 STREATHAM PARK SURGERY

**Home Blood Pressure Diary**

Name:

DOB:

Blood Pressure target (if applicable): aiming for lower than ......... / ..........

Arm used: ☐Left ☐Right

* Please use your home monitor to record your blood pressure at home for 7 days (unless your healthcare professional has specifically advised otherwise).
* Please monitor your blood pressure twice daily – once in the morning (between 6am and midday) and again in the evening (between 6pm and midnight).
* Each time, take a minimum of two readings. If the first two readings are very different, take further reading(s).

You can use the sheet 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 readings up or down.

In the comments section, you can record anything that might have affected your reading, such as feeling unwell or changes in your medication.

Remember to take this diary with you to your next appointment/review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Upper reading (systolic)** | **Lower reading (diastolic)** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name:

DOB:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Upper reading (systolic)** | **Lower reading (diastolic)** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Average Reading: