COMMUNITY MATTERS TORONTO
neighbours helping neighbours

HEALTH PLANNER CHEKLIST

Participant Name:	Community Assistant Name:	
Telephone Number	E Mail	Date of Birth dd/mm/yyy

A Participant Planner Information

1. Body Mass Index	□ 18,5 – 24.9	□ 25 – 29.9	□ 30+	□ Don't know
2. Exercise	□ Active	□ Moderate	□ Inactive	□
3. Serving fruits and vegetables per day	□ < 5	□ 5 – 7	□ 7+	
4. Smoking □ Yes □ No	□ daily □ Occasionally □ Intends to quit and has stopped for 24h in the last 12months □ Exposed to second hand smoke at home			
5. Drink Alcohol □ Yes □ No	□ More than 4 drinks at a time	□ More than 14 drinks per week		

6. Motivation: Participant Activation Measure

□ Believes active roles is important □ Has confidence and knowledge to act alone □ Is taking action □ Is staying the course under stress

7. Use of health practices from back home : □ Yes □ No

□ Natural products □ Meditation □ Deep breathing Massage □ Yoga □ Chiropractic □ Osteopathy □ Diet based therapy
□ Homeopathy Guided imagery □ Progressive relaxation □ Ayarvedec □ Faith/Belief □ Acupuncture □ Acupressure/Trigger Point
□ Others:……

8. Behaviours: Knowledge and skills

Methods □ Stress-Management □ Problem Solving □ Relaxation □ Cognitive re-structuring □ Social Networks □ Self-Motivation □ Others:……..

9. Family History

□ Asthma □ High Blood Pressure □ Diabetes □ Heart Problems □ Chronic Obstructive Pulmonary Disease □ Others :……..

B. Screening

Women over 50: **Did you have Mammogram and clinical breast exam?** □ Yes □ No

If yes when

Women Over 21: **Have you had a Pap Test** □ Yes □ No

If Yes When

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3. Participant over 50: **Did you have Colorectal FOBT?** □ Yes □ No

If yes When

4. Participant had the Can Risk assessment for Diabetes □ Yes (**Score was**:.....) □ No

Do you have a family history of diabetes ☐ Yes ☐ No

C. Community Assistant Roles

□ Accompaniment □ Translation □ Planning □ Telephone/Text/FB/email/social media

Referral to community resources: ☐ Follow up ☐ Direct Support ☐ Group □ Other

		Pre	Post
Goal	**1**		
	2		
	3		

Participation in CMT Programs: Please provide program name and date enrolled

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CMT Registration Complete: □ Yes □ No

Revision Date: July 16, 2015