

Blood Pressure:

| | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|----------------------------|------|------|-------|------|--------|------|------|
| Before rising in a.m. | | | | | | | |
| Immediately after standing | | | | | | | |
| 4 p.m. | | | | | | | |
| Bedtime | | | | | | | |
| After symptoms: | | | | | | | |
| | | | | | | | |

Weight this week: _____

Stressors experienced that affected symptoms and/or body temperature:

Other Notes: