



KEYS TO
A LONG LIFE

I Can Do It: My plan to take charge of my life

Name _____ Date _____

1. What's bothering me: _____

2. I want to be able to: _____

3. To take charge, I need to:
A) Talk to these people: _____
B) Get this medical information: _____
C) Get other information: _____

4. Today's date is: _____
I want to take care of this problem by this date: _____

5. What is likely to get in the way is:

6. To make sure I succeed, I am going to ask for help from:

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7. My progress is:

Date/Time	Steps taken to learn and deal with my problem

8. I will review my progress with (name): _____ When: _____

Patient

Witness