

Home Blood Pressure Recording

Name :

DOB:

Day		Systolic	Diastolic	Systolic	Diastolic
E.G.	AM	<i>142</i>	<i>78</i>	<i>136</i>	<i>74</i>
	PM	<i>134</i>	<i>60</i>	<i>136</i>	<i>66</i>
1	AM				
	PM				
2	AM				
	PM				
3	AM				
	PM				
4	AM				
	PM				
5	AM				
	PM				
6	AM				
	PM				
7	AM				
	PM				
Totals		Box 1	Box 2	Box 3	Box 4

Add box 1 and box 3 and then divide by 24 = _____

Add box 2 and box 4 and then divide by 24 = _____

Instructions

Make sure you are seated

For each recording take two consecutive readings at least one minute apart, and record them above

Do this morning and evening

Continue recording readings for seven days

Do not use any of the recordings in the shaded boxes when totalling the columns