

Healthy Lifestyle Participant Forms Stroke Coach

Participant name:

Phone #:

Schedule of telephone sessions:

	Date:	Time beginning:	Time end:	Coach initials:
Session 1				
Session 2				
Follow-up 1				
Session 3				
Follow-up 2				
Session 4				
Follow-up 3				
Session 5				
Follow-up 4				
Session 6				
Follow-up 5				
Session 7				

Stroke Coach Terms and Conditions if you use the Stroke Coach Program

“**UBC**” means The University of British Columbia, a corporation continued under the University Act of British Columbia with offices at 103-6190 Agronomy Road;

“**The Developers**” means: (a) Dr. Janice Eng, Department of Physical Therapy, UBC;

“**Stroke Coach**” means the Stroke Coach, created by The Developers at UBC, including related materials, information, manuals, documents and know-how.

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Use of Stroke Coach is being licensed to you on the following terms and conditions:

- UBC owns Stroke Coach and on your acceptance of these terms and conditions grants you a non-exclusive, non-transferable license to use Stroke Coach;
- You acknowledge that the information contained in Stroke Coach is intended for use only under the supervision of an experienced health professional who is advised to use it only in conjunction with other sources of information, and in keeping with acceptable best practices and standards of care. Stroke Coach is not intended to replace sound professional judgment in individual situations;
- You acknowledge and agree that any copies, modifications, and/or derivative works shall be subject to the same terms and conditions as Stroke Coach, as described herein, and that you accept responsibility for keeping with acceptable best practices and standards of care in developing, using, or distributing any such copies, modifications, and/or derivative works.

Disclaimer

The information included in Stroke Coach is based on clinical research and is not intended to be fully systematic or complete, nor does inclusion here imply any endorsement or recommendation by UBC or the developers. Users are advised to consult with a physician or other healthcare professional regarding any specific clinical situation or diagnosis. You hereby assume full responsibility for ensuring the appropriateness of any use of Stroke Coach, and you acknowledge that neither UBC nor any of the developers of Stroke Coach accept any responsibility for decisions made by you based on the use of the Stroke Coach materials and/or program. Moreover, as a condition of using Stroke Coach you acknowledge and agree that UBC and Developers make no representations and extend no warranties of any kind, either express or implied about the value or utility for any purpose of the information and resources contained in Stroke Coach.

Without limiting the foregoing, you acknowledge that:

- (a) You assume all risk for selection and use of information about Stroke Coach and you acknowledge that UBC and the Developers will not be responsible for any errors, misstatements, inaccuracies or omissions encountered in using Stroke Coach; and
- (b) The UBC and Developers undertake no obligation to supplement or update content of Stroke Coach.

LIMITATION OF LIABILITY

UBC will not be liable to you or any other person or entity (including but not limited to persons treated by you or on your behalf) for any liability, loss or damages caused or alleged to have been caused, either directly or indirectly, by the use of Stroke Coach. Without limitation, in no event will UBC be liable for any tort, personal injury, medical malpractice, misdiagnosis, death, product liability, loss of profit or data, or for special, indirect, consequential, incidental or punitive damages, however caused and regardless of the theory of liability, arising out of or related to the use of or inability to use Stroke Coach, even if UBC has been advised of the possibility of such loss or damages.

Health Report Card

Lifestyle Factor	You	Your Grade	Your target level	Grade A	Medical attention
Physical Activity (frequency)	x per week			≥5 x per week	
Physical Activity (duration)	min per session			≥30 min per session	
Fruit & Vegetables	servings/day			≥7 servings/day	
High fat	serving/day			<1 serving/day	
Reduce sodium				Always	
% Whole grain				≥50%	
Stress Management Strategies (Use)				Always	
Waist measure	cm			<88 cm (female) < 102 cm (male)	
Smoking Status				Non smoker >30 days	
Body Mass Index				≤18.5 to 24.9	

Heart Disease Risk	You	Your Grade	Target Level	Grade A	
Total cholesterol (mmol/L)	mmol/L			<4.14 mmol/L	
HDL cholesterol (mmol/L)	mmol/L			>1.56 mmol/L	
LDL cholesterol (mmol/L)	mmol/L			≤2.0 mmol/L	
Systolic BP (mmHg)	mmHg			<120 mmHg	
Fasting Glucose (mmol/L)	mmol/L			4.0 to 7.0 mmol/L = low risk for vascular complications (diabetic) 4.0 to 5.5 = normal (non-diabetic)	

Progression of Health Report Card Grade Levels

	Letter Grade					
	A	B	C	D	E	F
Physical Activity¹ (moderate to vigorous) frequency (times/week)	5+	4	3	2	1	0
Physical Activity (moderate to vigorous) duration (min)	30+	25 - 29	20 - 24	15 - 19	10 - 14	0 - 9
Fruits/Veg (serving/day)	≥ 7	6	5	4	3	<3
% Grain foods which have whole grain²	≥ 50%	40%	30%	20%	10%	0%
High fat foods³ (serving/day)	< 1	1	2	3	4	>4
Sodium behavior⁴	Always	Usually	Often	Sometimes	Rarely	Never
Stress management⁵	Always	Usually	Often	Sometimes	Rarely	Never
BMI	18.5 to 24.9 = healthy weight		25.0 to 29.9 = overweight		≥ 30 = obese	
Waist circumference (cm) female	< 88	< 92	< 96	< 100	< 104	≥ 104
Waist circumference (cm) male	< 102	< 106	< 110	< 114	< 118	≥ 118
Systolic BP (mmHg)	< 120	120 - 129	130 - 139	140 - 149	150 - 159	> 159
Total Cholesterol (mmol/L)	< 4.14	4.14 - 5.15	5.16 - 6.20	6.21 - 7.21	7.22 - 8.29	> 8.3
HDL (mmol/L)	> 1.56	1.55 - 1.29	1.28 - 1.03	1.02 - 0.78	0.77 - 0.51	< 0.51
LDL (mmol/L)⁶	≤ 2.0	2.1 - 2.5	2.6 - 3.3	3.4 - 4.1	4.1 - 4.9	> 5.0
Fasting glucose (diabetic) (mmol/L)	4.0 to 7.0 = low risk for vascular complications			> 7.0 = high risk for vascular complication		
Fasting glucose (non-diabetic)	4.0 to 5.5 = normal		5.6 - 6.9 = high risk or pre-diabetic		≥ 7.0 = diabetic	
Smoking behavior	Non-smoker > 30 days	Non-smoker 0 - 30 days	Actively trying to quit	Preparing to quit	Contemplating quitting	No desire to quit

¹Moderate = breathe a bit harder and sweat a little; Vigorous = be "out of breath" and sweat

²Of the bread, crackers, pasta, rice, cereal foods you eat, what percent have whole wheat or whole grain (e.g., brown rice, quinoa, oats)

³High fat foods include fried foods, cheeses, gravy made from fat, hamburgers, hotdogs, pies, pastries, whole milk, ice cream, fatty meats (regular ground beef, marbled steaks/roasts, cold cuts, sausage, bacon), high fat snacks (rich muffins, croissants, chips), butter, cream sauces

⁴Are you currently reducing your sodium/salt intake? (Includes addition of salt/soya sauce in food preparation and with meals; intake of high sodium foods such as packaged foods, cold cuts)

⁵Do you practice some stress management strategies (e.g., relaxation techniques) each week?

⁶Canadian cholesterol targets for high-risk patients assuming a prior vascular stroke event

Ideal grade levels are based on the Canadian Physical Activity Guidelines for Older Adults, Canadian Food Guide, Canadian Cholesterol Guidelines, Canadian Diabetes Association Clinical Practice guidelines and Framingham Risk Score.

Action Plans

Date: _____

Long-term Health Report Card Goal:

Short-term Action Plan Goal:

Duration: From _____ To _____

Action to take:

How often:

How long:

When during the day:

Caregiver role:

Confidence: 0 1 2 3 4 5 6 7 8 9 10

Day and time for a follow-up phone call (2 weeks from now): _____

Day and time for next coaching session (4 weeks from now): _____