

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

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.....

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

