

FAMILY HEALTH: HEART RATE LOG

Name: _____

Month: _____

Year: _____

| DATE | TIME | RESTING BPM | POST-ACTIVITY BPM | NOTES (FEELING, CAFFEINE, STRESS) |
|-------------|-------------|--------------------|------------------------------|--|
|-------------|-------------|--------------------|------------------------------|--|

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|-------------|-------------|--------------------|------------------------------|--|
|-------------|-------------|--------------------|------------------------------|--|

General Observations:

Normal Resting Heart Rate (Adults): 60-100 BPM. Consult a physician for medical advice.