Talk with Your Doctor

How are your feet doing?

Check all that apply:

____ I have itching between my toes
____ I have dry skin on my feet
____ The skin on my feet is peeling
____ My feet are red and inflamed
____ I have blisters on my feet
____ I have sores that don’t heal
____ My toenails are too thick to cut
____ My feet get cold easily
____ My feet lose feeling and get numb
____ I have thick calluses

If you checked anything on the list, please show it to your doctor or nurse. Be sure to ask them what YOU can do.

Date of last foot exam: ___________

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Marshall University
Robert C. Byrd Center for Rural Health
Richard Crespo, Ph.D.
1600 Medical Center Drive
Huntington, WV 25701
304-691-1193
crespo@marshall.edu
What can you do to take care of your feet?

WORD MATCH PUZZLE:
See if you can find a solution for each problem. To solve a problem pick a solution that works for you and write its letter in the blank space in front of the problem. You may pick more than one solution.

FOOT CARE PROBLEMS  SOLUTION LIST

____ Forget to regularly check feet  A. Sit down and hold feet up to a mirror
____ Can’t bend down to easily see feet  B. Wear soft cotton socks and athletic shoes
____ It hurts to walk so don’t do it  C. Never go barefoot
____ Skin on feet is dry and chapped  D. Post foot check reminders
____ Toenails are thick and yellow  E. Walk a short distance--increase each week
____ Feet are always cold  F. Apply lanolin lotion every day
____ Can’t find shoes that feel comfortable  G. Do chair exercises
____ Have calluses that hurt  H. Talk to your doctor
____ Feet always ache  I. Have a family member check your feet

FOOT CARE ACTION PLAN

What actions will you take?

What is one thing you will do to care for your feet?
________________________________________
________________________________________

When are you going to start? ________

How often?
_____ Daily  _____ Weekly  _____ Monthly

How confident are you?
Not 1 2 3 4 5 6 7 8 9 10  Very Confident

Very
Confident

Share your plan with a doctor or nurse if you are in the clinic.

Share your plan with a family member or friend.

Notes: ________________________________
________________________________________
________________________________________