

Daily Weights

Name: _____

Date: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat

- **Weight yourself every day**
 - A. At the same time every morning
 - B. Before you eat breakfast
 - C. After urinating

- **Write your weight on the calendar**
- **Weigh yourself on a tile floor**
- **Call your doctor if:**
 1. You gain _____ pounds or more in one day.
 2. You gain _____ pounds or more in one week.

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Sun	Mon	Tue	Wed	Thu	Fri	Sat