










3d) HTN Action Plan

My action plan to improve my high blood pressure (pick one, and be specific)
When, how much, and how often? How confident are you (1-10)?

Date: _____

	Increase physical activity <i>(e.g., walking for 10 minutes Mon, Wed, Fri after breakfast, confidence 8)</i>	<div> <p>Very Confident</p> <p>10</p>  <p>0 Not Sure</p> </div>
	Take my medications	
	Lower salt in food	
	Improve my food choices	
	Check my home blood pressure	
	Reduce stress	
	Cut down on smoking	
	Your own idea	

Notes

Images obtained on the internet using Google Image search