

HOME BLOOD PRESSURE DIARY

Name:.....

D.O.B:.....

Please monitor and record your blood pressure at home for 7 consecutive days (unless you have been advised otherwise).

- On each day monitor your blood pressure on two occasions, in the morning (between 6am and 12 noon) and again in the evening (between 6pm and midnight).
- On each occasion 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.
- Use the table below to record all of your blood pressure readings. The numbers you write down should be the same as those that appear on the monitor screen – do not round the numbers up or down.
- In the comments section, you should also write down anything that could have affected your reading, such as feeling unwell or changes in your medication. You do not need to record your pulse/heart rate.

Extra Tips

Take you blood pressure recording 5 min rest, 30 min without smoking or drinking caffeine

- Ensure you are seated, arm supported at heart level
- Ensure correct cuff placement
- Legs uncrossed, not talking, relaxed
- Write results down... monitor memory data may be inaccurate (other family members may use the monitor)!

DATE	TIME	SYSTOLIC BP (top number)	DIASTOLIC BP (bottom number)	NOTES (e.g. Medication changes, feeling unwell etc.)

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