

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 1		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 2		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 3		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 4		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 5		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 6		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 7		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 8		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 9		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 10		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 11		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 12		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 13		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 14		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 15		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 16		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 17		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 18		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 19		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 20		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 21		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 22		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 23		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								

DAILY LOG



Month: _____

Home Health Monitoring for Chronic Kidney Disease

Week 24		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Blood Pressure and Heart Rate	Before Medicine BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Medicine BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #1	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
	Before Bedtime BP #2	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____	BP ____ / ____ HR _____
Weight in Morning (before eating)								
Activity or Exercise Minutes								
Next time I talk to my nurse, I would like more information on:								