

Heart Care Calendar



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Month _____ Year _____

Fill in the dates and information each month for your weight, sodium (salt) intake and blood pressure (BP). **Call your doctor if you gain more than 2 pounds overnight or 5 pounds over several days.**

Sunday ____ Weight ____ Sodium ____ BP ____	Monday ____ Weight ____ Sodium ____ BP ____	Tuesday ____ Weight ____ Sodium ____ BP ____	Wednesday ____ Weight ____ Sodium ____ BP ____	Thursday ____ Weight ____ Sodium ____ BP ____	Friday ____ Weight ____ Sodium ____ BP ____	Saturday ____ Weight ____ Sodium ____ BP ____
Sunday ____ Weight ____ Sodium ____ BP ____	Monday ____ Weight ____ Sodium ____ BP ____	Tuesday ____ Weight ____ Sodium ____ BP ____	Wednesday ____ Weight ____ Sodium ____ BP ____	Thursday ____ Weight ____ Sodium ____ BP ____	Thursday ____ Weight ____ Sodium ____ BP ____	Saturday ____ Weight ____ Sodium ____ BP ____
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