

What would YOU like to do This Week to Improve Your Health?

Please choose and describe your Goal below

Other things

Physical Activity

Healthy Diet Meal Planning

Foot Care

Decreasing Stress

Taking Medications

Checking Blood Sugars

Learn Problem Solving Skills

Action Plan Date: _____

How likely is it that you can achieve this goal this week on a scale of 0 → 10
0 is not at all; and 10 is very likely (Circle one number)

1 2 3 4 5 6 7 8 9 10

Can we check with you on your progress in one or two weeks? YES

My phone number is: () _____ - _____

Name: _____ Birth Date: _____

MR# _____ MD / Educator _____