



## My Action Plan

 <p>Exercise</p>	 <p>Take Medicine properly</p>	 <p>Have an Eye Exam each year</p>
 <p>Quit Smoking</p>	 <p>Check feet daily</p>	 <p>Check blood sugar as advised</p>
 <p>Have a healthy diet decrease sugar/salt/fat/cholesterol intake</p>	 <p>Set personal goal</p>	 <p>Maintain a healthy body weight</p>
 <p>Drink more water instead of beverage with sugar</p>	 <p>Set time for relaxing activities</p>	 <p>Decrease alcohol intake</p>

I \_\_\_\_\_ agree to do at least one of the above to improve my health.

Activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How much: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How often: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Signature / Date)

\_\_\_\_\_  
 (OPHC Staff's Signature / Date)