

Welcome to The My Journey to Health Program. We've attached information and a list of instructions to help you prepare for the course.

1. Please download, print, and complete the attached paperwork. If you prefer to complete your paperwork in the office, please arrive 20 minutes before your appointment.
2. At your appointment, we will measure your weight, waist circumference, and neck circumference.
3. You need to complete lab work before beginning The My Journey to Health class. We will give you a lab slip and ask that you complete the lab work at a lab of your choice. Please check with your insurance provider to see which labs are covered on your plan.
4. You will receive an email on the Utah Surgical Associates Website Patient Portal 1-2 weeks after your initial appointment. The link for the portal is <https://patientportal.advancedmd.com/143148/account/logon>. If you have not done so, please click the register button to complete the registration process in the next few days. The email you receive will inform you of the results of your evaluation. You will be asked to seek care from your primary care provider if your health history or labs require further evaluation. The class facilitator's role is to guide you on the process of lifestyle change. However, the facilitator will not provide personal medical care for you. We want your primary care practitioner in charge of your medical care.
5. If you have heart disease, diabetes, or kidney problems and are not currently active or if you have chest pain, trouble breathing, dizziness, or have passed out while exercising you will need to seek medical clearance for exercise prior to engaging in physical activity. Please make an appointment with your primary care provider for medical clearance if needed prior to beginning The My Journey to Health Program.
6. We will send a letter to your primary care provider to inform them that you will be taking this course. If you are on medications for hypertension, please check your blood sugar and /or blood pressure more frequently. If you notice rapid changes, call or make an appointment with your primary care provider.
7. Payment in full is required prior to beginning the class. No refunds are offered once you have begun the course.
8. At the end of the course, we will have you complete a follow-up health assessment. This is an opportunity for you to see how the lifestyle changes you've made have resulted in positive health benefits. This health assessment will occur during the last class. You will receive an email 1-2 weeks after the final class on the Utah Surgical Associates Website Patient Portal. The link for the portal is <https://patientportal.advancedmd.com/143148/account/logon>. Again if there are medical concerns, you will be instructed to seek care from your primary care provider.

## My Journey to Health Program New Participant Health and Lifestyle Assessment Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_/\_\_\_/\_\_\_\_ Date (M/D/Y): \_\_\_/\_\_\_/\_\_\_\_

Gender Identity: F M Non-Binary Other Identity \_\_\_\_\_ Prefer not to Disclose

Primary Medical Care Provider: \_\_\_\_\_

Where will you obtain your lab work? \_\_\_\_\_

### Health History:

1. If you have any of the medical conditions listed below, please circle:

Diabetes Heart Disease High Blood Pressure High Cholesterol Kidney Disease

Cancer, please list type(s): \_\_\_\_\_

2. Are you currently taking any medications for diabetes? Yes No

3. Are you currently taking any medications for high blood pressure? Yes No

4. Are you currently taking any medications for high cholesterol levels? Yes No

5. Are you currently trying to lose weight? Yes No

6. Have you had weight loss surgery? Yes No

7. Have you ever used weight loss medications? Yes No

8. Please list any food allergies: \_\_\_\_\_

### Physical Activity Assessment:

9. During the average week, how many **days** do you exercise at a moderate to vigorous intensity level such as going on a brisk walk, running, riding a bike, or swimming? \_\_\_\_\_

10. During the average week, how many **minutes** per day do you exercise at a moderate to vigorous intensity level? \_\_\_\_\_

11. During the average week, how many **days** do you engage in strength training? \_\_\_\_\_

12. During the average week, how many **days** do you engage in flexibility activities? \_\_\_\_\_

13. Do you engage regularly in activities that strengthen your balance? Yes No

14. Do you engage in light intensity physical activity on a regular basis such as a slow walk or simple house cleaning? Yes No

15. Please list any conditions which might limit your ability to exercise such as arthritis, an injury, heart disease, irregular or rapid heart beats, breathing problems, balance problems, kidney disease, and/or diabetes.

\_\_\_\_\_

16. Do you experience any of the following symptoms with exercise? Please circle all that apply. Chest pain Marked shortness of breath Dizziness/lightheadedness/fainting

### Sleep Assessment:

Please answer the questions below based on your sleep over the last month:

17. How much sleep do you obtain typically every 24 hours? \_\_\_\_\_

18. Do you have difficulty falling or staying asleep? Yes No

- |   |     |    |
|---|-----|----|
| 19. Do you snore loudly?  | Yes | No |
| 20. Do you often feel tired, fatigued, or sleepy during the daytime?      | Yes | No |
| 21. Has anyone observed you stop breathing or gasp or choke during sleep? | Yes | No |
| 22. Do you have or are you being treated for high blood pressure?         | Yes | No |
| 23. Have you been diagnosed with obstructive sleep apnea?                 | Yes | No |
| 24. Do you use CPAP?  | Yes | No |

**Nutrition Assessment:**

25. How many cups of water do you typically drink each day? \_\_\_\_\_
26. Please circle any of the descriptions listed below that apply to your eating habits and lifestyle:
- Prepare most meals at home                      Rely mainly on packaged foods
- Eat fast foods more than twice a week    Eat breakfast most days    Eat after 8 pm most days
- Eat a whole-food plant-based diet    Eat a vegan diet    Eat a vegetarian diet    Eat a paleo diet
- Eat a keto diet    Eat the Atkins diet    Eat a standard American diet
- Enjoy cooking                      Know how to cook healthy foods                      Dislike cooking
27. Please circle any of the emotions or events which may lead you to eat more than you typically do:
- Lack of sleep    Tiredness    Stress    Depression    Anxiety    Boredom    Social Gatherings

**Substance Use Assessment:**

28. Do you use any of the following nicotine products? Please circle any that you use.  
 Cigarettes    E-cigarettes/vaping    Cigars                      Chewing tobacco    Snuff
29. If you use nicotine products, would you like help in quitting.                      Yes    No
30. Do you drink alcohol?                      Yes    No
31. Do you use marijuana?                      Yes    No
32. Do you use recreational drugs?                      Yes    No

**Mental Health Assessment:**

**PHQ-9**

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
 0 = Not at all    1 = Several Days    2 = More than Half the Days    3 = Nearly Every Day

- |  |   |   |   |   |
|--|---|---|---|---|
| 33. Little interest or pleasure in doing things  | 0 | 1 | 2 | 3 |
| 34. Feeling down, depressed, or hopeless   | 0 | 1 | 2 | 3 |
| 35. Trouble falling or staying asleep, or sleeping too much  | 0 | 1 | 2 | 3 |
| 36. Feeling tired or having little energy  | 0 | 1 | 2 | 3 |
| 37. Poor appetite or overeating  | 0 | 1 | 2 | 3 |
| 38. Feeling bad about yourself—or that you are a failure<br>or have let yourself or family down  | 0 | 1 | 2 | 3 |
| 39. Trouble concentrating on things, such as reading the<br>newspaper or watching television   | 0 | 1 | 2 | 3 |
| 40. Moving or speaking so slowly that other people could have noticed?<br>Or the opposite—being so fidgety or restless that you<br>have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 41. Thoughts that you would be better off dead or of hurting<br>yourself in some way   | 0 | 1 | 2 | 3 |

**GAD-7**

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
 0 = Not at all    1 = Several Days    2 = More than Half the Days    3 = Nearly Every Day

42. Feeling nervous, anxious or on edge	0	1	2	3
43. Not being able to stop or control worrying	0	1	2	3
44. Worrying too much about different things	0	1	2	3
45. Trouble relaxing	0	1	2	3
46. Being so restless that it is hard to sit still	0	1	2	3
47. Becoming easily annoyed or irritable	0	1	2	3
48. Feeling afraid as if something awful might happen	0	1	2	3

**Perceived Stress Scale**

For each question choose from the following alternatives:

0 = Never    1 = Almost Never    2 = Sometimes    3 = Fairly Often    4 = Very Often

49. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
50. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
51. In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
52. In the last month, how often have you felt a lack of confidence about your ability to handle your personal problems?	0	1	2	3	4
53. In the last month, how often have you felt that things were not going your way?	0	1	2	3	4
54. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
55. In the last month, how often have you been unable to control irritations in your life?	0	1	2	3	4
56. In the last month, how often have you felt that you were not on top of things?	0	1	2	3	4
57. In the last month, how often have you been angered because of things that happened that were outside your control?	0	1	2	3	4
58. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

**For Office Staff:**

Weight in lbs: \_\_\_\_\_ Height in inches: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_  
Waist Circumference in inches: \_\_\_\_\_ Neck Circumference in inches: \_\_\_\_\_  
Fasting Glucose: \_\_\_\_\_ Hemoglobin A1C: \_\_\_\_\_ Total Cholesterol: \_\_\_\_\_  
LDL: \_\_\_\_\_ HDL: \_\_\_\_\_ Triglycerides: \_\_\_\_\_

**For Facilitator:**

BMI: \_\_\_\_\_ Physical Activity Vital Sign (min/wk): \_\_\_\_\_  
Need to inform Food Team of Food Allergies: Yes No  
Exercise Clearance Needed? Yes No  
OSA Screen Score : \_\_\_\_\_ Already Diagnosed with OSA? Yes No Referral Needed: Yes No  
PHQ 9: \_\_\_\_\_ GAD 7: \_\_\_\_\_ Referral Needed: Yes No  
Substance Use: Nicotine Yes No Referral Needed: Yes No  
Perceived Stress Score: \_\_\_\_\_

1. Notify patient of the need for:

Management of diabetes    Management of Hypertension    Management of Hyperlipidemia  
Exercise clearance    Evaluation for Obstructive Sleep Apnea    Evaluation for Depression  
Evaluation for anxiety

2. Notify patients regarding labs:

Labs Normal                      Labs abnormal and follow-up with PCP recommended

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Informed Consent for Participating in the My Journey to Health Program  
at Utah Surgical Associates**

2. I, \_\_\_\_\_, have been informed that engaging in the My Journey to Health Program may reduce my risk of recurrent breast cancer and that such participation may lead to weight loss, decreased blood pressure, and improved control of glucose and lipid levels. I understand that these changes may vary in individual patients.
3. I have been informed that if I am taking medications for diabetes, heart disease, high blood pressure and/or high lipid levels, I will need to seek care from my primary care provider regarding medication management.
4. I understand that I will need to monitor my blood pressure and/or glucose levels more closely while implementing lifestyle changes. I understand that if I experience any of the symptoms listed below I should seek medical care urgently. Failure to monitor these levels more closely and to seek care from my primary care provider during the My Journey to Health Program may increase my risk for the following:
  1. Low blood glucose levels which may result in irregular heart rhythm, fatigue, pale skin, shakiness, anxiety, sweating, hunger, irritability, confusion, abnormal behavior, visual disturbances, seizures, and loss of consciousness.
  2. Low blood pressure which may result in dizziness, lightheadedness, fainting, blurred vision, nausea, fatigue, lack of concentration, confusion, rapid breathing, weak rapid pulse, and cold clammy skin.
  3. In severe cases low blood sugar and/or low blood pressure can result in death.
5. I understand that I must obtain medical clearance before engaging in a physical activity program if I have heart disease, metabolic disease, or renal disease or at any time if I am symptomatic during exercise. Symptoms may include chest pressure or pain with or without radiation to the neck, jaw and/or arms, dizziness/ lightheadedness/fainting, calf pain that resolves with cessation of activity, or pronounced shortness of breath. I acknowledge that I have been given information on guidelines for medical clearance and instructed to receive medical clearance if indicated prior to engaging in physical activity.
6. I understand that I am responsible for the payment in full of the cost for the My Journey to Health Program. I understand that once I begin the course, I am no longer eligible for a refund of the cost of the program. However, course facilitators will work me to arrange an opportunity to complete the course at a later time if I desire to do so.

I have read and understand all information set forth in this document. I acknowledge that I have had the opportunity to ask any questions about The My Journey to Health Program at Utah Surgical Association's and that my questions have been answered to my satisfaction. I hereby consent to participate in the program referenced above.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (printed): \_\_\_\_\_

## **My Journey to Health Program's Group Class Confidentiality Agreement**

The My Journey to Health Program is an intensive lifestyle modification program conducted in a group setting in which the facilitator and each participant may discuss their personal medical conditions and treatment in the presence of the group. Because each participant will be disclosing personal health and other personal information to the group, participation in the group classes and the release of personal health information within the group is strictly voluntary and is not required in order to participate.

By signing this Agreement, I consent to participate in the My Journey to Health Program at Utah Surgical Associates. I authorize Utah Surgical Associates' and The Lifestyle Medicine Center of Utah's physicians and allied health professionals who conduct the My Journey to Health Program in which I participate to disclose my personal health information and other private information in the presence of all participants attending the group classes. I also agree to respect the privacy of all participants, including their family members, who attend the group classes by keeping their Private Information confidential and not disclosing such information. I acknowledge the possibility that my Private Information may be disclosed by other participants in the group classes contrary to their Confidentiality Agreement, and I voluntarily assume all of the risks associated with such disclosure. I understand that I may revoke this authorization at any time by delivery of a dated and signed letter to Utah Surgical Associates. I understand that such revocation will not prohibit Utah Surgical Associates from making any disclosures already made or taking any actions already taken in reliance on this authorization prior to the receipt of such revocation. Further, I understand that such revocation will preclude my participation in additional My Journey To Health classes, but will not prevent me from receiving other types of treatment from Utah Surgical Associates. If not earlier revoked, this authorization will expire at the conclusion of the My Journey to Health Program.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION INDICATING THE PRESENCE OF CONDITIONS INCLUDING, BUT NOT LIMITED TO, DIABETES, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, HEART DISEASE, DEPRESSION, ANXIETY, CONSTIPATION, GASTROESOPHAGEAL REFLUX DISEASE, OTHER GASTROINTESTINAL CONDITIONS, KIDNEY DISEASE, OBSTRUCTIVE SLEEP APNEA, GOUT, CANCER AND ARTHRITIS.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (printed): \_\_\_\_\_

## Consent to Participate in Clinical Research

Utah Surgical Associates and the Lifestyle Medicine Center of Utah will be conducting research on the effects of the My Journey to Health Program on health outcomes and changes in personal lifestyle knowledge and behaviors. We are asking for your permission to include your data in these studies and assessments. All data will be de-identified. Studies will consist of record reviews. Your participation will only require you to participate in the My Journey to Health Program as it is outlined. We do not anticipate any risks from participating in this research. This research is being conducted to benefit women who are at risk for primary or recurrent breast cancer by assessing the potential effects of a lifestyle modification program on reducing primary or recurrent breast cancer and in promoting healthy lifestyle changes. No direct compensation will be offered to patients individually other than those gained by participation in the My Journey to Health Program.

We will protect your personal information by de-identification of the data so that your identity is only available to Utah Surgical Associates and the Lifestyle Medicine Center of Utah at the time of data entry. De-identified data from these studies may be shared with the research community at large to advance science and health. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Your participation in these studies is voluntary and you may refuse to participate or discontinue participation at any time with no penalty. We may contact you again to request your participation in follow-up studies. As always, your participation will be voluntary and we will ask for your explicit consent to participate in any of the follow up studies. If you have any questions about this research, please contact the lead researcher, Dr. Polly Walker Sheffield at The Lifestyle Medicine Center of Utah by email at [lifestylemedicinecenterofutah@gmail.com](mailto:lifestylemedicinecenterofutah@gmail.com).

I have read the above information and have received answers to any questions I have asked. I consent to take part in the above research.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name (printed): \_\_\_\_\_



## **Medical Clearance for Physical Activity**

The guidelines for medical clearance for physical activity are listed below. If you have cardiovascular disease such as chest pain or a history of a heart attack, or have a metabolic disease such as diabetes, or have kidney disease and you are not currently exercising, or if you have symptoms such as chest pain, difficulty breathing, or feeling dizzy or faint during exercise at any time, then you need to obtain medical clearance before engaging in exercise. Your facilitator will review your Lifestyle Questionnaire and inform you if need medical clearance for exercise.

1. If you are currently exercising and have no known cardiovascular, metabolic, or renal disease, you do not need medical clearance for moderate to vigorous intensity physical activity.
2. If you are currently exercising and are asymptomatic with known cardiovascular, metabolic, or renal disease, you do not need medical clearance for moderate intensity physical activity. You may progress to vigorous intensity physical activity if you remain asymptomatic and have had medical clearance in the last 12 months.
3. If you are not currently exercising and are asymptomatic with no known cardiovascular, metabolic, or renal disease, you do not need medical clearance. Start with light to moderate intensity physical activity.
4. If you are not currently exercising and are asymptomatic but have cardiovascular, metabolic, or renal disease, you need medical clearance before starting to engage in physical activity.
5. If you are symptomatic regardless of your current level of physical activity and disease risk, you need to discontinue exercise and seek medical clearance.

Information on decreasing risky substance use is provided to all patients. Please let us know if you have any questions or would like a referral to a provider.

### **Alcohol Cessation**

<http://www.utahaa.org/central.php>

### **Tobacco Cessation**

The Centers for Disease Control offers these services free of charge:

1. [https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html?s\\_cid=OSH\\_tips\\_GL0004&utm\\_source=google&utm\\_medium=cpc&utm\\_campaign=TipsQuit%3BS%3BWL%3BBR%3BIMM%3BDTC%3BCO&utm\\_content=Cessation\\_P&utm\\_term=smoke+cessation&gclid=aw.ds&&gclid=EAlaIqobChMI6cOE-7a65AIVliCtBh3A3g3VEAAYASAAEgJqNPD\\_BwE](https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html?s_cid=OSH_tips_GL0004&utm_source=google&utm_medium=cpc&utm_campaign=TipsQuit%3BS%3BWL%3BBR%3BIMM%3BDTC%3BCO&utm_content=Cessation_P&utm_term=smoke+cessation&gclid=aw.ds&&gclid=EAlaIqobChMI6cOE-7a65AIVliCtBh3A3g3VEAAYASAAEgJqNPD_BwE)
6. quitSTARTapp
7. Quit Line 1-800-QUIT-NOW English
8. Quit Line Spanish 1-855-335-3569

Utah Tobacco Quitline and Quitnet Program

Free Services

Monday-Sunday 6 am-10 pm

1. <http://www.co.utah.ut.us/dept/healthpromo/Tobacco/ATCP.asp>
2. 1-888-567-TRUTH English
3. 1-877-629-1585 Spanish

## Class Schedule 2020 – 2021

### November 9 – December 14

November 9	Lesson 1
November 16	Lesson 2
November 23	Lesson 3
November 30	Lesson 4
December 7	Lesson 5
December 14	Lesson 6

### September 13 – October 25

September 13	Lesson 1
September 20	Lesson 2
September 27	Lesson 3
October 4	Lesson 4
October 18	Lesson 5
October 25	Lesson 6

### January 25 – March 8

January 25	Lesson 1
February 1	Lesson 2
February 8	Lesson 3
February 22	Lesson 4
March 1	Lesson 5
March 8	Lesson 6

### November 1 – December 13

November 1	Lesson 1
November 8	Lesson 2
November 15	Lesson 3
November 29	Lesson 4
December 6	Lesson 5
December 13	Lesson 6

### March 22 – May 3

March 22	Lesson 1
March 29	Lesson 2
April 12	Lesson 3
April 19	Lesson 4
April 26	Lesson 5
May 3	Lesson 6

### May 10 – June 21

May 10	Lesson 1
May 17	Lesson 2
May 24	Lesson 3
June 7	Lesson 4
June 14	Lesson 5
June 21	Lesson 6

### July 12 – August 16

July 12	Lesson 1
July 19	Lesson 2
July 26	Lesson 3
August 2	Lesson 4
August 9	Lesson 5
August 16	Lesson 6