Daily Preeclampsia Symptom Tracker

EndPreeclampsia
Educate. Advocate. Support.

Date: _____ Week of Pregnancy: _____

Blood Pressure Readings
Take 2 readings, 5 minutes apart, twice daily

Morning (Time: _____)
- Reading 1: ____/____ mm Hg
- Reading 2: ____/____ mm Hg

Evening (Time: _____)
- Reading 1: ____/____ mm Hg
- Reading 2: ____/____ mm Hg

Weight
Today's Weight: _____ lbs
Change from Yesterday: _____ lbs

Symptoms Checklist
Rate each symptom from 0 (none) to 3 (severe)

Headache
☐ 0 ☐ 1 ☐ 2 ☐ 3
Time of day: ☐ Morning ☐ Afternoon ☐ Evening ☐ Night
Location: ☐ Front ☐ Back ☐ All over
Relief measures tried: _____

Visual Changes
☐ 0 ☐ 1 ☐ 2 ☐ 3
Type: ☐ Spots ☐ Flashes ☐ Blurriness ☐ Light sensitivity

Swelling
Face: ☐ 0 ☐ 1 ☐ 2 ☐ 3
Hands: ☐ 0 ☐ 1 ☐ 2 ☐ 3
Feet: ☐ 0 ☐ 1 ☐ 2 ☐ 3
Ankles: ☐ 0 ☐ 1 ☐ 2 ☐ 3

Upper Abdominal Pain
☐ 0 ☐ 1 ☐ 2 ☐ 3
Location: ☐ Right side ☐ Left side ☐ Both sides

Nausea or Vomiting
☐ 0 ☐ 1 ☐ 2 ☐ 3
Number of episodes today: _____

Shortness of Breath
☐ 0 ☐ 1 ☐ 2 ☐ 3
When: ☐ At rest ☐ With activity ☒ Lying down

Fetal Movement
Number of kicks/movements in 1 hour: _____
Time of count: _____

Medications
List any medications taken today:
1. _____ Time: _____ Dose: _____
2. _____ Time: _____ Dose: _____
3. _____ Time: _____ Dose: _____

Notes
Changes in symptoms or concerns:
_____
_____
_____

EMERGENCY WARNING SIGNS
Call your healthcare provider immediately if you experience:
- Blood pressure above 140/90
- Severe headache that doesn't improve with medication
- Vision changes or seeing spots
- Upper right abdominal pain
- Sudden swelling in face or hands
- Decreased fetal movement
- Difficulty breathing
- Chest pain

Healthcare Provider Contact: _____
Emergency Contact: _____
Hospital Address: _____

Keep this log and bring it to all medical appointments
Call 911 if you experience chest pain, severe shortness of breath, or seizures

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