

THE CHART

Photocopy and fill in this chart each week to keep track of your numbers.

WEEK ONE	M	T	W	T	F	S	S
Number of standard alcoholic drinks each day							
Number of hours sleep a night							
Minutes of exercise each day							
Number of cups of fluid consumed each day							

WEEK TWO	M	T	W	T	F	S	S
Number of standard alcoholic drinks each day							
Number of hours sleep a night							
Minutes of exercise each day							
Number of cups of fluid consumed each day							

WEEK THREE	M	T	W	T	F	S	S
Number of standard alcoholic drinks each day							
Number of hours sleep a night							
Minutes of exercise each day							
Number of cups of fluid consumed each day							

WHAT TO DO IF THE NUMBERS ARE HIGH

As well as knowing your numbers, know how to use them. If you get less-than-positive results after getting tested, talk to your doctor about the next steps. Be prepared to make some changes and try not to worry – worrying may make the problem worse! Stress raises heart rate and blood pressure, and may interrupt your sleep. So set some health goals, seek support if you need it and work towards gradual improvement. **hfg**

