

HEALTHY LIVING ACTION PLAN

Name: _____

Medical Provider's

Name: _____

Case Manager's

Name: _____

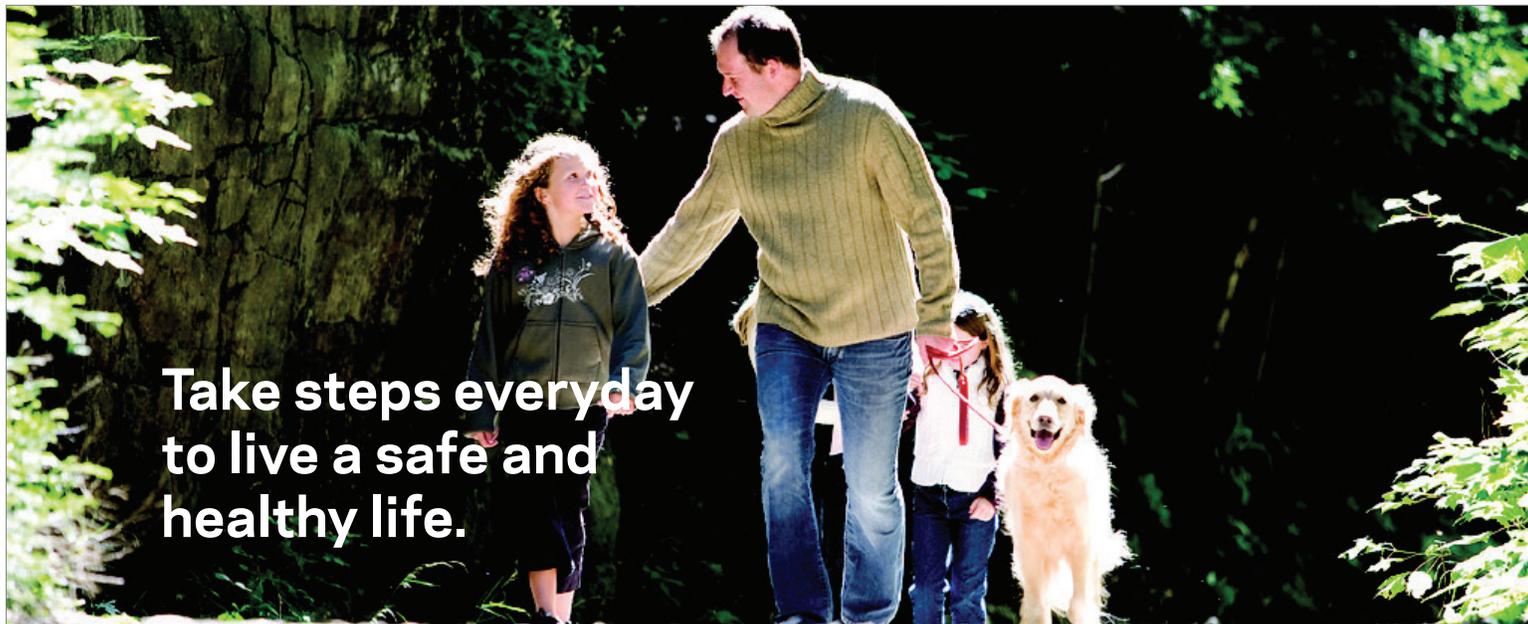
Medical Social Worker's

Name: _____

Phone: _____

Phone: _____

Phone: _____



**Take steps everyday
to live a safe and
healthy life.**

QUIT SMOKING:

- Call the Vermont Quit Line at 1-800-QUIT-NOW (1-800-784-8669) for counseling, self-help materials, local program referrals, and help getting free nicotine patches, gum, or lozenges.

PROTECT YOURSELF:

- Wear helmets, seat belts, sunscreen, and insect repellent.
- Wash hands frequently to stop the spread of germs.
- Avoid smoking and breathing the smoke of others.
- Build safe and healthy relationships with family and friends.
- Be prepared for unexpected emergencies. Have a supply kit and include your medications.

BE ACTIVE:

- Be active for at least 2½ hours a week. Include activities that raise your breathing and heart rate and that strengthen your muscles.
- Help children and teens be active for at least 1 hour a day. Include activities that raise their breathing and heart rates and that strengthen their muscles and bones.

MANAGE STRESS:

- Balance work, home, and play.
- Get support from family and friends.
- Stay positive.
- Take time to relax.
- Sleep 7 to 9 hours each night depending upon age. Children may need more sleep.
- Get help or counseling if needed.

EAT HEALTHY:

- Eat a variety of fruits, vegetables, and whole grains every day.
- Limit food and drink high in calories, sugar, salt, fat, and alcohol content.
- Eat a balanced diet to help keep a healthy weight.
- Include fat-free or low-fat milk and milk products daily.
- Include lean meats, poultry, fish, beans, eggs, and nuts daily.
- Avoid adding sugar to drinks, tea, and coffee.

GET CHECK UPS:

- Based on your lifestyle, personal and family health histories, ask your provider how you can lower your risk for health problems.
- Find out what exams, tests, and shots you need and when to get them.
- See your provider sooner if you feel sick, have pain, notice changes, or have problems with medicine.

For more information on these or other health topics, call us toll-free at **1-866-900-5004** or visit **www.vtcci.com**.

To enter the online health information database, click "**Vermont Members**" and then "**Knowledgebase**."

HEALTHY LIVING ACTION PLAN

MY ACTION PLAN

Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.)

Action: A specific activity that you are going to do in the next 1 to 2 weeks. (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.)

What you will do (the behavior):

How much you will do (time, distance, or amount of activity):

When you will do it (time of day):

How often you will do it (number of days per week):

How important is it to you that you complete the action plan you made above? (Fill in your response.)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important

How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

Things that might make it hard:

Ways I might overcome these problems:

Follow-up plan (phone or e-mail and date/time):