

# High Blood Pressure

## low your risk pledge



I,....., **pledge to do at least three of these action items to help lower my high blood pressure and my risk for heart disease and stroke:**

- To know what my blood pressure should be and try to keep it at goal level.
- To regularly take my blood pressure and track my numbers.
- To read food labels at the grocery store and to buy foods that are low in sodium and fat!
- To know my body mass index and take measures to maintain a healthy weight.
- To participate in moderately intense physical activity (like brisk walking) for at least 30 minutes on most or all days of the week. On days when I don't have time, I'll do the activity in three 10-minute segments during the day.
- To remain **tobacco-free** or, if I smoke, pick a quit date and ask my doctor for help with quitting.
- To limit my alcohol to no more than two drinks a day (for men) or one drink a day (for women).
- To take my medication as my doctor prescribed.
- To understand my 10-year risk for heart disease and stroke.
- To encourage others who may be at risk for high blood pressure to get their blood pressure checked.

**I will recruit the following people to help me in the ways listed below.**

Helper's Names

What I will ask him/her to do

.....

.....

.....

.....

**I will reward myself and my helpers by (be specific):**

.....

.....

.....

**My Signature**

**Witness Signature**

This is for informational purposes and is not intended to be a substitute for the advice of a doctor. It is important that you rely on the advice of a doctor or a healthcare professional for your specific condition.

This Information material has been developed by PROTON Healthcare Ltd. USA, in the interest of Community Welfare and Health Education for people worldwide.

Reference: American Heart Association

