



# PLANK 5

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



## “How Am I Doing?”



Measure Up  
Pressure Down  
American Medical Group Foundation

### Blood Pressure Management Plan

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.

**PROVIDER TOOLKIT**  
TO IMPROVE HYPERTENSION CONTROL

Measure Up Pressure Down

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# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

