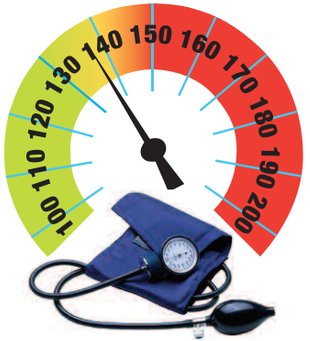
MY ACTION PLAN



SPECIAL INSTRUCTIONS
(Ask your healthcare provider)

When my blood pressure
is above _____/_____ I should

_____

_____

When my blood pressure
is below _____/_____ I should

_____

_____

DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/

PERSONAL INFORMATION

NAME:
_____

HEALTHCARE PROVIDER:
_____

BLOOD PRESSURE MEDICATIONS:
_____

_____

KEEP YOUR HEART HEALTHY

THINGS YOU CAN DO TO LOWER HIGH BLOOD PRESSURE, PROTECT YOUR HEART AND PREVENT STROKE.

Check each box as you decide to make any of these lifestyle changes.

- ☐ I will quit smoking.
- ☐ I will engage in physical activity most days of the week.
- ☐ I will choose foods that are low in salt (sodium).
- ☐ I will know my blood pressure numbers.
- ☐ I will know my blood pressure medications.
- ☐ I will take my blood pressure medications as directed.
- ☐ I will eat a diet low in saturated and trans fat.
- ☐ I will limit my alcohol intake.
- ☐ I will monitor my blood pressure.
- ☐ I will work to lessen day-to-day stress.
- ☐ My own blood pressure goal: _____

For more information,
talk with your healthcare provider or call 311.

HPD1X25700 - 06.16

BLOOD PRESSURE TRACKING CARD

CALL 311
OR VISIT NYC.GOV/HEALTH

NYC Health

THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MY BLOOD PRESSURE GOAL IS

_______ /_______

I will check my blood pressure every

☐ day ☐ week in the ☐ AM ☐ PM

Special Instructions________________

____

____

____

____

____

____

____

____

Use this chart to keep track of your blood pressure. Talk with your healthcare provider about how often to take your blood pressure. Write in the date and results in each box.

DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE	DATE AM/PM	BLOOD PRESSURE
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/
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AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/	AM/PM	/