

HOME BLOOD PRESSURE MONITORING

Name: DOB:

NHS number (if appropriate):

Target Blood Pressure (if appropriate): lower than /

- Record your blood pressure at home for 7 consecutive days, morning and evening.
- Sit down comfortably with your arm resting on a table or your lap.
- For each recording, please take 2 or 3 readings, at least 1 minute apart.
- Use the table below to record the lowest out of the 2 or 3 recordings, at each sitting.
- Do not round the numbers up or down – what you record should be what is written on the screen.
- You can calculate your average or leave it to us to do. If you are calculating it: *discount day 1, then add all numbers in the Systolic column and divide this by 13. Do the same for the Diastolic column.*
- You do not need to record your pulse/heart rate.
- Remember to bring this diary with you to your next medication review appointment.

Day	Time	Systolic BP (Top number)	Diastolic BP (Bottom number)	Comments (change of meds, feeling unwell, any over the counter medications taken etc.)
1	AM.....			
	PM.....			
2	AM.....			
	PM.....			
3	AM.....			
	PM.....			
4	AM.....			
	PM.....			
5	AM.....			
	PM.....			
6	AM.....			
	PM.....			
7	AM.....			
	PM.....			
AVERAGE				