

**Home Blood Pressure Diary**

**Name:** **DOB:**

**Patient NHS or Hospital Number** (*if appropriate*):

**Target Blood Pressure** (*if appropriate*): lower than ………….. / ……………

**Average BP**

(Excluding BP readings from the first day where appropriate)

**Arm used:** Left Right

**Make/Model of monitor used:**

**Size of cuff:** Small Medium Large

Unless you have been advised otherwise these are the general instructions that we would like you to follow.  Please monitor and record your blood pressure at home for 7 consecutive days in the morning and evening (i.e 14 sets of readings). The precise times do not matter, but do NOT record you blood pressure whilst lying in bed. At each time point rest quietly in a sitting position for 5-10 minutes. Place the cuff around your arm – most people find it easier to measure in the non-dominant arm, but if there is a big difference between arms always use the arm with the higher blood pressure. Make a reading and ignore the value, then make two more readings about 1-2 min apart. If you forget to record your blood pressure once or twice don’t worry – if you miss more readings than that please extend the 7 days so that you end up with a minimum of 5 day’s worth of readings – i.e. 5 readings in the morning and 5 in the evening.

Use the table below to record the second and third readings of your blood pressure each morning and evening. 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. If you’d like you can also record your heart (pulse) rate displayed with the blood pressure. **Remember to take this diary with you to your next appointment/review**. If you would like to you can average all the readings and write the average systolic and the average diastolic blood pressure in the box provided on the front of the form eg 152/97. Please turn over the page to start recording your readings.

**Medications** (Please list all the medication and doses that you were taking during the week of readings):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Systolic BP**(Top number) | **Diastolic BP**(Bottom number) | **Heart rate** |
| Start date: | 9:36am | 142 | 87 | 62 |
| Day 1 – am |  |  |  |  |
| Day 1 – am |  |  |  |  |
| Day 1 – pm |  |  |  |  |
| Day 1 – pm |  |  |  |  |
| Day 2 – am |  |  |  |  |
| Day 2 – am |  |  |  |  |
| Day 2 – pm |  |  |  |  |
| Day 2 – pm |  |  |  |  |
| Day 3 – am |  |  |  |  |
| Day 3 – am |  |  |  |  |
| Day 3 – pm |  |  |  |  |
| Day 3 – pm  |  |  |  |  |
| Day 4 – am |  |  |  |  |
| Day 4 – am |  |  |  |  |

Home blood pressure diary continued

**Name**: **DOB**:

**Patient NHS or Hospital number** (*if appropriate*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day 4 – pm  |  |  |  |  |
| Day 4 – pm  |  |  |  |  |
| Day 5 – am |  |  |  |  |
| Day 5 – am |  |  |  |  |
| Day 5 – pm |  |  |  |  |
| Day 5 – pm  |  |  |  |  |
| Day 6 – am |  |  |  |  |
| Day 6 – am |  |  |  |  |
| Day 6 – pm  |  |  |  |  |
| Day 6 – pm  |  |  |  |  |
| Day 7 – am  |  |  |  |  |
| Day 7 – am |  |  |  |  |
| Day 7 – pm |  |  |  |  |
| Day 7 – pm  |  |  |  |  |