

My Health

SELF-ASSESSMENT FORM

“Healthy body, healthy person, healthy family, healthy community.”

(Quote from a member of the addiction and mental health community)

This health check helps you to consider your physical health and identify any areas you might like extra support with. Choose the health issues which are most important for you, from the list below.

You can choose to discuss this with others, such as a Peer Support worker or health professional, particularly if you have questions, would like to get support, or want to arrange a health check with a GP. This information is for you, and you can choose to keep the only copy or share it with others.

Name:	Date:	Review Date:
--------------	--------------	---------------------

Tick one (✓) for each statement

Using Health Services	Yes	I'd like to focus on this	Not my priority
I am enrolled with a medical centre or GP			
I can access health services when I need them, such as a GP or pharmacy			
I am satisfied with the support I receive from my GP and medical centre			
I have discussed alcohol & drug use and/or my mental health with my GP			

Tick one (✓) for each statement

Keeping Healthy	Yes	I'd like to focus on this	Not my priority
I eat 3 meals a day that include fruit and vegetables			
I drink 1-2 litres of water a day			
I do 30 mins of moderate activity 5 days a week, to increase my heart rate			
I usually sleep for 7-9 hours a night			
I have a range of ways to manage stressful times, including support people.			
If I have smoked, I am reducing (or have stopped) smoking			
I drink no more than 2-3 standard drinks of alcohol in a day, and have at least 2 alcohol-free days per week			
If I use and/ or inject drugs, I know how to do so safely			

My Health

SELF-ASSESSMENT FORM

Tick one (✓) for each statement

Health Checks with my GP	Yes	I'd like to focus on this	Not my priority
--------------------------	-----	---------------------------	-----------------

This can be used as a checklist to discuss your health with your GP or nurse

I have had my blood pressure checked in the last 6 months*			
I have had my cholesterol checked in the last year*			
I have had my blood sugar levels checked in the last year*			
I have had my weight or Body Mass Index (BMI) checked*			
I have had blood tests recommended by my GP (e.g.: a complete blood count, iron, liver function, kidney function, and thyroid function)			
I have had my skin checked for sun-damage in the last year			
I know my hepatitis and HIV status			
I have had my breathing or lung function checked recently due to a persistent cough or phlegm			
I have enough information about potential side-effects of my medication(s) and effects of my substance use.			
I am happy with my hearing or have had it checked in the past 2 years			
I have had my eyes checked in the past 2 years			

Tick one (✓) for each statement

Health Screens (if appropriate for age and gender)	Yes	I'd like to focus on this	Not my priority
I notice if my bowel habits change for several weeks, and			
I have had a free bowel screen in the past 2 years (for people aged over 60 years).			
I check my breasts for lumps monthly (for all women) and I have had a mammogram in the last 2 years (for women aged between 45 and 69 years).			
I have had a cervical smear in the last 3 years (for women aged 25 – 69 years).			
I have discussed whether to get my prostate checked with my GP in the last year (for men over 50 years).			

*Checks for routine Metabolic Screening

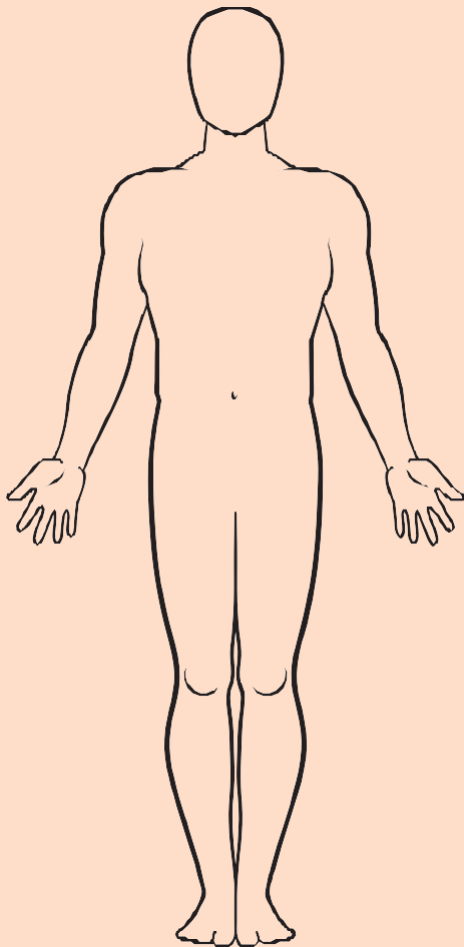
My Health

SELF-ASSESSMENT FORM

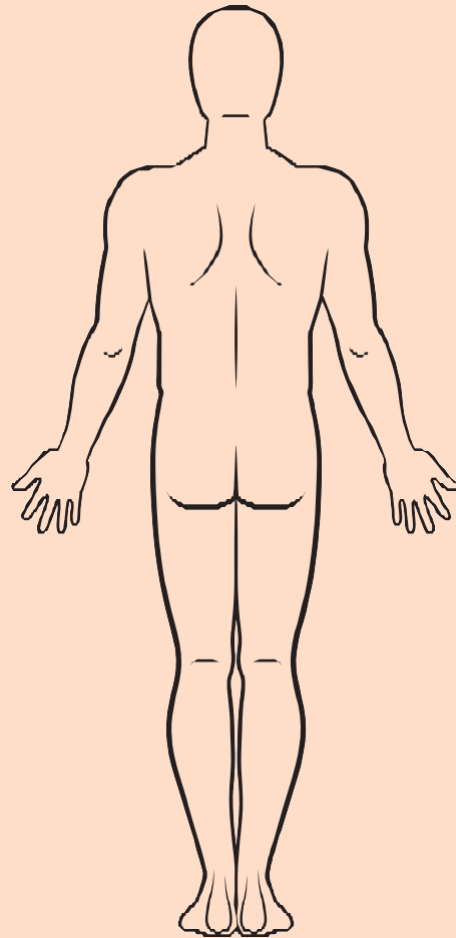
Tick one (✓) for each statement

Other Health Needs	Yes	I'd like to focus on this	Not my priority
I am satisfied with my sexual and reproductive health and can access contraception and condoms if I want them.			
I am pain free, or if I experience pain, I have support to manage this.			
I can access regular dental check-ups			
My family is healthy, or if they have health issues, we have enough support from health services.			

I have marked on the body pictures below, any other areas that I've been feeling concerned about over the last 4 weeks.



Front



Back

My Health

SELF-ASSESSMENT FORM



My Health Goal(s)

Goal:

Next steps:

Support or resources required:

Support people:

Goal:

Next steps:

Support or resources required:

Support people:

Goal:

Next steps:

Support or resources required:

Support people:

Goal:

Next steps:

Support or resources required:

Support people:

For more information and support to achieve your goals, see www.healthnavigator.org.nz for health information and www.healthpoint.co.nz for a health service directory, or talk with your health care worker.



AOD Provider
Collaborative

Supported by Odyssey and Counties Manukau Health



Based on the Neami Health Prompt, Neami National, Australia; and ComCare Trust Health Prompt, Christchurch, New Zealand. Updated September 2020. For latest version visit aodcollaborative.org.nz.