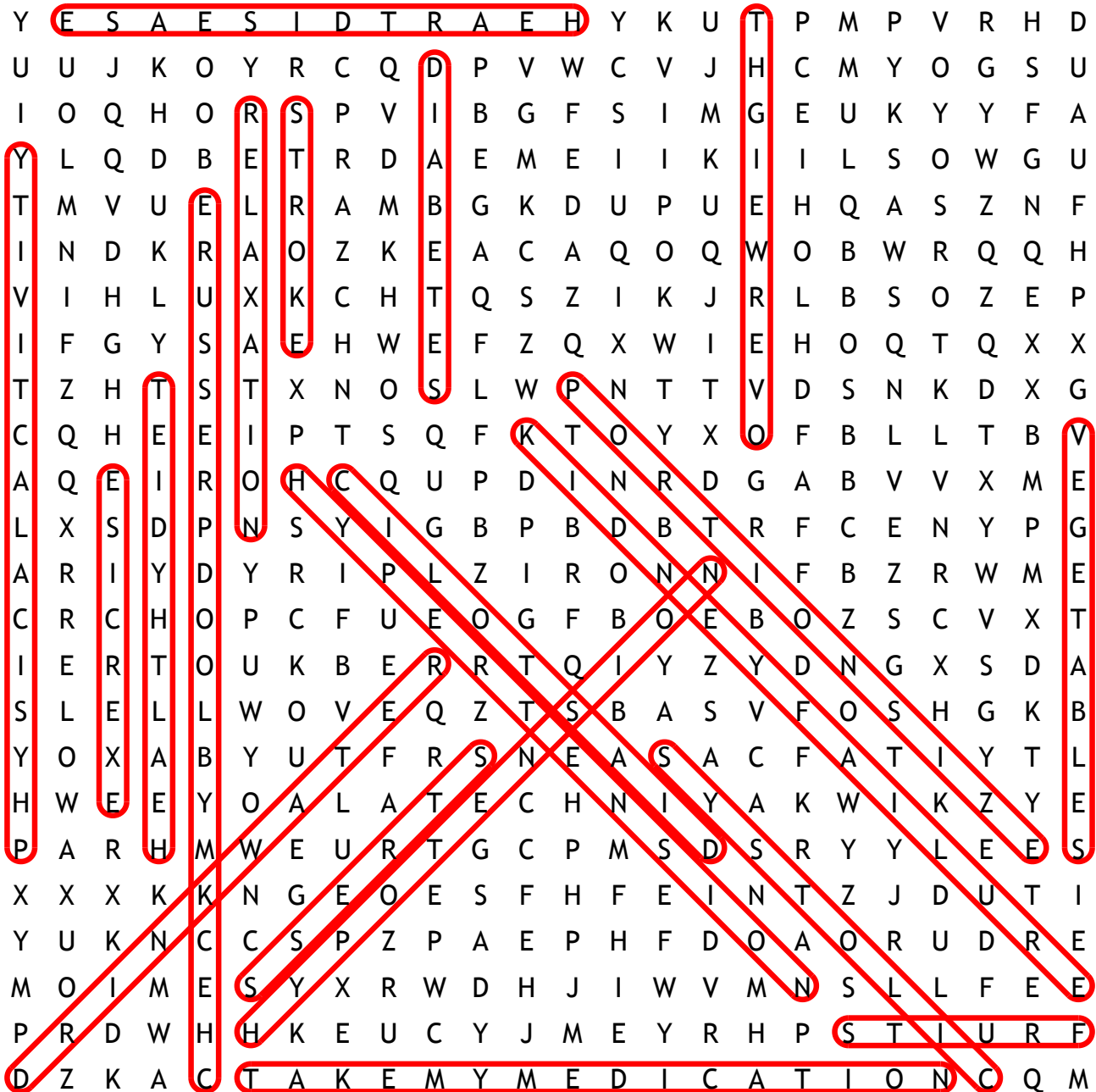


Name: _____

Date: _____

BLOOD PRESSURE & EXERCISE



CHECK MY BLOOD PRESSURE
KIDNEY FAILURE
HEALTHY DIET
HYPOTENSION
VEGETABLES
EXERCISE
STRESS

TAKE MY MEDICATION
HEART DISEASE
HYPERTENSION
RELAXATION
DIASTOLIC
SYSTOLIC
FRUITS

PHYSICAL ACTIVITY
PORTION SIZE
DRINK WATER
OVERWEIGHT
DIABETES
STROKE