Home Blood Pressure Diary

Name:			
Date of Birth:			

Name of Clinician requesting this information:

Please monitor and record your blood pressure at home for 7 consecutive days (minimum 5). In the notes section, write down anything that could affect your reading, such as feeling unwell or changes to your medication.

Remember to bring this diary with you to your next appointment/review

When to measure:

- Monitor your blood pressure in the morning and evening <u>at roughly the same time</u>.
- Measure your morning blood pressure before you take your medication.
- <u>Don't</u> exercise, smoke, eat or drink caffeine in the 30 minutes before measurements

Measuring blood pressure:

- **DO** sit quietly for 5 minutes before starting measurements (no TV, talking, reading, phone use)
- **DO** sit with feet flat on the floor, legs uncrossed, upper arm bare, back and arm supported with upper arm at the level of the heart.
- **DO** write down the numbers in the table below **exactly** as they appear on the monitor screen- do not round them up or down.
- **DO** take a take a minimum of two readings, leaving at **least a minute** between each. If the first two readings are very different, take 2 or 3 further readings. Write down the average of the last 2 readings. Note the number taken.

	Date AM (6am-12		2midday) PM (6pm – 12r		2midnight)	Notes		
	Date	Readings Average		Readings		Average	Notes	
Example	07/08/2018	1:	152/81	158/87	1:	174/62	170/69	e.g. Exercised shortly before PM reading
		2:	164/93		2:	166/76		
Day 1		1:	/	- /	1:	1	/	
		2:	1		2:	1		
Day 2		1:	1	- /	1:	1		
		2:	1		2:	1	1	
Day 3		1:	1	/	1:	1	1	
		2:	1		2:	1		
Day 4		1:	1	/	1:	1	/	
		2:	1		2:	1		
Day 5		1:	1	- /	1:	1	/	
		2:	1		2:	1		
Day 6		1:	1	- /	1:	1	1	
		2:	1		2:	1		
Day 7		1:	1	/	1:	1	1	
	2:	2:	1		2:	1		