the leading causes of death are related to our lifestyles – what we eat, drink, smoke, do, and don't do.



For more information, contact:

National Center for Health Statistics
www.cdc.gov/nchs

HealthyLife® Wellness Quiz

Take this simple test to find out how healthy a lifestyle you lead. Put a check (✓) mark next to each statement that is true for you. Total your check marks for each health habit. Write these totals on page 30.

Alcohol Use

(If you do not drink, check all 5 items, even though some items would not apply.)

- I have 2 or less drinks/day (males); 1 or less drink/day (females and persons age 65+).
- In the past year, I have not driven a car, etc. after having more than 2 drinks.
- When I'm under stress or depressed, I do not drink more.
- I do not do things when I'm drinking that I later regret.
- I have never had any problem due to my drinking.

Tobacco Use

(If you have never used tobacco, check all 5 items even though some items would not apply.)

- I have never smoked cigarettes.
- I haven't smoked cigarettes in the past year.
- I do not use any other form of tobacco (pipes, cigars, chewing tobacco).
- I smoke only low-tar and low-nicotine cigarettes.
- I smoke less than one pack of cigarettes a day.

Blood Pressure

- I have had my blood pressure checked within the past 6 months.
- I have never had high blood pressure.
- I do not currently have high blood pressure.
- I make a conscious effort to avoid salt in my diet.
- No one in my immediate family has a history of high blood pressure.

Weight and Body Fat

- I am at a healthy weight.
- I have not needed to lose weight in the past year.
- There is no place on my body that I can pinch an inch of fat.
- I am satisfied with the way my body looks.
- None of my family, friends, doctors, etc. have ever urged me to lose weight.

Physical Fitness

- I exercise at least 30 minutes a day, 3 or more times a week.
- My resting pulse is 70 beats a minute or less.
- I don't get tired easily when I do physical work.
- I dance, swim, bowl, play tennis, etc. on a weekly basis.
- I think that my level of physical fitness is higher than most people in my age group.

Stress and Anxiety

- I find it easy to relax.
- I am able to cope with stressful events, as well as or better than most people.
- I do not have trouble falling asleep or waking up.
- I rarely feel tense or anxious.
- I have no trouble completing tasks I have started.

Vehicle Safety

- I always wear a seat belt when I drive.
- I always wear a seat belt when I am a passenger.
- I have not had a car accident in the past 3 years.
- I have not had a speeding ticket or other moving violation in the past 3 years.
- I never ride with a driver who has had more than 2 drinks.

Relationships

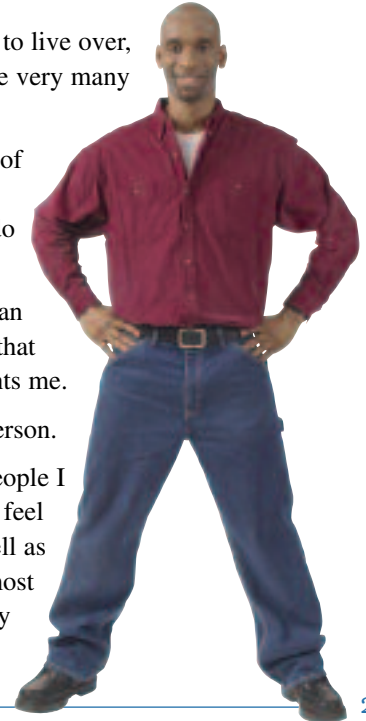
- I am satisfied with my social relationships.
- I have close friends I enjoy being with.
- I am able to share my feelings with my partner or other family members (or both).
- When I have a problem, I have other people with whom I can talk it over.
- Given a choice between doing things by myself or with others, I usually choose to do things with others.

Rest and Sleep

- I almost always get between 7 and 9 hours of sleep a night.
- It rarely takes longer than 20 minutes for me to fall asleep.
- I wake up few, if any, times during the night.
- I feel rested and ready to go when I get up in the morning.
- Most days, I have a lot of energy.

Life Satisfaction

- If I had my life to live over, I wouldn't make very many changes.
- I've done most of the things that I've set out to do in life.
- I can't think of an area in my life that really disappoints me.
- I am a happy person.
- Compared to people I grew up with, I feel I've done as well as or better than most of them with my life.



How Would You Score Your Health Habits?

Write the number of checks (from 0 to 5) for each area. Then add up the numbers to find your *wellness score*.

Alcohol Use _____	Stress and Anxiety _____
Tobacco Use _____	Vehicle Safety _____
Blood Pressure _____	Relationships _____
Weight & Body Fat _____	Rest and Sleep _____
Physical Fitness _____	Life Satisfaction _____
Total Column 1 _____	Total Column 2 _____
Add Columns 1 & 2 for Your <i>Wellness Score</i> _____	

Wellness Scores

- A score of 40 to 50 means your health habits are better than most people.
- A score of 25 to 39 means your health habits are like those of most people, but could be better.
- A score of 0 to 24 means there is much room for improvement in your health habits.
- Also, less than 3 check marks in any area means you need to improve health habits in that area.

Source: Adapted from John Cavendish, Ed.D., Assistant Professor of Health Education, West Virginia University, Morgantown.

As you make the changes listed throughout this HealthTracker™, retake the quiz to see if you improve your *wellness score*.

Manage Stress

Each person reacts to stress differently. Changing jobs might be overwhelming for some persons, while others welcome the change. How stress affects your health depends on how often and how much stress you have and how well you tolerate stressful situations.

Your Stress Factors

Next to each of the following questions, put the number 1 to 5, using this scale: 1= Never; 2= Rarely; 3= Sometimes; 4= Often; 5= All the Time

1. One or more major changes are occurring in my life (e.g., divorce, new baby, etc.). _____
2. I am exposed to physical danger where I live or work. _____
3. I fear that I may lose my job. _____
4. I do not get positive feedback from people I work or live with. _____
5. I feel powerless to change my workload and/or working conditions. _____
6. My workspace and/or home is disorganized or messy. _____
7. I am unable to pay my bills on time. _____
8. I don't think that I will be able to handle future financial needs. _____
9. I or a person I live with has a serious illness or injury. _____
10. I am not able to get appropriate child care or take care of loved ones who depend on me. _____

Your Stress Factors, continued

11. I sense a lot of conflict and/or hear a lot of arguments at home and/or at work. _____
12. Persons close to me expect me to solve their problems. _____
13. I don't have time to do things that I enjoy or to relax. _____
14. I am not accomplishing what I expect of myself. _____
15. My energy is drained at the end of the day. _____

Total Your Score

A score less than 38 indicates a lower-stress life. A score of 38 or more indicates a higher-stress life. You may need to make changes in your life to reduce and help you manage stress.

Adapted from "Is Stress Putting Your Health at Risk" in the Self-Care Advisor, Time Inc. Health, 2000.

Ways to Manage Stress

(Check off items you do.)

- Maintain a regular program of healthy eating, good health habits, and adequate sleep. Limit caffeine and alcohol.
- Exercise regularly. This promotes physical fitness and emotional well-being.
- Don't let your emotions get "bottled up" inside. Share your feelings with others.
- Learn to manage your time efficiently.

- Avoid unnecessary arguments or quarrels.
- Minimize your exposure to things that cause distress.
- Practice a relaxation technique daily. Meditate, listen to music, relax and try to think of pleasant things or nothing.
- Balance work and play.
- Engage in activities you enjoy and look forward to.
- Set realistic goals for yourself.
- Accept the things you cannot change in yourself or others.
- Forgive yourself for mistakes.
- Take satisfaction in your accomplishments. Don't dwell on your shortcomings.
- Develop and maintain a positive attitude.
- Discover the "elf" in yourself. Learn to have fun.
- Surround yourself with cheery people. Avoid stress carriers.
- Do a "stress rehearsal." Prepare for stressful events by imagining yourself feeling calm and handling the situation well.
- Be a good Samaritan. Spend time helping others.



Use Alcohol Safely

- If you drink, do so in moderation (no more than 2 drinks a day for men; 1 drink a day for women and persons age 65+). Examples of one drink are:
 - 12 oz. of regular beer or wine cooler
 - 4 to 5 oz. of wine
 - 1½ oz. of 80-proof liquor (40% alcohol)
- Don't drink any alcohol if you are pregnant, you are under 21 years old, you are driving or operating equipment, or you are alcohol or drug dependent.
- Don't have alcohol with prescribed drugs if the drug's label or your doctor tells you not to. Some prescribed drugs and alcohol mixtures can be fatal. Consult your doctor about alcohol use if you take any medications.
- Drink slowly. You are apt to drink less.
- When you have a drink, set it down between sips.
- Pour less alcohol and more mixer in your drink.
- Know your limit and stick to it. You may decide it is better not to drink at all. Use the chart on the next page as a guide.
- After you have 1 or 2 drinks with alcohol, drink ones without alcohol.
- To help slow alcohol absorption, eat when you drink.
- Don't drink and drive. Designate a driver who will not be drinking.
- Coffee or fresh air don't make you sober. If you need to get sober, stop drinking.

Effects of Alcohol in Your Blood

Alcohol is a central nervous system depressant. In general, Blood Alcohol Concentration (BAC) is related to how much alcohol you drink in a given period of time and your body weight. Other factors can also affect BAC (e.g., how much you've eaten; how long it takes you to finish a drink; what you drink, your gender and age, medicines you take, etc.).

% of Blood Alcohol Concentration (BAC)

Body Weight (lbs)	Number of Drinks in Two Hours*				
	2	4	6	8	10
120	0.06	0.12	0.19	0.25	0.31
140	0.05	0.11	0.16	0.21	0.27
160	0.05	0.09	0.14	0.19	0.23
180	0.04	0.08	0.13	0.17	0.21
200	0.04	0.08	0.11	0.15	0.19

BAC

Effects (varies per individual)

0.05%	Relaxed state. Judgement is not as sharp. Release of tension; carefree feeling.
0.08%**	Inhibitions are lessened.
0.10%**	Movements and speech are clumsy.
0.20%	Very drunk. Can be hard to understand. Emotions can be unstable. 100 times greater risk for traffic accident.
0.40%	Deep sleep. Hard to wake up. Not able to make voluntary actions.
0.50%	Can result in coma and/or death

*1 drink equals 1½ ounces 80-proof hard liquor, 12 ounces beer, or 5 ounces wine.

**Some states use 0.08% BAC as the legal limit for Driving Under the Influence (DUI). Some states use 0.10%.

Alcohol Dependency Test

Are you a social drinker or a problem drinker? Alcoholics Anonymous has developed the following quiz to help you determine if you have a drinking problem.

1. Have you ever decided to stop drinking for a week or so, but lasted only a few days?
Yes _____ No _____
2. Do you wish people would mind their own business about your drinking and stop telling you what to do?
Yes _____ No _____
3. Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?
Yes _____ No _____
4. Have you had a drink in the morning during the past year?
Yes _____ No _____
5. Do you envy people who can drink without getting into trouble?
Yes _____ No _____
6. Have you had problems connected with drinking during the past year?
Yes _____ No _____
7. Has your drinking caused trouble at home?
Yes _____ No _____

8. Do you ever try to get extra drinks at a party because you're not served enough?
Yes _____ No _____
9. Do you tell yourself you can stop drinking any time you want, even though you keep getting drunk when you don't mean to?
Yes _____ No _____
10. Have you missed days of work because of drinking?
Yes _____ No _____
11. Do you have blackouts?
Yes _____ No _____
12. Have you ever felt your life would be better if you did not drink?
Yes _____ No _____

How to score: If you answer "yes" to four or more questions, chances are you have a problem and should seek professional help.

Source: *Is AA for You?* Reprinted with permission of Alcoholics Anonymous World Services, Inc., New York.

For more information, contact:
Center for Substance Abuse Treatment
National Drug Treatment Referral Routing Service
800.662.HELP (English/Spanish) or www.drughelp.org

Diabetes

Diabetes is often called “having too much sugar.” It is really too much sugar (glucose) in the blood and not enough in the body’s cells. Glucose needs to get into the cells to be used for energy. Insulin is the hormone needed for glucose to get from the blood into the cells.

There are 4 Forms of Diabetes

Type 1 – With this type, the pancreas gland either makes no insulin or very small amounts. Often the pancreas has fewer cells that make insulin. This type most often occurs in children and young adults. It can happen at any age, though.

Type 2 – The pancreas still makes insulin, but does not make enough. Or, the body does not use insulin the right way. This type often occurs in persons who are over age 40, are overweight, and/or don’t exercise.

Diabetes is diagnosed when fasting blood glucose levels are 126 mg/dL and higher.

Pre-diabetes – With this type, fasting blood glucose levels are 100 to 125 mg/dL. Many people with pre-diabetes develop Type 2 diabetes within 10 years. Modest weight loss and moderate physical activity can help delay or prevent type 2 diabetes.

Gestational – The stress of a pregnancy may cause a temporary case of diabetes. This type usually ends when the pregnancy ends.



See your doctor if you have one or more of these symptoms of diabetes:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased fatigue
- Irritability
- Blurry vision



Pre-diabetes and diabetes can be present without any of these symptoms, so get a test to screen for diabetes as advised by your doctor. Early treatment may reduce other health problems related to diabetes, such as heart disease, stroke, kidney disease, and blindness.

For more information, contact:

American Diabetes Association
800.232.3472 or www.diabetes.org

Blood Glucose Tests Record from Doctor

Date	Blood Glucose (mg/dL)	Glycated hemoglobin (e.g., A1C) for Diabetics Only

Osteoporosis

With osteoporosis, bones become weak and brittle, making them more prone to fractures. Any bone can be affected, but the hips, wrists, and spine are the most common sites.

Risk Factors for Osteoporosis

(Check ones that apply to you.)

- You are female, especially past menopause, or you have had both ovaries removed and are not taking estrogen. (80% of persons with osteoporosis are female.)
- You have a thin, small-framed body.
- You are Caucasian or Asian (African Americans and Hispanic Americans are at significant risk as well.)
- You lack physical activity, especially weight-bearing ones, such as walking, running, tennis, etc., or you are female and exercise so much that menstrual periods cease.
- You lack calcium and vitamin D.
- There is a history of osteoporosis and/or bone fractures in your family.
- You smoke cigarettes and/or drink on a regular basis.
- You have other disorders, such as hyperthyroidism, hyperparathyroidism, or certain forms of bone cancer.
- You have taken certain medications: Corticosteroids (long-term usage); some antiseizure medicines; too much thyroid hormone; and/or aluminum-containing antacids (in large quantities).

To Prevent and/or Treat Osteoporosis

(Check items that you do.)




- Eat foods rich in calcium and vitamin D. Take calcium and vitamin D supplements as advised by your doctor.
- Do weight-bearing exercises (e.g., walking, 3 or more times a week). Do the exercises your doctor advises.
- Don't smoke or use tobacco products. If you do, quit.
- Limit alcohol intake to 1 drink per day, if any.
- Prevent falls. Use grab bars and safety mats in your tub or shower. Use handrails on stairs. Wear flat, sturdy, nonskid shoes. Use rugs with nonskid backs. Be careful if you have to walk on snow and ice.
- Take medication to prevent bone loss or treat osteoporosis as advised by your doctor.
- Get tests for osteoporosis detection and follow up as advised by your doctor.



Osteoporosis Test Measurements

Date	Height	Weight	Heel Bone Mineral Density Screening (Ultrasound)	DXA or DEXA Bone Mineral Density Test (X-ray)

For more information, contact:
National Osteoporosis Foundation
202.223.2226 or www.nof.org





Common Health Tests & Record



Test	When to Have	Test Date
Dental Checkup	Every 6-12 months	
Physical Exam	Every 5 years (age 20–29) Every 2-4 years (ages 30-49) Every 1-2 years (ages 50+)	
Blood Pressure	At every office visit or at least every 2 years	
Vision	Every 5 years (age 20–29) Every 2-4 years (ages 30-49) Every 1-2 years (ages 65+)	
Cholesterol Blood Test	Every 5 years (ages 20+; yearly if elevated)	
Testicular Self- Exam 	As advised (ages 15+)	
Pap Test 	Every 1-3 years as advised. After age 65, consult doctor.	
Chlamydia Screening 	As advised for all sexually active females (ages 25 and younger; ages 25+ at high risk ¹)	
Breast Self-Exam ²	As advised (ages 20+)	

 (Males)
 (Females)

¹High risk = Having more than one sex partner, having had an STD, or not using condoms consistently and correctly.

²Though rare, men can get breast cancer and should look for and report a breast lump or other change to their doctors.

Test	When to Have	Test Date
Breast Exam by Doctor or Nurse ² 	Every 3 years (ages 20-40) Yearly (ages 40+)	
Mammogram 	Every 1-2 years (ages 40+)	
Prostate Cancer Screening ³ 	As advised (ages 50+)	
Colorectal Cancer Screening ⁴	As advised (ages 50+)	
Glaucoma Screening	Every 2-3 years (ages 50+). For African Americans, every 2-3 years (ages 40-49+)	
Osteoporosis Screening 	Starting at age 65 (60 if at increased risk for fractures) as often as advised	

 (Males)
 (Females)

³African American men should discuss this with their doctors at ages 45+. So should men with a family history of prostate cancer.

⁴Screening tests include stool blood test, double contrast barium enema, sigmoidoscopy, and colonoscopy. How often tests are needed depends on which test(s) are given.

Immunization Schedule & Record

Children's Vaccines		
Vaccine	Dose & When to Have	Test Date
Hepatitis B (HepB)	1stBirth Dose 2nd....1 to 2 months 3rd6 to 18 months (A 3-dose series by age 18 if not yet given.)	
Diphtheria, Tetanus, Pertussis (DTaP)	1st2 months 2nd....4 months 3rd6 months 4th15-18 months 5th4-6 years	
<i>Haemophilus Influenzae</i> type b (Hib)	1st2 months 2nd....4 months 3rd12-15 months	
Inactivated Poliovirus (IPV)	1st2 months 2nd....4 months 3rd6-18 months 4th4-6 years	
Pneumococcal (PCV)*	1st2 months 2nd....4 months 3rd6 months 4th12-15 months	
Influenza (Flu vaccine)	Yearly after age 6 months as advised	

*PCV may be needed for certain children 24 to 59 months. PPV, another vaccine, may be needed for high risk groups between 24 months and 18 years of age. Check with your child's doctor.

Children's Vaccines, continued		
Vaccine	Dose & When to Have	Test Date
Measles, Mumps, Rubella (MMR)	1st.....12-15 months 2nd4-6 years or by 11-12 years	
Varicella (Chicken pox vaccine)	1st.....At any visit after age 12 months <i>Note:</i> Children age 13 and older should get 2 doses, at least 4 weeks apart, if they have not had chicken pox or chicken pox vaccine.	
Hepatitis A Series (Hep A)	1st.....12-23 months or as advised 2nd≥ 6 months after 1st dose	
Tetanus / Diphtheria/ Pertussis (Tdap)	11-12 years (or by age 18)	
Meningitis	Advised at 11-12 years or at the start of high school if not yet immunized. Also advised for college freshmen living in dorms.	

For more information and updates, contact:
National Immunization Program
800.232.2522 (English) • 800.232.0233 (Spanish)
www.cdc.gov/nip

Prescription Medicine Log

(Record in pencil to keep this a current list.)

Medicine Name/Dose	Reason for Taking	Doctor Name/Phone

Over-the-Counter Medicine Log

(List vitamins, minerals, herbs, too.)

Name/Dose	Reason for Taking

HealthTracker™

Your Passport to Good Health

The journey to good health has many steps. This guide shows you the right ones to take and helps you keep track of your progress.

