

O.M.B 0925-0491
Exp. XX/XX

JACKSON HEART STUDY COMMUNITY HEALTH ADVISOR'S DIARY (REVISION # 3)

DIRECTIONS – Please write the number of times you did each activity this month. If you did something that is not listed write it on the back of this page. Please mail or fax to the **Community Partnership Office** the last day of each month. **Thank you.**

Public reporting burden for this collection of information is estimated to average 6-15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0491)**. Do not return the completed form to this address.

| | PARTICIPATION ACTIVITIES | | COORDINATION ACTIVITIES | | CONDUCTION ACTIVITIES |
|--|---|--|--|--|---|
| | Attended a health fair | | Presented at a church health fair | | Implemented a CHAN sustainability activity in my community |
| | Attended a benefits fair at work | | Presented at a sorority meeting | | Conducted a CHAN sustainability meeting in my community |
| | Shared stroke symptoms information w/ others at beauty shop | | Church service announcement about the Jackson Heart Study | | Wrote a health improvement article/editorial to the local newspaper |
| | Shared heart attack symptoms w/ others at barber shop | | Displayed heart disease and Jackson Heart Study information at a health fair | | Spoke at a school during American Heart Month or anytime |
| | Encouraged someone to see their physician | | Presented at the statewide CHA conference | | Held a press conference for National Stroke Awareness Month |
| | Attended a CHAN sustainability meeting in my community | | Presented at the national CHA conference | | Wrote a mini-grant to purchase health related items for community use |
| | Attended the national CHA Conference | | Joined a committee in my CHAN sustainability group | | Organized a statewide advisory committee for Mississippi CHAs |

Name _____ Date _____

| | PARTICIPATION ACTIVITIES | | COORDINATION ACTIVITIES | | CONDUCTION ACTIVITIES |
|--|---------------------------------|--|--------------------------------|--|------------------------------|
| | OTHER | | OTHER | | OTHER |
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Form Corrections _____

Mailing Address: **Community Partnership Office**
 350 Woodrow Wilson Avenue, Suite 701
 Jackson, Mississippi 39213

FAX NUMBER: 601-979-8701