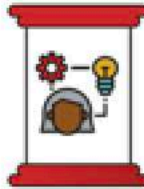


Name: \_\_\_\_\_

Circle one pillar of brain health to work on this month.



BE  
SOCIAL



ENGAGE  
YOUR BRAIN



MANAGE  
STRESS



ONGOING  
EXERCISE



RESTORATIVE  
SLEEP



EAT  
RIGHT

When you write your action plan, be sure it includes the following:

1. **What you are going to do** (a specific action)
2. **How much you are going to do** (time, distance, portions, repetitions, etc.)
3. **When you are going to do it** (time of day, day of the week)
4. **How often or how many days a week you are going to do it?**

Example: This month, I will walk (what) around the block (how much) before lunch (when) three times a week (how often).

Fill in the blanks to write your Brain Health Action Plan.



This month, I will \_\_\_\_\_ (what)

\_\_\_\_\_ (how much)

\_\_\_\_\_ (when)

\_\_\_\_\_ (how often)

How sure are you that you can complete this plan?

Not  
sure

0

1

2

3

4

5

6

7

8

9

10

Very  
sure

Who will you share your action plan with to help keep you on track?

Write their name here: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Engage Your Brain!

List as many items as you can in each category.

## Fruit

- 
- 
- 
- 
- 
- 
- 
- 

## Clothing

- 
- 
- 
- 
- 
- 
- 
- 

## Sports

- 
- 
- 
- 
- 
- 
- 
- 

## Jewelry

- 
- 
- 
- 
- 
- 
- 
-

# Engage Your Brain!

Name an item in each category that begins with the letters on the left.

	Furniture	Clothing	Food	Location
B				
C				
S				
R				
H				
T				

Use the pattern in the top two triangles to find the value of the ? in the bottom triangle.

