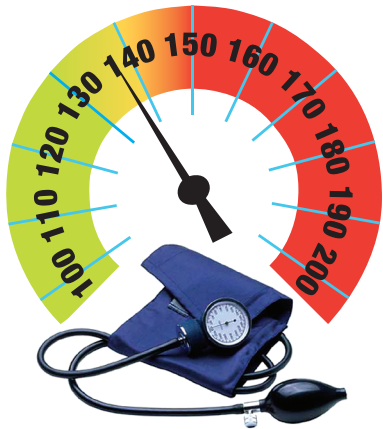


High Blood Pressure Action Plan

BLOOD PRESSURE



Today's Date: _____

Blood Pressure: _____ / _____

YOUR GOAL

Less than 140/90

_____ / _____

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 _____