

## Healthy Life High Blood Pressure Program

# My Action Plan

I \_\_\_\_\_ and \_\_\_\_\_  
 (Name) (Name of Coach)

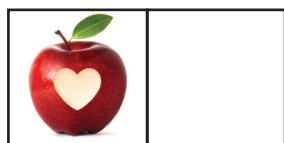
have agreed that to improve my health I will:



**Reduce  
my salt intake**



**Reduce  
my stress**



**Improve my  
food choices**



**Take my  
medications**



**Stay more  
physically active**



**Cut down  
on smoking**

**Here is what I can do:**

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**How much:**

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**When:**

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**How often:**

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**This is how sure I am that I will be able to do this: (Circle a number)**

Not sure

1

2

3

4

5

6

7

8

9

10

Very sure