

# Healthy Heart

Checklist

## Daily Weight



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Record your daily weight

## Fluid Intake



Two columns of four glasses each.

Two columns of four glasses each.

Two columns of four glasses each.

Two columns of four glasses each.

Two columns of four glasses each.

Two columns of four glasses each.

Two columns of four glasses each.

Record your daily fluid intake

## My Food Journal



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Record your daily food intake

## My Blood Pressure



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Record your daily blood pressure