

NameNombre: _____

MonthMes: _____

DATE	Morning Weight	Blood Pressure	Evening Weight	Blood Pressure	Total Fluid (Liters)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					