

Heart Care Calendar: Month _____ Year _____



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

Write down your weight, heart rate, and blood pressure (BP) every day each month.

Call your doctor if you gain 2 to 3 pounds in 24 hours, or 5 or more pounds in a week.

<input type="checkbox"/> Sunday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Monday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Tuesday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Wednesday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Thursday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Friday Weight _____ Heart Rate _____ BP _____	<input type="checkbox"/> Saturday Weight _____ Heart Rate _____ BP _____
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