

My healthy feet checklist

I have healthy feet because ...

Week of: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I have looked at my feet today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have washed my feet today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dried between my toes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have put lotion on the tops and bottoms of my feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have found changes in my feet today.	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No	__Yes __No



I have healthy feet

If **Yes**:

- I have decided to get help and called my health care provider for an appointment, or will visit an urgent care centre.

_____ date & time of appointment

If **No**:

- I have put on my clean, light coloured socks.
- I have checked my shoes and put them on.