|  | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Blood Pressure |  |  |  |  |  |  |  |
| - when lying down |  |  |  |  |  |  |  |
| - when rising |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Body Temperature |  |  |  |  |  |  |  |
| Temp 1-10 a.m. |  |  |  |  |  |  |  |
| Temp 2-1 p.m. |  |  |  |  |  |  |  |
| Temp 3-4 p.m. |  |  |  |  |  |  |  |
| Daily Average |  |  |  |  |  |  |  |
| (record on Temp Graph) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Other Symptoms: |  |  |  |  |  |  |  |
| Eyes/Sensitivity to Light |  |  |  |  |  |  |  |
| Urine |  |  |  |  |  |  |  |
| Emotions: |  |  |  |  |  |  |  |
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| Notes: |  |  |  |  |  |  |  |
| Did I eat right today? |  |  |  |  |  |  |  |
| Did I get enough sleep? |  |  |  |  |  |  |  |
| Am I too busy? |  |  |  |  |  |  |  |
| Do I have a routine? |  |  |  |  |  |  |  |
| Am I upset with someone? |  |  |  |  |  |  |  |
| Am I worried about something? |  |  |  |  |  |  |  |
| Am I getting sick? |  |  |  |  |  |  |  |
| Exercise: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |
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