**7 Day Home Blood Pressure Monitoring Diary**

Patient Name…………………………………Date of Birth……………………………

Address……………………………………………………………………………………

**Instructions**

Take TWO readings (at least 1 min apart) in the morning and the evening at the same time each day.

Record both results in the chart below.

Use the same arm on each occasion.

1. Place the cuff around your upper arm about 1 inch above crease of arm
2. Your arm should be supported on a flat surface (such as a table) with the upper arm and cuff at heart level.
3. Sit straight with feet apart & stay quiet and calm
4. Do not take the measurement over clothing, after a large meal or hot drinks

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Morning** | | **Evening** | | **Daily Average\*** | |
| **1st BP Reading** | **2nd BP Reading** | **1st BP Reading** | **2nd BP Reading** | **Blood Pressure** |  |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |

|  |  |
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| Annual health Monitoring |  |
| NHS Health Check |  |
| HRT/Pill Checks |  |
| Request from Pharmacist |  |
| Request from ANP / Nurse / GPA |  |
| Request from GP |  |