

# Know Your Numbers

Time to get out the scale and the measuring tape.  
Head to your provider's office to find out your numbers!

DATE: \_\_\_\_\_

*This is Your Starting Point!*

**Blood Pressure**    \_\_\_/\_\_\_

**Blood Sugar (fasting)**    \_\_\_\_\_

**Cholesterol**    \_\_\_\_\_

**HDL**    \_\_\_\_\_

**LDL**    \_\_\_\_\_

**BMI**    \_\_\_\_\_

**WAIST CIRCUMFERENCE**    \_\_\_\_\_

**WEIGHT**    \_\_\_\_\_

**OTHER NUMBERS:**

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