Body Monitoring Chart

Name _____

Date ______ to _____

Temperature by Time:

(note time)	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Basal							
(waking)							
3 hrs. later							
6 hrs. later							
9 hrs. later							
Daily							
Daily Average							

Temperature by Symptoms Experienced:

Date:	Time:	Temp:	Symptom:

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: