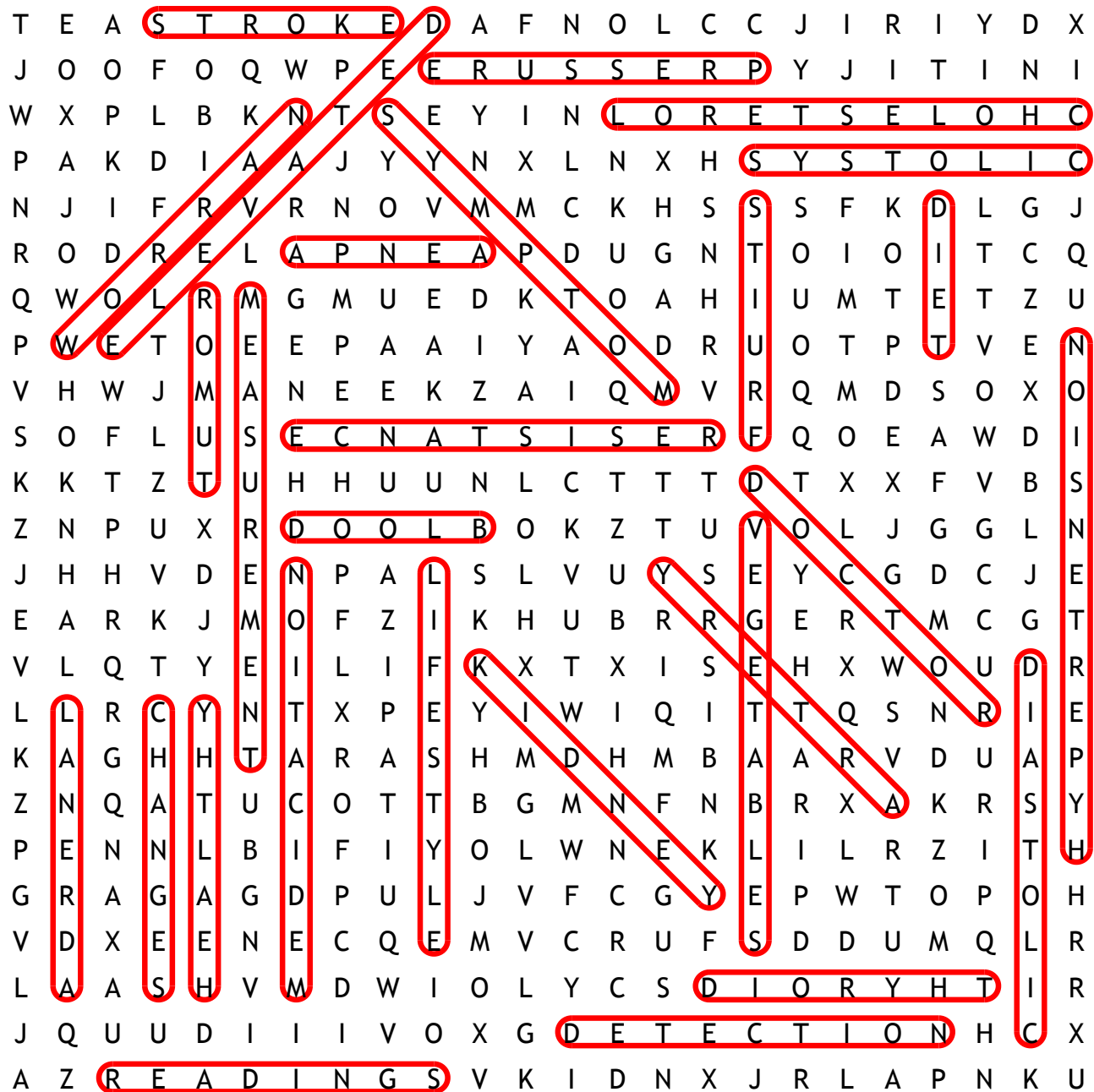


Name: _____

Date: _____

Blood Pressure



- | | | | | |
|--------------|-------------|-------------|------------|------------|
| hypertension | measurement | cholesterol | vegetables | resistance |
| medication | lifestyle | detection | diastolic | readings |
| elevated | systolic | Pressure | changes | symptom |
| adrenal | thyroid | healthy | stroke | fruits |
| doctor | narrow | kidney | artery | tumor |
| apnea | blood | diet | | |