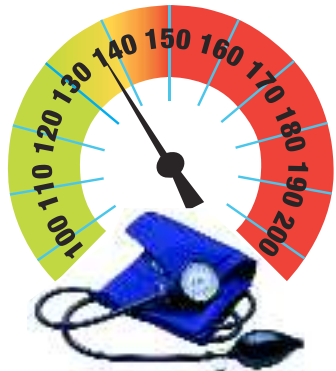


**MY ACTION PLAN**



**SPECIAL INSTRUCTIONS**  
(Ask your healthcare provider)

When my blood pressure is above \_\_\_\_/\_\_\_\_ I should

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When my blood pressure is below \_\_\_\_/\_\_\_\_ I should

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TAKE CARE NEW YORK  
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.

**KEEP YOUR  
HEART HEALTHY**



**BLOOD PRESSURE  
TRACKING CARD**

**CALL 311**  
OR VISIT [NYC.GOV/HEALTH](http://NYC.GOV/HEALTH)



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