

## 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: \_\_\_\_\_