## 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.

### Special Instructions

(Ask your healthcare provider)

When my blood pressure is above _____/____ I should ________________________________

When my blood pressure is below _____/____ I should ________________________________

### My Action Plan

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### Personal Information

- **Name:**
- **Healthcare provider:**
- **Blood pressure medications:**

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**Call 311 or Visit NYC.gov/Health**

The New York City Department of Health and Mental Hygiene
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.

My Blood Pressure Goal is __________/__________

I will check my blood pressure every
☐ day
☐ week
in the
☐ AM
☐ PM

Special Instructions __________________________
__________________________________________