HIGH BLOOD PRESSURE WORKSHEET

PREPARING FOR YOUR APPOINTMENT

How have you been feeling?

_________________________________________________________

_________________________________________________________

_________________________________________________________

Are there things that are preventing you from sticking to your current plan?

_________________________________________________________

_________________________________________________________

_________________________________________________________

Any changes in your blood pressure?

_________________________________________________________

_________________________________________________________

_________________________________________________________

What are your symptoms?

_________________________________________________________

_________________________________________________________

_________________________________________________________

How do you treat your symptoms?

_________________________________________________________

_________________________________________________________

_________________________________________________________

What questions or concerns do you have for your doctor?

_________________________________________________________

_________________________________________________________

_________________________________________________________

Remember To Bring:

☐ List of all your medicines (including OTC, vitamins, and herbs)

☐ Pen and paper or recording device

AT YOUR APPOINTMENT

QUESTIONS TO ASK MY DOCTOR:

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

My Blood Pressure:  

_________________________________________________________

_________________________________________________________

Blood Pressure Chart

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg</th>
<th>Diastolic mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>less than 120</td>
<td>less than 80</td>
</tr>
<tr>
<td>Keep it up!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated</td>
<td>120-129</td>
<td>less than 80</td>
</tr>
<tr>
<td>Take steps to control BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 1</td>
<td>130-139</td>
<td>80-89</td>
</tr>
<tr>
<td>Lifestyle changes + doctor may prescribe BP medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure (Hypertension) Stage 2</td>
<td>140 or higher</td>
<td>90 or higher</td>
</tr>
<tr>
<td>Doctors likely to prescribe BP medication + lifestyle changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertensive Crisis</td>
<td>Higher than 180</td>
<td>Higher than 120</td>
</tr>
<tr>
<td>Consult your doctor immediately</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MY PLAN TO LOWER MY HIGH BLOOD PRESSURE:

☐ _______________________________________________________

☐ _______________________________________________________

☐ _______________________________________________________

☐ _______________________________________________________

☐ _______________________________________________________

My Next Appointment Is:

______/______/______

AT: __________ AM / PM

NEXT STEPS

TRACK YOUR BLOOD PRESSURE

VISIT: LowerYourHBP.org