

Start Month/Year: _____

Ethnicity: _____

Family history of heart / BP / diabetes / cholesterol: _____

Month	Weight (kg)	Waist circ. (cm)	Blood pressure	Diabetes (hba1c)	Cholesterol (Total, HDL, LDL & Ratio)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					