W	Veekly	Blood	Pressure	Loc

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Date: \_\_\_\_\_\_ to

Place a small dot at the appropriate intersection for the high number (systolic) and the time your blood pressure was taken. Then do the same for the low number (diastolic) in the lower chart.

At the end of the week connect the dots to see your blood pressure trend.

Be sure to carefully track the items below to see how various factors influence your blood pressure.

Bring this form to you health care provider to discuss trends in you blood pressure.

What did you eat for breakfast?

What did you eat for lunch?

What did you eat for dinner?

How often did you add salt to your food?

How many alcoholic drinks die you have today?

What medications did you tal today? How much?

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