

मेरो मुटु, मेरो उत्तरदायित्व

आज मैले:



डाक्टरको सिफारिस अनुसार मेरो रक्तचापको
औषधि(हरु) सेवन गर्ने छु ।



मेरो रक्तचाप स्थानीय फार्मसी वा मेरो घरको
मनिटरले जाच्ने छु ।



यदि मसँग मेरो रक्तचाप वा औषधि(हरु) सम्बन्धि प्रश्नहरु
भएमा मेरो फर्मासिस्ट वा डाक्टरसँग सोच्ने छु ।



प्रत्येक हप्ता न्युनतम रूपमा पनि २ घण्टा ३० मिनेटको
ब्यायाम गर्ने छु ।



नून कम भएका खानेकुरा खाने छु । प्रसस्त पूर्ण अन्न,
कम फ्याट भएको दुध वा दुधबाट बनेका पदार्थहरु,
र न्युनतम रूपमा पनि दिनको पाँच भाग फलफुल
र सागसब्जीहरु समावेश गर्ने छु ।



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Supported in part by the Centers for Disease Control and Prevention under award numbers U58DP005621 and U48DP005008 and the National Institutes of Health - National Institute on Minority Health and Health Disparities under award number P60MD000538. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.