

Daily Monitoring

Take this with you to all of your appointments. Call your physician's office if there are significant changes in weight or if your heart rate and/or blood pressure become too high to too low.

| MONTH | MEASURES | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------------------|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|
| WEEK from | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |
| WEEK to | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |
| WEEK from | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |
| WEEK to | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |
| WEEK from | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |
| WEEK to | WEIGHT <i>kg</i> | | | | | | | |
| | BLOOD PRESSURE <i>mm Hg</i> | | | | | | | |
| | HEART RATE <i>beats per minute</i> | | | | | | | |