

American Heart
Association



| NAME OF MEDICINE & STRENGTH | WHAT'S IT FOR? | DOSAGE, HOW OFTEN AND WHAT TIME | PRESCRIBING DOCTOR | SPECIAL INSTRUCTIONS | REFILL DATE |
|-----------------------------|----------------|---------------------------------|--------------------|----------------------|-------------|
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ALLERGIES TO MEDICINES:

www.AmericanHeart.org/CardiacRehab

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GLUCOSE TRACKER

Week of _____

American Heart
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Learn and Live



SUNDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

MONDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

TUESDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

WEDNESDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

THURSDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

FRIDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

SATURDAY

Blood Glucose

Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____
Time: _____ MG/DL: _____

Weight: _____

Questions for my healthcare team: _____

Use as many spaces as needed or add more to record your individual daily blood glucose readings. For more information on *The Heart of Diabetes*, visit: **IKnowDiabetes.org**

BLOOD PRESSURE TRACKER – INSTRUCTIONS

- You should have your monitor's accuracy tested once a year by a healthcare professional.
Date of last test: _____
- Make sure the cuff fits: measure around your upper arm and choose a monitor that comes with the correct size cuff.
- It's important to take the readings at the same time each day, such as morning and evening, or as your healthcare professional recommends.



- Don't smoke, drink caffeinated beverages or exercise within the 30 minutes before measuring your blood pressure.
- Sit with your back straight and supported (on a dining chair, for example, rather than a sofa). Your feet should be flat on the floor; don't cross your legs. Your arm should be supported on a flat surface (such as a table) with the upper arm at heart level. Make sure the middle of the cuff is placed directly over your brachial artery as shown in the picture or your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results. Your doctor can calculate your average blood pressure from all of your readings, tell you what category you fall into, look at all your risk factors and give you a blood pressure goal.

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American Heart Association recommended blood pressure levels

| Blood Pressure Category | Systolic (mm Hg) | | Diastolic (mm Hg) |
|-------------------------|------------------|-----|-------------------|
| Normal | less than 120 | and | less than 80 |
| Prehypertension | 120–139 | or | 80–89 |
| High | | | |
| Stage 1 | 140–159 | or | 90–99 |
| Stage 2 | 160 or higher | or | 100 or higher |

Blood pressure higher than 180/110 mm Hg is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available, have someone drive you to the nearest emergency facility immediately.

Heart rate or pulse is the number of times your heart beats per minute. The average resting heart rate is 60–80 beats per minute, but it's generally lower in physically fit people and it usually rises with age.

www.AmericanHeart.org/HBP

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BLOOD PRESSURE TRACKER – PRINTABLE TRACKER

INSTRUCTIONS:

- Take your pressure at the same time each day, such as morning or evening, or as your healthcare professional recommends.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery. Refer to the Instructions page of this tracker for a picture, or check your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results.



NAME: _____ MY BLOOD PRESSURE TARGET GOAL IS: ____/____ mm Hg

| DATE/TIME | READING 1 | | READING 2 | | READING 3 | | COMMENTS |
|---------------|----------------|--------------------|----------------|--------------------|----------------|--------------------|-------------|
| | BLOOD PRESSURE | HEART RATE (PULSE) | BLOOD PRESSURE | HEART RATE (PULSE) | BLOOD PRESSURE | HEART RATE (PULSE) | |
| 1/1/08 8:00pm | 132/85 mm Hg | 81 Beats Per Min. | 130/80 mm Hg | 70 Beats Per Min. | 126/80 mm Hg | 72 Beats Per Min. | at pharmacy |
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Blood pressure higher than 180/110 is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available to you, have someone drive you to the nearest emergency facility immediately.

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BLOOD PRESSURE TRACKER – WALLET CARD

INSTRUCTIONS:

- Take your pressure at the same time each day, such as morning or evening, or as your healthcare professional recommends.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery. Refer to the Instructions page of this tracker for a picture, or check your monitor's instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results.
- Cut this card out, fold it and keep in your wallet for use when you are traveling or away from home.



| | BLOOD PRESSURE | HEART RATE (PULSE) |
|-----------|----------------|--------------------|
| DATE/TIME | | |
| READING 1 | | |
| READING 2 | | |
| READING 3 | | |
| COMMENTS | | |
| DATE/TIME | | |
| READING 1 | | |
| READING 2 | | |
| READING 3 | | |
| COMMENTS | | |
| DATE/TIME | | |
| READING 1 | | |
| READING 2 | | |
| READING 3 | | |
| COMMENTS | | |
| DATE/TIME | | |
| READING 1 | | |
| READING 2 | | |
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| COMMENTS | | |

| | BLOOD PRESSURE | HEART RATE (PULSE) |
|-----------|----------------|--------------------|
| DATE/TIME | | |
| READING 1 | | |
| READING 2 | | |
| READING 3 | | |
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| READING 3 | | |
| COMMENTS | | |

| | BLOOD PRESSURE | HEART RATE (PULSE) |
|-----------|----------------|--------------------|
| DATE/TIME | | |
| READING 1 | | |
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| DATE/TIME | | |
| READING 1 | | |
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| READING 3 | | |
| COMMENTS | | |

Blood pressure higher than 180/110 is an emergency. Call 9-1-1 immediately. If 9-1-1 is not available to you, have someone drive you to the nearest emergency facility immediately.



cholesterol tracker

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date

/ /

Record your cholesterol levels after each doctor visit — along with your exercise and diet goals. Watch your progress, and stick to your plan.

| | date of checkup | TOTAL CHOLESTEROL | LDL | HDL | TRIGLYCERIDES |
|---|--------------------|----------------------|-----|-----|---------------|
| previous levels | / / | | | | |
| current levels | / / | | | | |
| my level GOALS before my next appointment | / / | | | | |
| NEXT APPOINTMENT | | | | | |

eat healthy

healthy foods i added to my diet this week

-
-
-
-
-

foods or drinks that i need less of

-
-
-
-
-
-

physical activity

I commit to _____ minutes of physical activity _____ times a week.

This week, I will _____ for my physical activity.

notes

www.americanheart.org/cholesterol