

**MEDICINE CHART**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



NAME OF MEDICINE & STRENGTH	WHAT'S IT FOR?	DOSAGE, HOW OFTEN AND WHAT TIME	PRESCRIBING DOCTOR	SPECIAL INSTRUCTIONS	REFILL DATE
ALLERGIES TO MEDICINES:					

# GLUCOSE TRACKER

Week of \_\_\_\_\_

American Heart Association  
*Learn and Live*



## SUNDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## MONDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## TUESDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## WEDNESDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## THURSDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## FRIDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

## SATURDAY

### Blood Glucose

Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_  
Time: \_\_\_\_\_ MG/DL: \_\_\_\_\_

Weight: \_\_\_\_\_

Questions for my healthcare team: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Use as many spaces as needed or add more to record your individual daily blood glucose readings. For more information on *The Heart of Diabetes*, visit: [IKnowDiabetes.org](http://www.IKnowDiabetes.org)

# BLOOD PRESSURE TRACKER – INSTRUCTIONS

- You should have your monitor's accuracy tested once a year by a healthcare professional.  
Date of last test: \_\_\_\_\_
- Make sure the cuff fits: measure around your upper arm and choose a monitor that comes with the correct size cuff.
- It's important to take the readings at the same time each day, such as morning and evening, or as your healthcare professional recommends.



- Don't smoke, drink caffeinated beverages or exercise within the 30 minutes before measuring your blood pressure.
- Sit with your back straight and supported (on a dining chair, for example, rather than a sofa). Your feet should be flat on the floor; don't cross your legs. Your arm should be supported on a flat surface (such as a table) with the upper arm at heart level. Make sure the middle of the cuff is placed directly over your brachial artery as shown in the picture or your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results. Your doctor can calculate your average blood pressure from all of your readings, tell you what category you fall into, look at all your risk factors and give you a blood pressure goal.

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## American Heart Association recommended blood pressure levels

Blood Pressure Category	Systolic (mm Hg)		Diastolic (mm Hg)
Normal	less than 120	and	less than 80
Prehypertension	120–139	or	80–89
High			
Stage 1	140–159	or	90–99
Stage 2	160 or higher	or	100 or higher

Blood pressure higher than 180/110 mm Hg is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available, have someone drive you to the nearest emergency facility immediately.

Heart rate or pulse is the number of times your heart beats per minute. The average resting heart rate is 60–80 beats per minute, but it's generally lower in physically fit people and it usually rises with age.

[www.AmericanHeart.org/HBP](http://www.AmericanHeart.org/HBP)

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# BLOOD PRESSURE TRACKER – PRINTABLE TRACKER

## INSTRUCTIONS:

- Take your pressure at the same time each day, such as morning or evening, or as your healthcare professional recommends.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery. Refer to the Instructions page of this tracker for a picture, or check your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results.



NAME: \_\_\_\_\_ MY BLOOD PRESSURE TARGET GOAL IS: \_\_\_/\_\_\_ mm Hg

DATE/TIME	READING 1		READING 2		READING 3		COMMENTS
	BLOOD PRESSURE	HEART RATE (PULSE)	BLOOD PRESSURE	HEART RATE (PULSE)	BLOOD PRESSURE	HEART RATE (PULSE)	
1/1/08 8:00pm	132/85 mm Hg	81 Beats Per Min.	130/80 mm Hg	70 Beats Per Min.	126/80 mm Hg	72 Beats Per Min.	at pharmacy
	/		/		/		
	/		/		/		
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	/		/		/		

Blood pressure higher than 180/110 is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available to you, have someone drive you to the nearest emergency facility immediately.

# BLOOD PRESSURE TRACKER – WALLET CARD

## INSTRUCTIONS:

- Take your pressure at the same time each day, such as morning or evening, or as your healthcare professional recommends.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery. Refer to the Instructions page of this tracker for a picture, or check your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results.
- Cut this card out, fold it and keep in your wallet for use when you are traveling or away from home.



	BLOOD PRESSURE	HEART RATE (PULSE)
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		

	BLOOD PRESSURE	HEART RATE (PULSE)
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		

	BLOOD PRESSURE	HEART RATE (PULSE)
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		
DATE/TIME		
READING 1		
READING 2		
READING 3		
COMMENTS		

Blood pressure higher than 180/110 is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available to you, have someone drive you to the nearest emergency facility immediately.



# cholesterol tracker



date  /  /

Record your cholesterol levels after each doctor visit — along with your exercise and diet goals. Watch your progress, and stick to your plan.

	date of checkup	TOTAL CHOLESTEROL	LDL	HDL	TRIGLYCERIDES
previous levels	/ /				
current levels	/ /				
my level GOALS before my next appointment	/ /				

NEXT APPOINTMENT

## eat healthy

### healthy foods i added to my diet this week

- 
- 
- 
- 
- 

### foods or drinks that i need less of

- 
- 
- 
- 
- 
- 

## physical activity

I commit to \_\_\_ minutes of physical activity \_\_\_\_\_ times a week.

This week, I will \_\_\_\_\_ for my physical activity.

## notes

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[www.americanheart.org/cholesterol](http://www.americanheart.org/cholesterol)