NOVARATE

90

DAY JOURNAL

Blood pressure

A place for your daily records

Record your measurements. Note your questions.
Bring the information to your healthcare appointments.

Name:

Start date:

English edition | US Letter | 90 days of undated records

Start here

A personal journal to organize measurements and questions.

Use the dates and times agreed with your healthcare professional. This journal does not set a measurement schedule or treatment target.

Record the readings you actually measured. Leave missed entries blank; do not estimate or replace them with more favorable readings.

Bring your records to appointments. Note changes in your routine, symptoms or questions you want to discuss.

This journal is not a diagnosis, treatment plan or proof of a supplement's effect. Do not change prescribed treatment based on this workbook.

Inside this journal

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My measurement plan

Complete these details with your healthcare professional and your monitor instructions.

Monitor model and cuff size

Arm and position recommended for measurements

Recommended times and number of readings

Personal target and when to contact my care team

Clinician / clinic contact information

Next appointment

How to use the record pages

Keep your entries consistent and easy to read.

SYS / DIA

Enter systolic and diastolic blood pressure in mmHg as displayed on your monitor.

Pulse

Enter the pulse displayed on the monitor, in beats per minute.

Reading 1 and reading 2

Use the two spaces if your clinician or monitor instructions call for two readings. Otherwise follow their directions.

Morning and evening

The AM / PM labels help organize entries. Follow your individual measurement plan rather than a schedule implied by this journal.

Notes

Use notes for questions, unusual circumstances or information you want your care team to know.

Before I start

Record information you would like to review at your next appointment.

My current medicines and supplements

Questions about ingredients or interactions

Changes in my routine I want to discuss

What I would like help understanding

Week 1

Days 1-7 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
1	AM								
1	PM								
2	AM								
2	PM								
3	AM								
3	PM								
4	AM								
4	PM								
5	AM								
5	PM								
6	AM								
6	PM								
7	AM								
7	PM								

Questions or observations for this week

Week 2

Days 8-14 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
8	AM								
8	PM								
9	AM								
9	PM								
10	AM								
10	PM								
11	AM								
11	PM								
12	AM								
12	PM								
13	AM								
13	PM								
14	AM								
14	PM								

Questions or observations for this week

Week 3

Days 15-21 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
15	AM								
15	PM								
16	AM								
16	PM								
17	AM								
17	PM								
18	AM								
18	PM								
19	AM								
19	PM								
20	AM								
20	PM								
21	AM								
21	PM								

Questions or observations for this week

Week 4

Days 22-28 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
22	AM								
22	PM								
23	AM								
23	PM								
24	AM								
24	PM								
25	AM								
25	PM								
26	AM								
26	PM								
27	AM								
27	PM								
28	AM								
28	PM								

Questions or observations for this week

Week 5

Days 29-35 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
29	AM								
29	PM								
30	AM								
30	PM								
31	AM								
31	PM								
32	AM								
32	PM								
33	AM								
33	PM								
34	AM								
34	PM								
35	AM								
35	PM								

Questions or observations for this week

Week 6

Days 36-42 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
36	AM								
36	PM								
37	AM								
37	PM								
38	AM								
38	PM								
39	AM								
39	PM								
40	AM								
40	PM								
41	AM								
41	PM								
42	AM								
42	PM								

Questions or observations for this week

Week 7

Days 43-49 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
43	AM								
43	PM								
44	AM								
44	PM								
45	AM								
45	PM								
46	AM								
46	PM								
47	AM								
47	PM								
48	AM								
48	PM								
49	AM								
49	PM								

Questions or observations for this week

Week 8

Days 50-56 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
50	AM								
50	PM								
51	AM								
51	PM								
52	AM								
52	PM								
53	AM								
53	PM								
54	AM								
54	PM								
55	AM								
55	PM								
56	AM								
56	PM								

Questions or observations for this week

Week 9

Days 57-63 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
57	AM								
57	PM								
58	AM								
58	PM								
59	AM								
59	PM								
60	AM								
60	PM								
61	AM								
61	PM								
62	AM								
62	PM								
63	AM								
63	PM								

Questions or observations for this week

Week 10

Days 64-70 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
64	AM								
64	PM								
65	AM								
65	PM								
66	AM								
66	PM								
67	AM								
67	PM								
68	AM								
68	PM								
69	AM								
69	PM								
70	AM								
70	PM								

Questions or observations for this week

Week 11

Days 71-77 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
71	AM								
71	PM								
72	AM								
72	PM								
73	AM								
73	PM								
74	AM								
74	PM								
75	AM								
75	PM								
76	AM								
76	PM								
77	AM								
77	PM								

Questions or observations for this week

Week 12

Days 78-84 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
78	AM								
78	PM								
79	AM								
79	PM								
80	AM								
80	PM								
81	AM								
81	PM								
82	AM								
82	PM								
83	AM								
83	PM								
84	AM								
84	PM								

Questions or observations for this week

Week 13

Days 85-90 | Blood pressure: mmHg | Pulse: beats/minute

Dates: _____ to _____

Day	AM/PM	Time	SYS 1	DIA 1	Pulse 1	SYS 2	DIA 2	Pulse 2	Notes
85	AM								
85	PM								
86	AM								
86	PM								
87	AM								
87	PM								
88	AM								
88	PM								
89	AM								
89	PM								
90	AM								
90	PM								

Questions or observations for this week

Month 1 reflection

Days 1-30 | Bring your notes to your healthcare professional.

What did I record consistently?

What changed in my routine, medicines or wellbeing?

Were there missed readings or unusual circumstances?

What questions do I want to ask?

Month 2 reflection

Days 31-60 | Bring your notes to your healthcare professional.

What did I record consistently?

What changed in my routine, medicines or wellbeing?

Were there missed readings or unusual circumstances?

What questions do I want to ask?

Month 3 reflection

Days 61-90 | Bring your notes to your healthcare professional.

What did I record consistently?

What changed in my routine, medicines or wellbeing?

Were there missed readings or unusual circumstances?

What questions do I want to ask?

Appointment notes

Date: _____ Clinician: _____

Questions I want to discuss

Advice from my healthcare professional

Agreed next steps

Follow-up date / contact details

Continuing my routine

Use this space to record the plan you agreed with your care team.

Measurement plan going forward

Questions about medicines or supplements

Habits I want to keep

Other notes

Printing and keeping records

English edition - prepared for the US storefront.

Print on US Letter paper at actual size, or choose Fit if your printer requires it. A4 paper can also be used with Fit enabled.

For digital use, open the PDF in an app that supports annotations. This PDF has blank writing areas rather than interactive form fields.

Keep your completed journal private. Measurements, medicines and appointment notes can contain personal health information.

For questions about your health or measurements, contact your healthcare professional. For help opening this file or questions about your order, contact contact@cateringshopi.com.

This workbook is for personal record keeping only. It does not replace medical care and does not establish whether any product is effective.