



FREE PRINTABLE WELLNESS RESOURCE

7-Day Blood Pressure & Wellness Tracker

One simple week. One organized view.

Use this printable to keep your morning and evening blood pressure readings, pulse, medication check-ins and daily notes together in one place.

NAME _____

WEEK OF _____

HEALTHCARE PROFESSIONAL _____

NEXT APPOINTMENT _____

How to use this tracker

1**Record your readings**

Write down your blood pressure and pulse at the times recommended for you.

2**Add useful context**

Note medications taken, symptoms, stress, activity or anything else you may want to remember.

3**Review the week**

Use the summary page to capture patterns and questions for your healthcare professional.

Helpful consistency reminders

- Use the same arm and a properly fitting cuff when possible.
- Sit quietly before measuring, with feet supported and your arm resting comfortably.
- Follow the timing and measurement instructions given by your healthcare professional.

**CARDIVELA**

TRACK. UNDERSTAND. LIVE BETTER.

7-Day Blood Pressure & Wellness Tracker

Record your readings and notes. Bring this tracker to appointments if it is useful to you.

Day 1

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	___/___	___	☐ Taken
PM ____ : ____	___/___	___	☐ Taken

SYMPTOMS / WELLNESS NOTES

Day 2

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	___/___	___	☐ Taken
PM ____ : ____	___/___	___	☐ Taken

SYMPTOMS / WELLNESS NOTES



Continue Your Week

Keep using the same simple format so your readings are easier to review later.

Day 3

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	____ / ____	____	☐ Taken
PM ____ : ____	____ / ____	____	☐ Taken

SYMPTOMS / WELLNESS NOTES

Day 4

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	____ / ____	____	☐ Taken
PM ____ : ____	____ / ____	____	☐ Taken

SYMPTOMS / WELLNESS NOTES

**CARDIVELA**

TRACK. UNDERSTAND. LIVE BETTER.

Continue Your Week

Days 5 and 6, with full writing space for readings and notes.

Day 5

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	____ / ____	____	☐ Taken
PM ____ : ____	____ / ____	____	☐ Taken

SYMPTOMS / WELLNESS NOTES

Day 6

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	____ / ____	____	☐ Taken
PM ____ : ____	____ / ____	____	☐ Taken

SYMPTOMS / WELLNESS NOTES



Finish the Week

Complete Day 7 and use the extra space below for anything else you want to remember.

Day 7

DATE: _____

TIME	BLOOD PRESSURE	PULSE	MEDICATION
AM ____ : ____	____ / ____	____	☐ Taken
PM ____ : ____	____ / ____	____	☐ Taken

SYMPTOMS / WELLNESS NOTES

EXTRA NOTES / QUESTIONS



Weekly Summary & Appointment Prep

Summarize the week in your own words and capture questions you may want to discuss.

THIS WEEK AT A GLANCE

Typical / usual reading range I noticed: _____

Highest reading I recorded: _____

Lowest: _____

Anything different about this week: _____

What I noticed

Check anything you want to remember or discuss.

☐ Readings seemed different at certain times of day

☐ I noticed symptoms with some readings

☐ My medication routine changed or was missed

☐ Stress, sleep, activity or illness may have affected the week

☐ I have questions about my home monitor or technique

☐ Other: _____

Questions for my healthcare professional

Write down questions now so they are easier to remember later.

1

2

3

4

5