

Personal Health Diary

Number: _____

Day/Date: ___/___/___	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Blood Pressure (same time each day, left arm)							
Steps Per Day							
Sodium Intake (mg)							
Fruits (Servings) Serving size = 1 medium fruit, ¼ cup dried fruit, ½ cup fresh, frozen, or canned fruit, ½ cup fruit juice							
Vegetables (Servings) Serving size = 1 cup raw leafy, ½ cup cut-up raw or cooked, ½ cup vegetable juice							
Stress Management activities (Yes or No)							
Taking Medication as Prescribed (Yes or No)							