BLOOD PRESSURE AND BLOOD SUGAR LOG*

Name: _____

Date	**Blood Sugar Readings**				**Blood Pressure Readings**				**Notes** (food, physical activity, weight, other)
	Morning fasting**	Before lunch	Before supper	Bedtime	Time	Upper number	Lower number	Heart rate	

**Use as directed by your medical team. Some patients may not be advised to check some of these items, or to check them on a different schedule than others. Remember to bring this to your primary care appointments.*

*** Fasting: before you eat or drink anything (except water) in the morning*