



# YOUR pNET TREATMENT

DIARY

This diary was compiled and printed by Pfizer Laboratories (Pty) Ltd and is only for people who are currently receiving medication for the treatment of pancreatic neuroendocrine tumours (pNET).

# My Treatment Diary

You've been prescribed medication for the treatment of pancreatic neuroendocrine tumours (pNET).

Keeping track of your progress in a diary can help you work together with your doctor to identify, anticipate and manage aspects of your treatment, including side effects and changes in your treatment.

If you have any questions about pNET, or the medicines you might be taking, don't hesitate to contact your doctor. Having open discussions with your doctor about how you're dealing with your treatment is an important part of managing your condition.



## What is pancreatic cancer and pNET?

Organs, like the pancreas, are made up of cells. Normally, cells divide to form new cells as the body needs them. When cells get old, they die, and new cells take their place. Sometimes this process breaks. New cells form when the body does not need them, or old cells do not die. The extra cells may form a mass of tissue called a tumour. Some tumours are benign. This means they are abnormal but cannot invade other parts of the body. A malignant tumour is called cancer. The cells grow out of control and can spread to other tissues and organs.<sup>1</sup>

Pancreatic cancer begins when abnormal cells in the pancreas grow and divide out of control and form a tumour. Even when the cancer spreads to other areas of the body, it is still called pancreatic cancer if that is where it started.<sup>1</sup> Pancreatic neuroendocrine tumours (pNET) account for less than 10% of all pancreatic tumours. They develop from the abnormal growth of endocrine cells in the pancreas called islet cells.<sup>2</sup>

## What are the main types of pNET?

Pancreatic neuroendocrine tumours are either functional (produces hormones) or nonfunctional (produces no hormones).<sup>2</sup> Functional neuroendocrine tumours cause the pancreas to overproduce hormones consequently causing hormone-related symptoms.<sup>2</sup>

The majority of pNET are nonfunctional tumours. Nonfunctional tumours do not produce any hormones so they do not cause any hormone-related symptoms. As a result, these tumours are typically diagnosed once the tumour is advanced and is causing symptoms such as pain or jaundice.<sup>2</sup>

## MY USEFUL CONTACT DETAILS

Fill in the information below so you have all your useful contact names, phone numbers and addresses in one place.

Please ensure that you obtain consent from each individual to reflect their personal information. Please note that Pfizer does not have the means to access any of the information below.

### My Personal Information

First Name

Family Name

Address

Postcode

Home Telephone

Mobile Phone

### Person to contact during an Emergency

First Name

Family Name

Address

Postcode

Home Telephone

Mobile Phone

### My GP's Information

GP's Name

GP Surgery Address

Telephone

### My consultant's Information

Consultant's Name

Hospital Department Address

Telephone

### My Nurse's Information

Nurse's Name

Clinic Address

Telephone



# MY TREATMENT DIARY

You can use this diary to document your progress while you are on therapy for pNET.

**For example, you might want to record the following:**

- Reminders to take your medication.
- Reminders about moisturising your skin.
- Your blood pressure and other test results.
- How your mood was on that day.
- Anything else you think your doctor should know about.

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure



Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure



Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure



Week No.

Date/Time	Capsule: mg 12.5 25 50	BP* (mmHg)	Mood Rating ☹️ 😐 😊	Notes and Other Remarks
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg 12.5 25 50	BP* (mmHg)	Mood Rating ☹️ 😐 😊	Notes and Other Remarks
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> ☹️ <input type="checkbox"/> 😐 <input type="checkbox"/> 😊	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/		

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

Week No.

Date/Time	Capsule: mg	BP* (mmHg)	Mood Rating	Notes and Other Remarks
	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 50		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\*Blood pressure

## Disclaimer

This is a Pfizer owned publication. Notwithstanding that it is a Pfizer publication, neither Pfizer nor its subsidiary or affiliated companies shall be liable for any damages, claims, liabilities, costs or obligations arising from the misuse of the information provided in this publication.

It is not the intention of this publication to provide specific medical advice or to substitute the advice of a health care practitioner but rather to provide readers with information to better understand health disorders.

Readers are advised to consult their health care practitioner for specific information on personal health matters. Specific medical advice will not be provided by Pfizer, and Pfizer cannot make recommendations on the clinical management of patients or speak to patient's healthcare professionals on their behalf. In this regard Pfizer does not support the use of products for off label indications, nor dosing which falls outside the approved label recommendations and readers must refer to the Package Insert of any product for full prescribing guidelines.

Pfizer does not provide patient clinical management advice and such decisions should be at the discretion of the attending health care professional.





This booklet has been brought to you by Pfizer Oncology in the interests of furthering knowledge of cancer and support, but is not intended to provide medical or treatment advice and you should always consult your healthcare practitioner for advice on your health matters.

**REFERENCES:** 1. Pancreatic Cancer Action Network. 2022. What Is Pancreatic Cancer? Available at: <https://www.pancan.org/facing-pancreatic-cancer/about-pancreatic-cancer/what-is-pancreatic-cancer/#whatis>. Accessed June 2022. 2. Pancreatic Cancer Action Network. 2022. Pancreatic Neuroendocrine Tumors (PNETs). Available at: <https://www.pancan.org/facing-pancreatic-cancer/about-pancreatic-cancer/types-of-pancreatic-cancer/endocrine-pancreatic-neuroendocrine-tumors/>. Accessed June 2022.

Pfizer Laboratories (Pty) Ltd. Company Reg. No. 1954/000781/07. Building 2, 1st Floor, Maxwell Office Park, Magwa Crescent, Waterfall City, Midrand, Johannesburg, South Africa. Tel. No: 0860 PFIZER (734937).  
Copyright © 2023. Pfizer Laboratories (Pty) Ltd. All rights reserved.  
PP-UNP-ZAF-0276

