



## Make a plan that works for you

Pick one or more goals from the list. Then, check any of the matching tips that best fit how you want to meet your goal.

want to meet your goal.		
GOAL:	TIPS:	
☐ I want to stay in good health.	<ul> <li>Participate health and wellness programs (Chronic Disease Self-Management Program, Tai Chi, Arthritis, falls prevention, grief support, etc.)</li> <li>Stay active and exercise daily</li> <li>Take medications as prescribed</li> <li>Follow special diets</li> <li>Eat a healthy diet</li> <li>Seek medical/dental advice and treatment for any concerns</li> <li>Routinely participate in leisure, social, and recreational activities</li> <li>Get a life alert device</li> <li>Complete a home safety checklist</li> <li>Other:</li> </ul>	
☐ I want to manage my chronic disease or condition.	<ul> <li>Get an annual Medical Wellness Visit</li> <li>Schedule doctor visits as recommended to discuss concerns and to monitor health condition and medications</li> <li>Get routine dental care</li> <li>Don't rush and take your time getting around.</li> <li>Wear non-skid, proper fitting footwear.</li> <li>Walk with another person if you need help staying stable.</li> <li>Other:</li> </ul>	
☐ I want to improve my social activities.	<ul> <li>Set-up/attend at least 1-2 social outings each week.</li> <li>Stay connected to friends, family, and neighbors.</li> <li>Get involved with a group activity or event each week.</li> <li>Invite people over to my home.</li> </ul>	
☐I want my feet to feel better.	<ul> <li>Keep your feet clean and dry daily.</li> <li>Keep your toenails trimmed.</li> <li>Check for bunions, corns, calluses, and warts.</li> <li>Routinely use podiatry services for foot care.</li> <li>Use supportive footwear with non-skid soles that fit well.</li> <li>Other:</li> </ul>	



☐ I want to improve my balance and build my strength.	<ul> <li>Talk with your doctor or health care provider about your goal to prevent falls and what physical activity is good for you.</li> <li>Walk every day, even if only around the house. Weather permitting, find your favorite outdoors places to walk including shopping malls.</li> <li>Find another person to walk or exercise with.</li> <li>Join a health club or community center for fitness activities.</li> <li>Develop a daily exercise routine for at least 30 minutes/day.</li> <li>Attend a falls prevention class such as "Matter of Balance" or "Tai Chi" in your area.</li> <li>Other:</li> </ul>	
☐ I want to reduce side effects of my medications.	<ul> <li>Talk with your pharmacist and doctor about all of your medications and any side effects you have.</li> <li>Keep an updated list of your medications with you.</li> <li>Note the effects of alcohol, beverages, or food interacting with your medications.</li> <li>Other:</li> </ul>	
☐ I want to improve my vision.	<ul> <li>Get an annual eye exam.</li> <li>Replace your lenses as recommended. Ask for financial assistance if needed.</li> <li>Keep your glasses clean and adjusted.</li> <li>Wear sunglasses to reduce glare when outdoors.</li> <li>Allow your eyes time to adjust when moving from light to dark areas.</li> <li>Keep your home well lit.</li> <li>Other:</li> </ul>	
☐ I want to feel secure when I stand.	<ul> <li>Have your blood pressure taken regularly – both sitting and standing.</li> <li>Tell your doctor if are dizzy when standing.</li> <li>Have a secure handhold when standing.</li> <li>Other:</li> </ul>	
Other things I want to do:		