

Healthy Hearts,
Healthy Lives

Health and Wellness Journal



Karen Boyd,
Health Net
*We make your
health our priority.*





Healthy Hearts, Healthy Lives – You Are in Charge

You can prevent and control heart disease by making some lifestyle changes. Keeping your journal helps you record your progress and find areas to improve on. This can be as simple as writing down your thoughts, feelings and daily life activities. Your journal is your tool to a healthy heart and healthy life.

How to use this journal

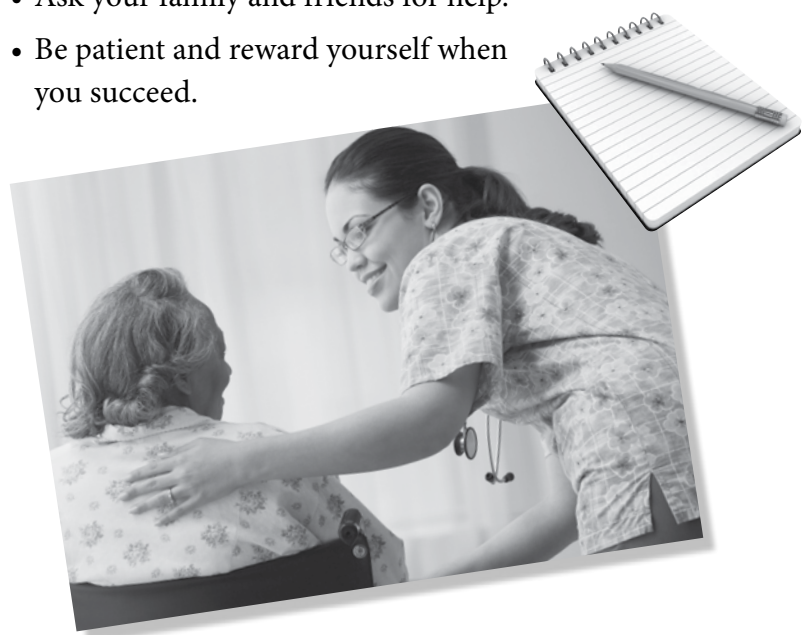
Taking care of your heart is one of the best things you can do for your health. Having short- and long-term goals to improve your health is the key to a long and healthy life.

Use your journal to:

- Choose goals that you can reach, and track your success.
- Share your progress with your doctors. The more your doctor knows about you, the better he or she can take care of you.

Making lifestyle changes can be hard. Follow these tips to stay on track:

- Change only one or two behaviors at a time.
- Keep your goals simple and if you slip, try again.
- Make weekly goals and track your progress.
- Ask your family and friends for help.
- Be patient and reward yourself when you succeed.



Your Goal Tracking Form

Instructions

Review the 10 tips on how to live a heart-healthy life below. Choose one goal at the beginning of the week. At the end of the week, complete the last 3 sections below to find out how you did on meeting your goals. This activity will help you reach your future goals. Make copies of this record to log your progress for longer than a week.

Date: _____

Week #: _____

Weekly goal: *(circle one)*

- Tip 1: Eat a healthy diet
- Tip 2: Keep a healthy weight
- Tip 3: Stay active
- Tip 4: Reduce your stress
- Tip 5: Quit smoking
- Tip 6: Limit alcohol
- Tip 7: Control your blood pressure
- Tip 8: Lower your cholesterol level
- Tip 9: Manage your diabetes
- Tip 10: Take your medicines as told by your doctor

Write down how successful you were this week:

List anything that may have stopped you from reaching your goal:

Write down ways to deal with the difficulties listed above:

Tip 1: Eat a Healthy Diet

A heart-healthy diet has whole grains, fresh fruits, vegetables, and small amounts of lean (low in fat) meat, chicken or fish. Limit salt, sugar and fat in your daily meals.

Keep track of your weekly diet

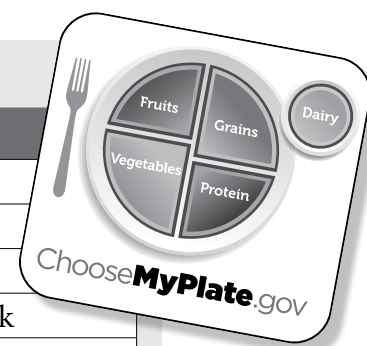
Instructions

Track how many servings of fruits, vegetables, whole grains, dairy, lean meats, and water you have each day for a week. Aim to meet the serving goals below to have a healthy diet. Make copies of this record to log your progress for longer than a week.

Days of the week	Number of servings					
	Fruits	Vegetables	Whole grains	Dairy	Lean meats	Water (glasses)
Example	2	3	6	2	2	8
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

How many servings a day do you need?

Food group	Suggested servings
Whole grains (6 servings)	6 ½ cups of cooked grains
Vegetables (3 servings)	3 cups of mixed vegetables
Fruits (2 servings)	2 cups of mixed fruits
Dairy (2 or 3 servings)	2 cheese sticks and 1 glass of milk
Lean meats (2 servings)	6 ounces of chicken, fish or lean meat
Water	8 glasses of water



Tip 2: Keep a Healthy Weight

A healthy weight can help lower your blood pressure. It can also lower your risk for heart disease. Talk to your doctor about a weight that is right for you. Create diet and exercise goals that you can do. Change your goals once you see progress.

Track your body mass index (BMI)

Instructions

Body mass index (BMI) is a measure of your body fat using your weight and height. On the next page, there is a BMI chart where you can learn your BMI.

<i>BMI</i>	<i>Reading</i>
Below 18.5	Underweight
18.5–24.9	Healthy/Normal weight
25.0–29.9	Overweight
30.0 and above	Obese

BMI

Date checked (before you start your goals): _____/_____/_____

Reading: _____

Date checked (after you complete your goals): _____/_____/_____

Reading: _____

Doctor: _____

Diet goal: For my diet, I will: _____

Exercise goal: For my exercise, I will: _____

BMI chart

Instructions

Find your height on the left hand side and find your weight on the top row. Where your height and weight meet is your BMI. Speak to a nurse or doctor if you need more help on how to use this BMI chart.

For example, if you have a height of 5' 9" and your weight is 180, these numbers meet at the square that says 26.6. So, your BMI is 26.6, which is defined as "overweight."

Height	Weight																
	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260
4' 10"	20.9	23.0	25.1	27.2	29.3	31.3	33.4	35.5	37.6	39.7	41.8	43.9	46.0	48.1	50.2	52.2	54.3
4' 11"	20.2	22.2	24.2	26.3	28.3	30.3	32.3	34.3	36.4	38.4	40.4	42.4	44.4	46.4	48.5	50.5	52.5
5' 0"	19.5	21.5	23.4	25.4	27.3	29.3	31.2	33.2	35.2	37.1	39.1	41.0	43.0	44.9	46.9	48.8	50.8
5' 1"	18.9	20.8	22.7	24.6	26.4	28.3	30.2	32.1	34.0	35.9	37.8	39.7	41.6	43.5	45.3	47.2	49.1
5' 2"	18.3	20.1	21.9	23.8	25.6	27.4	29.3	31.1	32.9	34.7	36.6	38.4	40.2	42.1	43.9	45.7	47.5
5' 3"	17.7	19.5	21.3	23.0	24.8	26.6	28.3	30.1	31.9	33.7	35.4	37.2	39.0	40.7	42.5	44.3	46.1
5' 4"	17.2	18.9	20.6	22.3	24.0	25.7	27.5	29.2	30.9	32.6	34.3	36.0	37.8	39.5	41.2	42.9	44.6
5' 5"	16.6	18.3	20.0	21.6	23.3	25.0	26.6	28.3	30.0	31.6	33.3	34.9	36.6	38.3	39.9	41.6	43.3
5' 6"	16.1	17.8	19.4	21.0	22.6	24.2	25.8	27.4	29.0	30.7	32.3	33.9	35.5	37.1	38.7	40.3	42.0
5' 7"	15.7	17.2	18.8	20.4	21.9	23.5	25.1	26.6	28.2	29.8	31.3	32.9	34.5	36.0	37.6	39.2	40.7
5' 8"	15.2	16.7	18.2	19.8	21.3	22.8	24.3	25.8	27.4	28.9	30.4	31.9	33.4	35.0	36.5	38.0	39.5
5' 9"	14.8	16.2	17.7	19.2	20.7	22.1	23.6	25.1	26.6	28.1	29.5	31.0	32.5	34.0	35.4	36.9	38.4
5' 10"	14.3	15.8	17.2	18.7	20.1	21.5	23.0	24.4	25.8	27.3	28.7	30.1	31.6	33.0	34.4	35.9	37.3
5' 11"	13.9	15.3	16.7	18.1	19.5	20.9	22.3	23.7	25.1	26.5	27.9	29.3	30.7	32.1	33.5	34.9	36.3
6' 0"	13.6	14.9	16.3	17.6	19.0	20.3	21.7	23.1	24.4	25.8	27.1	28.5	29.8	31.2	32.5	33.9	35.3
6' 1"	13.2	14.5	15.8	17.1	18.5	19.8	21.1	22.4	23.7	25.1	26.4	27.7	29.0	30.3	31.7	33.0	34.3
6' 2"	12.8	14.1	15.4	16.7	18.0	19.3	20.5	21.8	23.1	24.4	25.7	27.0	28.2	29.5	30.8	32.1	33.4
6' 3"	12.5	13.7	15.0	16.2	17.5	18.7	20.0	21.2	22.5	23.7	25.0	26.2	27.5	28.7	30.0	31.2	32.5
6' 4"	12.2	13.4	14.6	15.8	17.0	18.3	19.5	20.7	21.9	23.1	24.3	25.6	26.8	28.0	29.2	30.4	31.6
6' 5"	11.9	13.0	14.2	15.4	16.6	17.8	19.0	20.2	21.3	22.5	23.7	24.9	26.1	27.3	28.5	29.6	30.8
6' 6"	11.6	12.7	13.9	15.0	16.2	17.3	18.5	19.6	20.8	22.0	23.1	24.3	25.4	26.6	27.7	28.9	30.0
BMI category	Underweight						Normal						Overweight				Obese

Record your weight and track your progress

Instructions

Weigh yourself *weekly*. Mark the date that you weigh yourself and write down your goal weight for the next week. Do this every week for 8–10 weeks. Aim to lose one to two pounds a week.

<i>Date</i>	<i>Current weight</i>	<i>Next week goal weight</i>
Example		
Week 1: 9/13/13	250 pounds	249 pounds
Week 1:		
Week 2:		
Week 3:		
Week 4:		
Week 5:		
Week 6:		
Week 7:		
Week 8:		
Week 9:		
Week 10:		



Tip 3: Stay Active

Aim for 30 minutes of physical activity every day. It can help you keep a healthy weight and lower your risk for high cholesterol, high blood pressure and heart disease. Talk to your doctor about how much activity is right for you.

You do not need to go to the gym to exercise. You can be active by:

- Exercising at home
- Gardening
- Walking with a friend
- Joining an exercise class
- Dancing
- Doing yoga
- Doing tai chi

Please refer to the Fit Families for Life DVD for fun exercises to keep you fit.



Geoffrey Gomez,
Health Net
*We're here to support
your health goals.*



Physical activity record

Goal: I will (activity) _____ (how much time) _____

(how often) _____. Example: "I will walk 30 minutes each day."

Instructions

Write down the physical activity, how long you did it and how it made you feel. Make copies of this record to write more dates as needed.

<i>Date</i>	<i>Activity</i>	<i>Time</i>	<i>How did it feel?</i>
Example 9/13/13	Walk	30 minutes	Hard but fun

Tip 4: Reduce Your Stress

Stress affects your emotions and can lead to bad habits like smoking, overeating and drinking too much alcohol. Talk with a friend, take a walk, listen to music, meditate, or garden to reduce your stress. Make copies as needed to reach your goals.



Record your stress

Instructions

Write down what caused your stress, your stress level and how you handled the situation to see what you can do better.

<i>Date</i>	<i>Stress level (high, fair, low)</i>	<i>Stressful event</i>	<i>Cause</i>	<i>Reaction</i>	<i>How to handle the situation better?</i>
Example 11/13/13	Medium or fair	Breaking a plate	Accident	Anger, with others	Calmly cleaning up mess and relaxing

Tip 5: Quit Smoking



Stop smoking to lower your risk of heart attack and stroke. Talk to your doctor about counseling and medicines to help you quit. Know what triggers (causes) your smoking and what you can do instead of smoking that can help you kick the habit!

Why and when do I smoke?

Check all of the times you smoke.

- Waking up in the morning
- Finishing a meal
- Driving a car
- Talking on the phone
- When I have stress or worry
- When I am at work
- When I am with friends who smoke
- When I am bored
- When I am watching TV
- When I drink coffee or tea
- When I drink alcohol
- When I am at the computer

What can I do to not smoke?

Check all the things you think you can do instead of smoking. Check all that you've already tried.

- Go for a walk
- Eat healthy finger foods
- Brush my teeth
- Have a cup of coffee or tea, or some gum or candy
- Remove all cigarettes from my house and car
- Play a game
- Put a note on my TV
- Try deep breathing
- Talk with a friend for support
- Be quiet with myself
- Exercise
- Journal

Tip 6: Limit Your Alcohol

Reducing the amount of alcohol you drink will help lower your risk for weight gain, high blood pressure and heart disease. Talk to your doctor about any risks of mixing alcohol with your medicines.

I will limit my alcohol by:

- Deciding ahead of time how many drinks I will have or not to drink at all.
- Choosing only non-alcoholic drinks.
- Having a glass of juice or water instead of beer, wine or a cocktail.
- Choosing to do activities that do not involve drinking.

Tina Machi,
Health Net
*We help members
build healthy habits.*





Tip 7: Control Your Blood Pressure

High blood pressure can put extra strain on your heart and thin blood vessels. Exercise every day, eat foods low in salt and have your blood pressure checked often. Take your blood pressure medicine as directed by your doctor. There are two numbers for your blood pressure:

- Systolic (top number) – when the heart beats
- Diastolic (bottom number) – when the heart relaxes

Blood pressure guidelines

<i>If you are...</i>	<i>Target blood pressure</i>	
	Systolic	Diastolic
60 years or older with high blood pressure	Less than 150	Less than 90
30–59 years old with high blood pressure	Less than 140	Less than 90
An adult with diabetes or kidney disease	Less than 140	Less than 90

Blood pressure

Date checked (before you start your goals): _____/_____/_____

Reading: _____

Date checked (after you complete your goals): _____/_____/_____

Reading: _____

Doctor: _____

Diet goal: For my diet, I will: _____

Exercise goal: For my exercise, I will: _____

Tip 8: Lower Your Cholesterol Level

Cholesterol is a fat like substance that can block blood flow through the blood vessels. Following a diet that is high in fiber and low in fats can help control your cholesterol.

If you have high cholesterol, your doctor can help you with a plan to get it into a healthy range. Take cholesterol medicines as told by your doctor.

Use this chart to record the number of servings of low fat and high fiber foods that you eat each day. Make copies of this record to log your progress for longer than a week.

Days of the week	Number of servings					
	Fruits	Vegetables	Whole grains	Low fat dairy	Lean meats	Beans
Example	2	3	6	2	2	1
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



How you eat affects your cholesterol levels. It is important to eat a low fat, high fiber diet to lower your cholesterol level.

You can lower your cholesterol by eating fewer foods that are high in cholesterol.

Review the checklist below and think about your daily eating habits. Check off the foods that you would like to cut back on or avoid eating.

- | | | |
|--|---|--|
| <input type="checkbox"/> Bacon | <input type="checkbox"/> Hot dogs | <input type="checkbox"/> Shortening |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Ice cream | <input type="checkbox"/> Whole milk |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Lard | <input type="checkbox"/> Ice cream |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Organs (such as liver) | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Egg yolks | <input type="checkbox"/> Pork | <input type="checkbox"/> Vegetable/Corn oils |
| <input type="checkbox"/> Fried chicken | <input type="checkbox"/> Sausage | |

Tip 9: Manage Your Diabetes

Diabetes is a disease that makes your blood sugar levels higher than they should be. Diabetes increases your risk for heart disease. Weight control, healthy eating, physical activity, and medicines can help control diabetes.

Blood sugar level and A1C

A blood sugar (glucose) test measures your blood sugar at the time you test. You can do this test at home using a simple meter and test strips. This test is also done in your doctor's office.

The A1C test measures your blood sugar over the past 3 months. This is the best way to know if your blood sugar is under control. Aim for an A1C result of 7 or lower.

A1C

Date checked (before you start your goals): _____/_____/_____

Reading: _____

Date checked (after you complete your goals): _____/_____/_____

Reading: _____

Doctor: _____

Diet goal: For my diet, I will: _____

Exercise goal: For my exercise, I will: _____

Tip 10: Take Your Medicines

People with high blood pressure, high cholesterol or heart disease may need to take medicines or aspirin daily. Keep track of your medicines and follow the time schedule when they should be taken. Use a pill organizer to help you stay on track.



Track your medicines

Instructions

Use this medicine record to keep track of your medicines. Fill in each of the columns below, and use the notes column to also write down any side effects or things you need to talk about with your doctor. Make copies of this record as needed.

<i>Medicine name</i>	<i>Dose</i>	<i>Time of the day</i>	<i>Next refill needed</i>	<i>Notes</i>
Example: Simvastatin	Amount of pill/pills	Breakfast	6/1/13	For cholesterol

Questions *to Ask Your* Doctor *or* Pharmacist



What kind of medicine am I taking?

What is it for?

How much medicine should I take?

When and how often should I take it?

How should I take this medicine?

What kind of side effects could it cause?

What should I do if I have a problem with the medicine?

What should I do if I forget to take my medicine?

Take these questions with you when you see your doctor. You can also ask your pharmacist.

What to Tell Your Doctor

Most doctors have only a small amount of time to spend with each patient, often 15 minutes or less. When you have your doctor's appointment, you should be prepared with the checklist below.

- Describe your health concerns and signs
- Explain when your symptoms began and how often you have them
- Explain what relieves your symptoms
- Give a health history
- Discuss any allergies to medicines
- Ask if your medicines need to be taken with food or without food
- Let your doctor know of any personal issues or changes to your lifestyle that you have made
- Ask your doctor if there is anything more you should be doing for your health
- Discuss what you have been eating
- Discuss what physical activities you are doing
- Share what stress you have and how you control it
- List tests and immunizations (shots) you have gotten and may need, like the flu or pneumonia shot
- Bring a list of all the medicines that you are taking, including vitamins, over-the-counter medicines and herbs
- Bring someone to the doctor's appointment to take notes and help ask questions
- Ask the doctor to explain if you do not understand something



Your Personal Checkup Record

Keep the checkup record for your personal information. This form can be used in many ways. It can help you see the things that have improved over time. It may also help you find things to improve.

<i>Date of checkup</i>	<i>Weight (pounds)</i>	<i>Blood pressure (systolic/diastolic)</i>	<i>LDL cholesterol</i>	<i>Blood sugar</i>	<i>Next checkup</i>	<i>Comments</i>
Example: 9/13/11	250	116/76	106	94	3/22/12	Working on losing weight

The information provided is not intended as medical advice or as a substitute for professional medical care. Always seek the advice of your physician or other health provider for any questions you may have regarding your medical condition, and follow your health care provider's instructions.

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