Action plan

I want to make healthy vision a health priority. I, _________________________________, pledge to do the following to be healthier and maintain good eye health:

• Get a dilated eye exam at least once a year.
• Keep my glucose levels under control.
• Maintain my blood pressure at 130/80 mm/Hg or less.
• Maintain my cholesterol levels within a healthy range.
• Walk at least 30 minutes a day five times a week.
• Eat more fruits and vegetables and fewer carbohydrates.
• Eat fewer foods with fat.
• Check my feet daily.
• Take all of the medication prescribed by my doctor.
• ____________________________________________
• ____________________________________________

I want to make healthy lifestyle choices for my family and me.

Signature ___________________________ Date ________________________________

As your health promoter, I am here to support you and help you maintain good eye health.

Signature ___________________________ Date ________________________________

Health promoter’s telephone number: _________________________________