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Home Blood Pressure Diary

Average BP
(excluding BP readings from the first day where appropriate)

Name: …… **DOB:** ……

NHS Number.....

Arm used: Left ☐ Right ☐

Make/Model of monitor used: …….**Size of cuff:** Small ☐ Medium ☐ Large ☐

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 12noon) 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. For information about taking your blood pressure, please read the 'Home Blood Pressure Monitoring Explained' leaflet. **Remember to take this diary with you to your next appointment/review**.

Date	**Time**	**Systolic BP** (top number)	**Diastolic BP** (bottom number)	**Notes** (e.g. medication changes, feeling unwell)
e.g. 7/10/2013	9:36am	142	87	Felt a bit dizzy when I woke up

Home Blood Pressure Diary Continued…

Name: ……

DOB: …….....

NHS Number …….....

Date	**Time**	**Systolic BP** (top number)	**Diastolic BP** (bottom number)	**Notes** (e.g. medication changes, feeling unwell)