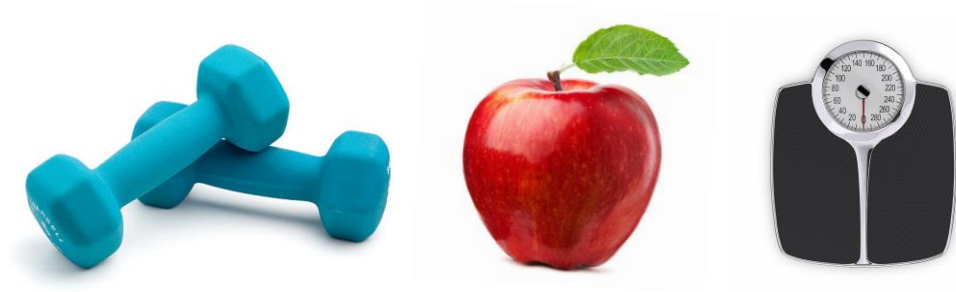


# Health

As an adult, no one is going to make you take care of yourself. However, it will be hard to live the life you want to have if you don't stay healthy. Learn to work with your health care team so you can manage and improve your health.

There is not a single definition of health for all people, but a healthy lifestyle is important for everyone!



Try this checklist to see where you baseline is:  
It's ok if you don't know what everything means!

Health Factor	Questions	Yes	No
Diet	Do I eat fruits and vegetables each day?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I limit sugary and junk foods?	<input type="checkbox"/>	<input type="checkbox"/>
Body Weight	Is my weight healthy for my age and height?	<input type="checkbox"/>	<input type="checkbox"/>
Water & Drinks	Do I drink 8 glasses of water each day?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I limit myself to no more than 1 soda or sweetened drink each day?	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	Do I floss my teeth at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I brush my teeth at least twice a day?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I see a dentist regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	Do I get at least 30 minutes of exercise, can include walking, every day?	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	Am I getting 7-8 continuous hours of sleep every night?	<input type="checkbox"/>	<input type="checkbox"/>
Movement & Function	Do I have the strength to do what I want to do?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I have pain?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a change in how I move, see, or hear, or in my muscle control, strength, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
	Can I do today what I could do a year ago?	<input type="checkbox"/>	<input type="checkbox"/>
Mobility and Transportation	Do I get around in my home ok?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I get around in my community ok?	<input type="checkbox"/>	<input type="checkbox"/>
Fun and Friends	Do I have fun most days?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I have at least one friend I do things with?	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	Am I mostly happy?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I like myself?	<input type="checkbox"/>	<input type="checkbox"/>
	Can I talk about what I do well?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I have someone to talk with when I feel things?	<input type="checkbox"/>	<input type="checkbox"/>
Sex	Do I know where I can find information on sex?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I know where I can find information on family planning?	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco, Alcohol, and drugs	Do I smoke, chew tobacco, or vape?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I take drugs not prescribed to me?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I use other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I know if these drugs interact with my medications?	<input type="checkbox"/>	<input type="checkbox"/>
Screenings	Do I know how they affect my mood?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I get regular health screenings (vision, dental, hearing, blood pressure, breast or testicular exams)?	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	Are my immunizations up to date?	<input type="checkbox"/>	<input type="checkbox"/>
	Do I know where to get a list of my immunizations?	<input type="checkbox"/>	<input type="checkbox"/>
Wellness baseline	Can I tell when something about my body is changing and know when I need to see my doctor or provider?	<input type="checkbox"/>	<input type="checkbox"/>
Culture	Do I know how my culture affects my health decisions?	<input type="checkbox"/>	<input type="checkbox"/>

Review the checklist and your answers. Are there some areas where you need to change? Set some goals. Try to make the SMART goals (Specific, Measurable, Achievable, Realistic, Time limited). For example: *I will drink 8 glasses of water at least 5 times this week.* Make a list of at least 3 goals:

Talk with your care team about ways you can get healthy and stay healthy.

When to make an appointment vs. when you have a medical emergency:

- A medical emergency is sudden severe symptoms that could be dangerous. This includes, but is not limited to: high fever (above 103°), loss of consciousness, blood loss, extreme pain (hard to move), can't breathe or hard to breathe, head, neck, or back injury/hit, etc. Go to the emergency department or call 911 {picture of ambulance}
- If you've had moderate pain (but it doesn't stop you from work or daily activities) or a low fever call your clinic to make an appointment.