

My Action Plan

Name _____ Date _____

- Choose something you want to do. Not something you feel you should do.
- Choose a goal that you really think you can do.
- Choose a friend or family member to help you meet your goal.

1 What I Will Do

Choose One:

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Increase my physical activity. | <input type="checkbox"/> Lower my stress. |
| <input type="checkbox"/> Take my medicines. | <input type="checkbox"/> Reduce my tobacco use. |
| <input type="checkbox"/> Improve my food choices. | <input type="checkbox"/> Other: _____ |

I will _____ (Example: walk more)

2 How Much/How Often

How much: _____
(Example: 20 minutes)

How often: _____
(Example: three times a week)

When: _____
(Example: Monday, Wednesday, Friday)

3 Confidence Level

Circle a number to show how sure you are about doing the activity.

Try to choose an activity that you score a 7 or above.

1 2 3 4 5 6 7 8 9 10
Not sure at all Somewhat sure Very sure

My signature _____



Medicine Minder

Use the Medicine Minder to keep track of the medicines you are taking, the dose, the time of day you take each dose, and when your next refill is due. Use the notes column to write down things to discuss with your healthcare team.

Medicine Name	Dose	Time of Day	Next Refill Needed	Notes
<i>Example: Simvastatin</i>	<i>20 mg</i>	<i>breakfast</i>	<i>6/1/12</i>	<i>for cholesterol</i>

Questions to Ask About Your Medicines

■ What kind of medicine am I taking?

■ What is it for?

■ How much medicine should I take?

■ When and how often should I take it?

■ How should I take this medicine?

■ What kinds of side effects could it cause?

■ What should I do if I have a problem taking the medicine?

■ What should I do if I forget to take my medicine?

■ Do you have any tips on remembering to take my medicine?

■ Is there a generic available for this medicine?

**Take these questions with you when you see your doctor.
You can also ask your pharmacist.**