

Cardiovascular Risk Factor Log

(For 3 months, record weekly exercise minutes and weight & daily blood pressure and sugar if not at goal.)

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|----------------------|
| Exercise Time: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | <input type="text"/> |
| Weight: <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | <input type="text"/> |
| Exercise Time: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | <input type="text"/> |
| Weight: <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | <input type="text"/> |
| Exercise Time: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | <input type="text"/> |
| Weight: <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | <input type="text"/> |
| Exercise Time: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | Blood Pressure: <input type="text"/> | <input type="text"/> |
| Weight: <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | Blood Sugar(s): <input type="text"/> | <input type="text"/> |