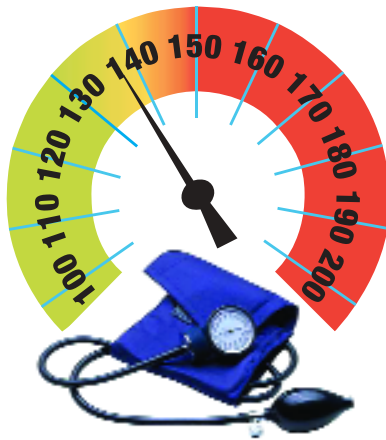


High Blood Pressure Action Plan

BLOOD PRESSURE



Today's Date: _____

Blood Pressure: _____ / _____

YOUR GOAL: LESS THAN

140/90

130/80

EAT LESS SALT EAT MORE FRUITS & VEGETABLES



Food Plan: _____

TAKE YOUR MEDICINE

1. Medication: _____
_____ / Times a day

2. Medication: _____
_____ / Times a day

3. Medication: _____
_____ / Times a day

4. Medication: _____
_____ / Times a day



BE PHYSICALLY ACTIVE



Activity _____

Minutes _____

Times per week _____