

# How Can I Control My High Blood Pressure?

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ CHART # \_\_\_\_\_



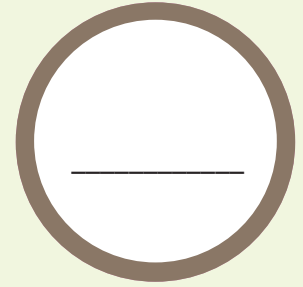
Increase fruits & veggies



Be physically active



Take my medicine



OTHER



Monitor my blood pressure at home



Support system



Limit alcohol & sugary drinks



Stop smoking/  
vaping

My goal for the next month is (What I want to do. For example, start walking everyday):

\_\_\_\_\_

My action plan is (Something I want to do right away):

\_\_\_\_\_

One thing that could keep me from my goal and what I will do about it.

\_\_\_\_\_

I will do this to make my success more likely.

\_\_\_\_\_

How confident am I that I can reach this goal: circle one

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			Somewhat confident			Very sure		Totally confident

Follow-up plan (how and when): \_\_\_\_\_

\_\_\_\_\_