

PLANK 5

TOOL: “How Am I Doing?” Blood Pressure Management Plan (Henry Ford Health System)



“How Am I Doing?”

Blood Pressure Management Plan



**Measure Up
Pressure Down**
American Medical Group Foundation

My Blood Pressure Today

Date _____

Systolic (upper number):

Diastolic (lower number):

Blood Pressure Goals

Systolic (upper number):
139 or less

Diastolic (lower number):
89 or less

Keeping your blood pressure under control will help protect your kidneys, heart, brain and other organs. Choose one of these areas to improve or to help lower your blood pressure.

Food – Less salt, less fast food, and less processed food (like canned foods), but more fruits, vegetables, beans, and whole grains can help control blood pressure.

Activity – Moving around more helps lower blood pressure.

Coping – Finding healthy ways to cope with stress can help prevent high blood pressure.

Sleep – 6 to 9 hours per night helps with blood pressure control.

Smoking – Quit smoking to help lower blood pressure.

Medications – Remembering to take medications on time helps control blood pressure.



PLANK 5

TOOL: "How Am I Doing?" Blood Pressure Management Plan (Henry Ford Health System)

Choose One Goal to Work on This Month

Food

- ☐ I will eat less fast food and frozen meals.
- ☐ I will rinse my canned beans, vegetables, and tuna to get salty water off.
- ☐ I will cook with more herbs, spices, vinegars and lemon juice for flavor.

- ☐ I will eat more fruits, vegetables, and whole grains.
- ☐ I will reduce my portions by $\frac{1}{4}$ or $\frac{1}{2}$ at each meal.
- ☐ I will drink less pop and alcohol by drinking more water.

Activity

- ☐ I will be more active by _____ (write in activity).
- ☐ I will find a buddy to work out or walk with most days of the week.

Sleep

- ☐ I will get 7 to 9 hours of sleep at night by going to bed earlier.

Smoking

- ☐ I will quit smoking or reduce the number of cigarettes I smoke.

Medication

- ☐ I will use a pill box to help me remember to take my medication(s).
- ☐ I will have a family or friend help me remember to take my medications.

Coping

- ☐ I will find a way to help me cope with stress such as going for a walk, listening to music, calling a friend, or writing in a journal.
- ☐ I will check my blood pressure and record my numbers every day.

or

- ☐ Write your own goal here: _____

_____.

