**HOME BLOOD PRESSURE DIARY**
Produced by Carter Knowle and Dore Medical Practice. Last revised Feb 20XX.

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| **Patient Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
|  |  |

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 lowest reading.**

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. **If you have any problems using your machine, you should take it to your local pharmacist.**

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| --- | --- | --- | --- | --- | --- |
|  | **DATE** | **TIME** | **SYSTOLIC (Top Number)** | **DIASTOLIC (Bottom number)** | **Notes (e.g., if feeling unwell)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| 12 |  |  |  |  |  |
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| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
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| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |