

# TRAINING ACTIVITY 1

## SESSION 1

**ACTIVITY:**  
**DO YOU THINK YOU CAN DO IT?**



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# Partners

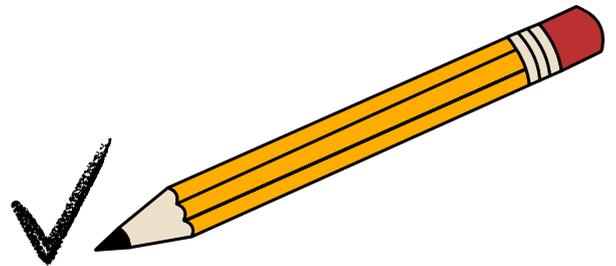
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# DO YOU THINK YOU CAN DO IT?

## How's your ability to manage your health?

Print page 3, where the test appears.  
Read the examples carefully and reflect.  
After thinking about it, mark with a checkmark  
the option you think best suits you.





**Knowledge**  
about medicines and  
preventive health.

Examples:

- Knowing which medications I should take and when.
- Do not self-medicate.
- Avoid things that can harm me.

I think I can do it

I don't think I'm capable

I can do it, but I need support



**Ability**  
to make changes in my  
lifestyle and participate in  
decisions to take care of my  
health

Examples:

- If the doctor tells me I have to go on a diet, I have to follow it every day.
- To have a healthy lifestyle.
- Being aware that to be well I have to take care of myself.

I think I can do it

I don't think I'm capable

I can do it, but I need support



**Trust**  
to contact my doctor and  
follow their instructions

Examples:

- Write down what I need to ask the doctor before going to the appointment.
- Ask him/her everything that worries me, without being ashamed.
  - If he/she gives me a treatment or a recommendation, I will follow it.

I think I can do it

I don't think I'm capable

I can do it, but I need support