

# DAILY LOG



Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 1		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 2		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 3		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 4		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 5		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 6		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 7		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 8		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								



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## Home Health Monitoring for Hypertension

Week 9		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 10		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 11		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 12		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 13		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 14		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

# DAILY LOG



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## Home Health Monitoring for Hypertension

Week 15		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

# DAILY LOG



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## Home Health Monitoring for Hypertension

Week 16		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								



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## Home Health Monitoring for Hypertension

Week 17		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 18		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 19		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 20		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 21		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

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## Home Health Monitoring for Hypertension

Week 22		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

# DAILY LOG



Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 23		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								

# DAILY LOG



Month: \_\_\_\_\_

## Home Health Monitoring for Hypertension

Week 24		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Blood Pressure and Heart Rate</b>	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 _____
<b>Activity or Exercise Minutes</b>								
<b>Next time I talk to my nurse, I would like more information on:</b>								