

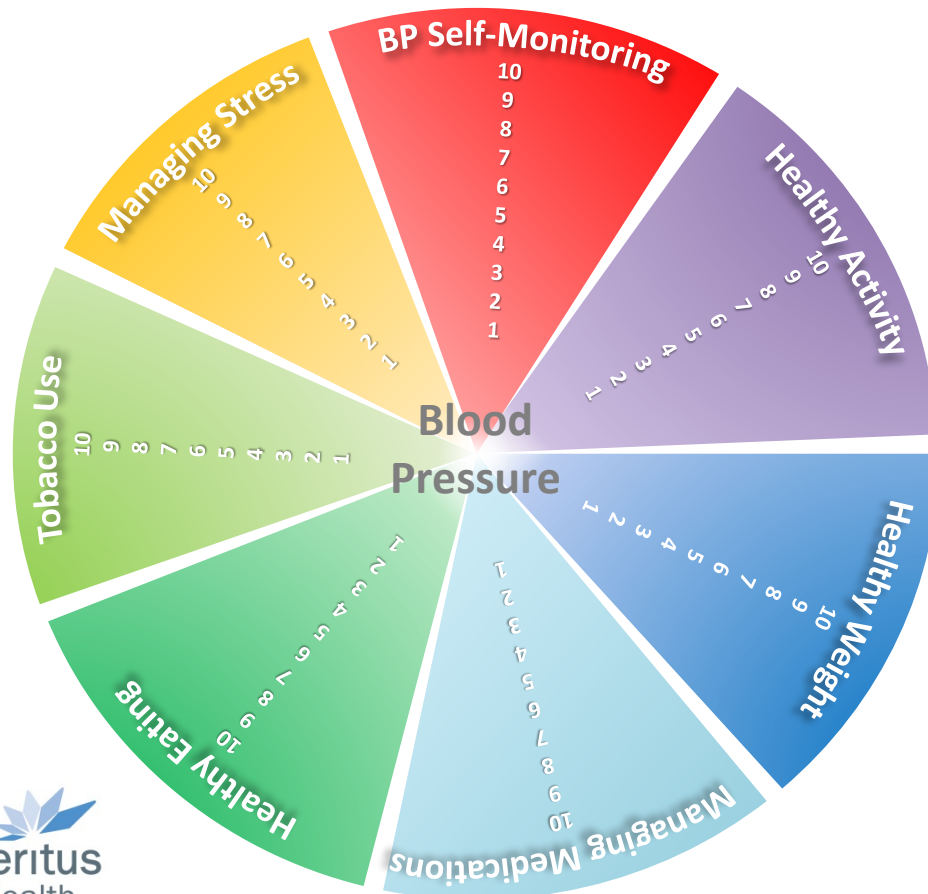
# Model for Healthy Blood Pressure

Circle the number on the wheel that best describes your satisfaction in each of these areas (1 – unsatisfied, 10 – completely satisfied).  
Connect the circles. What areas would you like to improve?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pre or Post (circle one)



## BP Self-Monitoring

Regularly taking your blood pressures at home or at your pharmacy.

1 2 3 4 5 6 7 8 9 10

## Healthy Activity

Finding ways to move around and meet activity guidelines.

1 2 3 4 5 6 7 8 9 10

## Healthy Weight

Maintaining a recommended weight.

1 2 3 4 5 6 7 8 9 10

## Managing Medications

Taking your medications as prescribed.

1 2 3 4 5 6 7 8 9 10

## Healthy Eating

Reducing salt intake and eating more fruits and vegetables.

1 2 3 4 5 6 7 8 9 10

## Tobacco Use

Staying away from cigarettes and tobacco products.

1 2 3 4 5 6 7 8 9 10

## Managing Stress

Reduce the amount of stress in your life and/or find ways to ensure it does not affect you as much.

1 2 3 4 5 6 7 8 9 10



Parish Nursing