



## Know Your Numbers







## TIPS FOR BEING YOUR HEALTHIEST



#### CONNECT

Reach out to a loved one, friend or your doctor whenever you need support, are feeling stressed or overwhelmed.



#### **BE ACTIVE**

Get at least 30 minutes of physical activity a day, five days a week.



#### **GET A CHECK-UP**

Schedule appointments to see your health care provider regularly.



#### **EAT HEALTHY**

Eat a healthy diet with more fruits and vegetables, foods lower in sodium, and fewer sweets and sugary drinks.



#### **DON'T SMOKE**

If you smoke, quit. The sooner you quit smoking, the sooner your body begins to heal.



**Blood pressure** is the force of blood moving through your blood vessels. The higher it is, the more pressure it puts on the inside of your blood vessels. High blood pressure is a leading cause of heart disease and stroke.

Тор#	Bottom #	Results
below 120	below 80	Your blood pressure is within the normal range.
120- 139	80-89	Discuss what this means for you at your next visit with your health care provider.
140- 179	90-109	Your blood pressure is high. See or call your health care provider ASAP.
above 180	above 110	Your blood pressure is dan- gerously high. See your health care provider or get medical care today, even if you feel fine.



**Body mass index (BMI)** is a measure of how much you weigh compared to how tall you are.

A BMI that is:	
· below 18.5 is underweight	
• <b>18.5-24.9</b> is normal weight	
• <b>25-29.9</b> is overweight	
· 30 and above is obese	





### DIABETES RISK

**Diabetes Risk.** Your Hemoglobin A1C measures your average blood sugar levels over the past 2-3 months. High blood sugar can be a sign of pre-diabetes or diabetes.

#### An A1C number that is:

- · below 5.7 is normal
- **5.7-6.4** means you have prediabetes
- **6.5** and above means you have diabetes



adults has prediabetes

# Knowing some of your health-related numbers is an important step toward being your healthiest.

Use this card to fill in the numbers you know. Talk to your health care provider about the ones you don't know, what your goals should be or any questions or concerns you may have.

My	Num	bers

Date

Height
Weight
BMI
A1C
Other

Other

**Blood Pressure** 

3	Goals				
_					
_					

Goals

#### **My Health Care Provider**

Name	
Phone	
Address	
City, State	

#### Need help finding a health care provider?

- Call the number on the back of your insurance card.
- 2. Visit the health benefits page at nyc.gov/hbp and click through to your health insurance plan to find a health care provider in your network.

For resources and programs to help you lead a healthy lifestyle, visit: nyc.gov/workwellnyc or nyc.gov/health

