Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Passport to Healthy Lifestyle

THE EAT WELL PLATE

FOOD EXCHANGE

HEALTHY LIFESTYLE

PHYSICAL ACTIVITY

DIABETES CONTROL

FOOT CARE

BLOOD PRESSURE CONTROL

Take to Every Appointment

paste your photo here

In Case of Emergency please contact:

Name

Phone number

Name: .....

Address: .....

E-mail: .....

Phone: .....

Health Facility: .....

Health Provider: .....

E-mail: .....

Phone: .....

Initial Registration Date (DD/MM/YY): .....

M.R. # .....ID/CCP # .....

Date of Birth (DD/MM/YY): .....

Height (cm/ins): .....Weight (Kg/Lbs): .....

BMI at Registration (KG/M^2): ..... Sex(M/F): .....

Allergies: .....

.....

.....

During your medical check up you should have the following

1. All the relevant blood tests taken and the results explained to you.
2. Your Blood Pressure recorded in every visit.
3. Your weight recorded in every visit.
4. Your urine tested for protein once per year.
5. If you have diabetes your feet checked in every visit and a dilated eye exam every year.
6. Your nutrition and physical activity pattern reviewed.
7. Your medication reviewed.
8. If you are on insulin, your injection sites should be checked.
9. The opportunity to discuss any other health problems you have.

Healthy Lifestyle

Recommendations

1 *If you have diabetes, daily regimen of 3 meals and 3 snacks.*

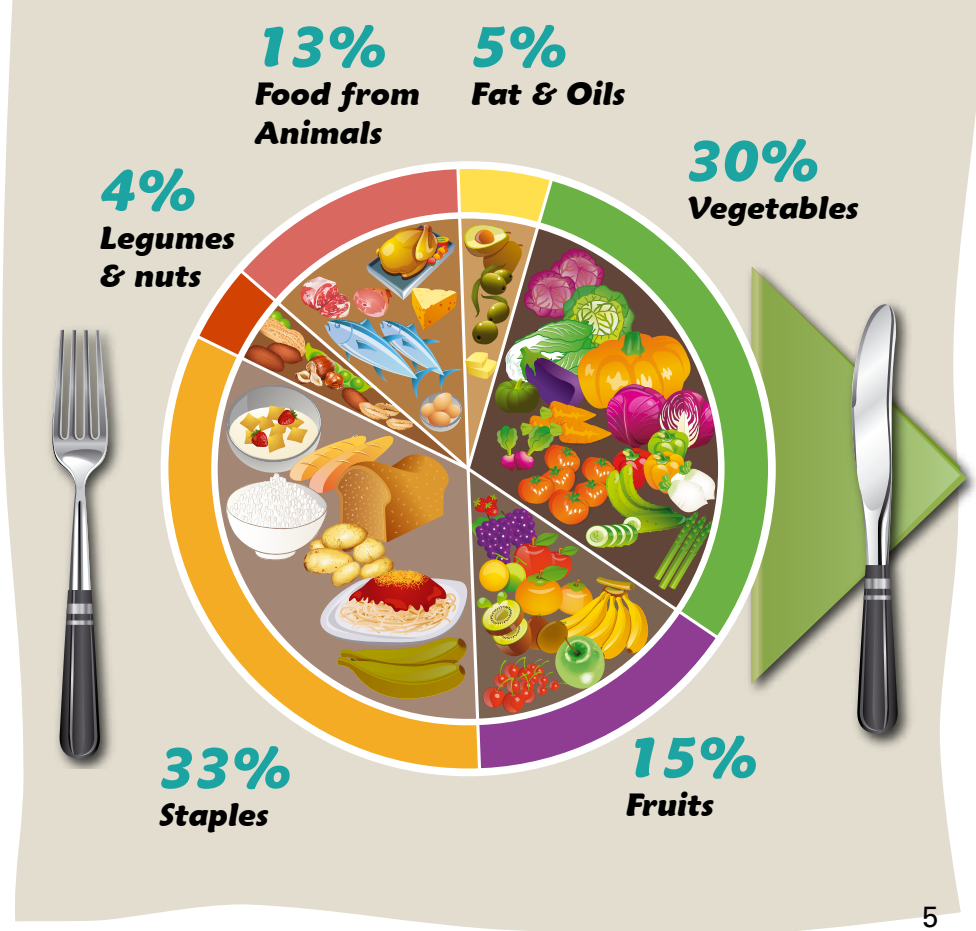
2 *Moderate intake of carbohydrates, proteins, fats and salt.*

3 *Increase consumption of fish, fiber, fruits and vegetables.*

4 *Do not smoke and avoid excessive use of alcohol*

The Eat Well Plate

Get to and stay at a healthy weight. Look at your weight goal in your Passport to Healthy Lifestyle. Talk with your health provider about getting to a weight that's right for you. Stop smoking. If you smoke ask your health provider for help to quit.



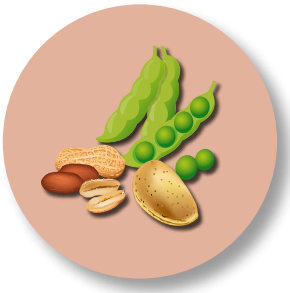
Food Exchange List

1 Staples

(70 Calories)= 1 Slice of bread, or 1 slice of toast bread, or ½ bun, or 3 crackers, or ½ cup rice/rice & peas /noodle /macaroni / spaghetti, 1 medium green banana, 1 thin slice yam, 1/2 medium sweet potato

1 Food from Animal

(100 Calories)= 1 small drumstick, or 2 slices of chicken breast, or 1 small 6 ½ X 7 ½ cm slice of fish / beef / lamb pork / 5 medium shrimps, ½ cup of 2% milk / whole milk, 60 g of yogurt



1 Legumes

(72 Calories)= 10 almonds, or 16 peanuts, or 7 cashew, or ¼ cup of chickpea /dried peas / green pigeon /stewed peas, or 2 tbsp baked beans

Food Exchange List

1 Vegetable

(36 Calories)= Green Raw Vegetable: baghi, or cabbage, or cauliflower, or celery, or cucumber, or lettuce, or spinach, or squash, or tomato: all you can eat. Yellow Vegetable: ½ cup beetroot / carrot / mix vegetables / pumpkin

1 Fruit

(40 Calories) = ½ grapefruit, 1 orange, 1 tangerine, ½ banana, 1 cashew, 20 cherries, 1 small mango, ½ cup papaya

1 Fat and Oil

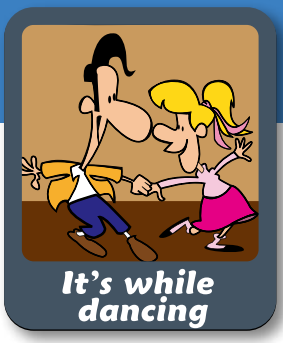
(45 Calories): 1 tsp margarine / peanut butter, oil

Physical Activity

It's in the house, in the yard, at the office, and even while shopping.

Just 30 minutes of moderate physical activity a day at least five days per week is what you need. It can boost your energy and lower your stress and risk of chronic disease.

It can be done as common activities -walking, gardening, and housework.



They all count! If you think can't do 30 minutes of activity, start with shorter amounts.

Get more out of life with physical activity.

It's Everywhere You Go!

Simple Exercises to Keep You Healthy

Do physical activity for at least 30 minutes per day, most days.

1

Walking: Walk at a brisk pace for half to one-hour daily and try to increase the distance every day.

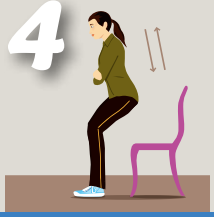
2

Stair climb: Climb a staircase using the ball of your feet.

3

Calf stretch: Support your hands against a wall keeping your legs further away than your torso and your feet flat on the floor. Bend your arms 10 times while keeping your back and legs straight.

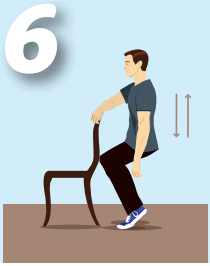
4



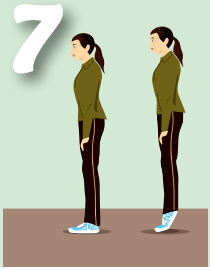
Chair exercise: Sit and stand 10 times while keeping your arms crossed.

★ ASK YOUR HEALTH PROVIDER BEFORE

Ball of the feet exercise: Holding the back of a chair, raise and lower your heels while not moving from place, as though you were walking without raising the point of your feet from the floor.



Knee flexions: Holding the back of a chair, bend your knee 10 times while keeping your back straight.



Leg balance: While standing on a book with one leg, swing the other leg forward and back 10 times. Use a table or other fixed object to balance yourself. Alternate leg and repeat.

Heel exercise: Come to the balls of your feet by raising and lowering your heels 20 times. Additionally, try to alternate placing all your weight on one leg and then on the other.

Leg exercise: Sit on the floor with your hands flat behind your back and balance your legs until you feel them relaxed and warm.

Diabetes
or Blood Sugar

Diabetes can be controlled with lifestyle changes and medicines.

Visit your health provider regularly. Always take your medication as prescribed.

Look at your treatment goals in your Passport to Healthy Lifestyle; try to reach and keep them, especially your blood glucose and blood pressure goals.

Check your blood glucose regularly at home. Record your readings and share them with your doctor or nurse.

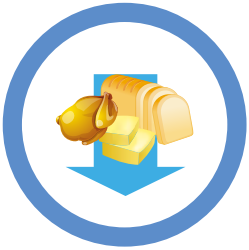
Diabetes
or Blood Sugar

Follow a healthy eating plan. Increase consumption of fish, ground provisions or whole grains, fruits and vegetables.

Keep a daily regime of 3 small meals and 3 snacks.

Eat less salt. Read food labels to find out how much sodium (salt) you eat every day. Aim to eat less than 1500 mg of sodium per day.

Moderate intake of carbohydrates, proteins and fat.



Diabetes
or Blood Sugar

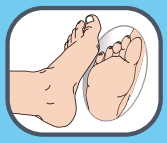
Get to and stay at a healthy weight. Talk with your doctor, nurse, nutritionist or dietitian about getting to a weight that's right for you.

Exercise. Try to be active every day. Walk as much as you can. Every step counts!

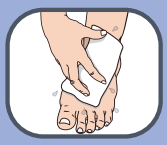
Do not smoke. If you smoke ask your health provider for help to quit.

Avoid alcohol.

Diabetes or Blood Sugar
Foot Care



Look at your feet frequently. Use a mirror or ask a member of your family to do so. If you have scratches, cracks, cuts, blisters or any change in the color of the skin, consult your health care provider immediately.



Wash your feet with warm water every day. Dry your feet gently especially between toes with a clean and soft towel.

If you have dry skin apply a moisturizer to your feet 2-3 times per week. Never apply moisturizer between your toes.

Apply anti fungus talc or powder inside your shoes.

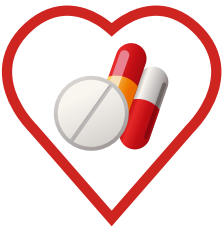
Never walk barefoot. Wear comfortable shoes with enough space for your toes.

Corns and calluses should be treated by a health professional such as a nurse or a podologist, podiatrist or chiropodist.

Hypertension
or High Blood Pressure

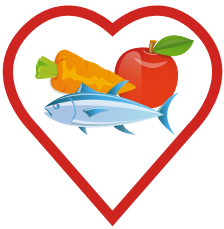
High blood pressure can be controlled with lifestyle changes and medicines.

Visit your health provider regularly. Always take your medication as prescribed.

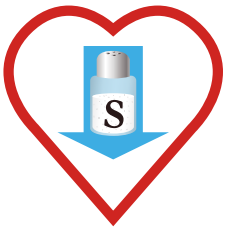


Check your blood pressure regularly at home. Record your readings and share them with your doctor.

Follow a healthy eating plan. Increase consumption of fish, ground provisions or whole grains, fruits and vegetables.

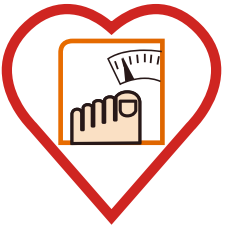


Look at your treatment goals in your Passport to Healthy Lifestyle; try to reach and keep them; especially your blood pressure goal.



Eat less salt. Read food labels to find out how much sodium (salt) you eat every day. Aim to eat less than 1500 mg of sodium per day.

Get to and stay at a healthy weight. Talk with your doctor, nurse, nutritionist or dietitian about getting to a weight that's right for you.



Exercise. Try to be active every day. Walk as much as you can. Every step counts!

Do not smoke. If you smoke ask your health provider for help to quit.

Avoid alcohol.

Talk to your health provider

if you have a persistent cough, weight loss, fever, constant fatigue, or night sweats.

if over the past two weeks you have felt down, depressed, hopeless or had little interest or pleasure in doing things.

about the risk for cervical cancer and ask if you need to have a pap smear done.
about the risk for breast cancer and ask if you need a clinical breast exam or a mammography.

about the risk for prostate cancer and ask if you need a prostate exam or test.

Chronic Diseases during Emergencies

As a person with a chronic disease, an emergency can seriously affect your health. You and your family should plan and prepare beforehand even if the event is loss of electricity for a few hours. The first 72 hours following a disaster are the most critical for families. This is the time when you are most likely to be alone. For this reason, it is essential for you and your family to be prepared for these first hours.

You should safely store the following medical supplies or have them readily available:

- ✔ ***Your Passport to Healthy Lifestyle***
- ✔ ***All medication you take daily including pills, insulin and over the counter medications***
- ✔ ***Your glucometer and blood pressure monitor if you use them***
- ✔ ***If you use insulin include syringes, alcohol swabs, cotton balls & tissues***
- ✔ ***If you have diabetes, quick acting carbohydrate (for example, candies, glucose tablets, orange juice, etc.) and longer lasting carbohydrate sources (for example, cheese and crackers)***

Make sure you have enough supplies for 2 weeks. These supplies should be checked and replaced at least every 2 – 3 months. Watch for expiration dates to rotate your medication.

Care Plan

Medical Visits

Component	Frequency	Gold Standard
Blood Pressure	Each visit	<140/90mmHg/or <130/80 with diabetes
Eye Exam	Annual	Normal
Dental Exam	Every 6 months	Teeth and gum exam
Brief Foot Exam	Each visit	Normal. Remove shoes / socks
Complete Foot Exam	Annual	Clinical exam
Weight /Waist Circumference	Each Visit	BMI 20-25 / M<94 cm; F<80 cm
Immunizations	Annual	If available (optional)
Cardiovascular Risk	Each visit	<10%
Respiratory Symptomatic	Every visit	Doesn't have cough, fever, weight loss, or night sweats.
Breast Exam	Follow national guidelines	Negative
Prostate Exam	Follow national guidelines	Negative

Care Plan

Laboratory

Component	Frequency	Gold Standard
Hemoglobin A1c	Every 3-6 months	<7%
Fasting/Postprandial Blood Glucose	Each visit	<130 mg/dl / <180 mg/dl
Triglycerides	Annual	<150 mg/ dl (1.7mmol/l)
Cholesterol total	Annual	<200 mg / dl (5.0mmol/l)
LDL Cholesterol	Annual	< 100 mg/ dl (<2.2mmol/l)
HDL Cholesterol	Annual	men: >40mg/dl (> 1.0mmol/l) women: >50mg/dl (1.1mmol/l)
Urine	Each visit	Normal (dipstick if available)
Proteinuria/ albuminuria	Annual	<30 µg/mg
Blood Creatinine	Annual	<1.4 mg/dl
EKG	Annual	Normal pattern
Chest X-Ray	if indicated	Normal
Sputum smear	If cough/ weight loss/ night swets	Negative
Mammography	Follow national guidelines	Negative
Pap Smear	Follow national guidelines	Negative
PSA	Follow national guidelines	Negative

Care Plan

Education

Component	Frequency	Gold Standard
Treatment Goals	Each visit	Discuss with patient
Blood Glucose Monitoring	Individualized	Recommend
Healthy Eating	Each visit	Recommend always
Smoking(+/-)/ Alcohol Use (+/-)	Each visit	Do not use
Physical Activity	Each Visit	30 minutes most days if clinically recommended

Exercise Plan

(see exercise description in page 10)

Date: / /

Exercise	Repetitions	Exercise	Repetitions	Exercise	Repetitions
1 		4 		7 	
2 		5 		8 	
3 		6 		9 	

Care Plan

Meal Plans (see food exchange list in page 6)

Date: / /	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Calories:						
Staples 						
Food from animal 						
Legumes 						
Vegetables 						
Fruits 						
Fat & Oil 						

Date: / /						
Calories:						
Staples 						
Food from animal 						
Legumes 						
Vegetables 						
Fruits 						
Fat & Oil 						

Diagnosis	Yes	Date
Diabetes 		
Gestational diabetes 		
Hypertension 		
Neuropathy 		
Myocardial Infarction 		
Nephropathy 		
High Cholesterol 		
Stroke 		
Diabetic Foot 		
Retinopathy 		
Amputation 		
Erectile Dysfunction 		
Depression 		
Cancer 		
Chronic Respiratory Disease 		

Here are your results

			Date		Date	
	Component	✓	Goal	Results	Goal	Results
MEDICAL VISITS	Blood Pressure					
	Eye Exam					
	Dental Exam					
	Brief Foot Exam					
	Complete Foot Exam					
	Weight					
	Waist Circumference					
	Immunizations					
	Cardiovascular Risk					
LABORATORY	Hemoglobin A1c					
	Fasting/Postprandial Blood Glucose					
	Random Blood Glucose					
	Triglycerides					
	Cholesterol total					
	LDL Cholesterol					
	HDL Cholesterol					
	Urine					
	Proteinuria/ albuminuria					
	Blood Creatinine					
	EKG					
	Chest X Ray					
	Sputum Smear					
	Mammography					
	Pap Smear					
	PSA					
EDUCATION	Treatment Goals					
	Blood Glucose Monitoring					
	Healthy Eating					
	Smoking (+/-)					
	Alcohol Use (+/-)					
	Physical Activity					

Here are your results

			Date		Date	
	Component	✓	Goal	Results	Goal	Results
MEDICAL VISITS	Blood Pressure					
	Eye Exam					
	Dental Exam					
	Brief Foot Exam					
	Complete Foot Exam					
	Weight					
	Waist Circumference					
	Immunizations					
	Cardiovascular Risk					
LABORATORY	Hemoglobin A1c					
	Fasting/Postprandial Blood Glucose					
	Random Blood Glucose					
	Triglycerides					
	Cholesterol total					
	LDL Cholesterol					
	HDL Cholesterol					
	Urine					
	Proteinuria/ albuminuria					
	Blood Creatinine					
	EKG					
	Chest X Ray					
	Sputum Smear					
	Mammography					
	Pap Smear					
	PSA					
EDUCATION	Treatment Goals					
	Blood Glucose Monitoring					
	Healthy Eating					
	Smoking (+/-)					
	Alcohol Use (+/-)					
	Physical Activity					

Here are your results

			Date		Date	
	Component	✓	Goal	Results	Goal	Results
MEDICAL VISITS	Blood Pressure					
	Eye Exam					
	Dental Exam					
	Brief Foot Exam					
	Complete Foot Exam					
	Weight					
	Waist Circumference					
	Immunizations					
	Cardiovascular Risk					
LABORATORY	Hemoglobin A1c					
	Fasting/Postprandial Blood Glucose					
	Random Blood Glucose					
	Triglycerides					
	Cholesterol total					
	LDL Cholesterol					
	HDL Cholesterol					
	Urine					
	Proteinuria/ albuminuria					
	Blood Creatinine					
	EKG					
	Chest X Ray					
	Sputum Smear					
	Mammography					
	Pap Smear					
	PSA					
EDUCATION	Treatment Goals					
	Blood Glucose Monitoring					
	Healthy Eating					
	Smoking (+/-)					
	Alcohol Use (+/-)					
	Physical Activity					

Hospitalization (H ☑) and Emergency Room Visits (E ☑)

H	E	Date	Main Cause	Outcomes /Recommendations

Medication

	AM	Noon	Afternoon	Evening	Night	Bedtime
Insulin						
Metformin						
Glibenclamide						
Thiazide						
Aspirin						
Atenolol						
Verapamil						
Prazosin						
Enalapril						
Simvastatin						

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Attach additional pages here

Notes

Date: / /

YOU ARE THE MOST IMPORTANT PERSON IN YOUR CARE TEAM, SO IT IS YOUR JOB TO TRY TO UNDERSTAND YOUR DISEASE. THIS KNOWLEDGE WILL HELP YOU SET YOUR OWN TARGETS AND MANAGEMENT PLAN WITH YOUR CARE TEAM.

You should make sure that you receive all of the care listed. If you don't get these, you should contact your care provider.