

**Your Name**                      **Date:**  
**Your Address**

For: \_\_\_\_\_  
Address: \_\_\_\_\_

**RX**

**Pedometer** (step counter)

**Quantity: #1**

**Sig: Use As directed to Increase**  
----- **Steps/Day Briskly**

**No Substitution Allowed**

Signature: \_\_\_\_\_ **MD**

**Patient Instructions**

*Park farther away in store parking lots*  
*Return grocery cart to the store*  
*Avoid elevators, walk a couple of flights, before taking elevator*  
*Walk the escalator, don't ride*  
*Avoid people movers at the airport*  
*Walk your dog or your neighbors dog*  
*Forget about your TV remote*  
*Avoid the drive-through, instead walk inside*  
*Get off the bus 2 stops earlier and walk*  
*Choose the farthest entrance in buildings*  
*Walk during your lunch break*  
*Walk while on the phone*  
*Take a 6 minute walk after dinner*  
*Make several trips to unload groceries*  
*Walk, don't drive for trips less than 1 mile*  
*Use the restroom, or copy machine on a different floor*

**Always think STEPS!**