

Home Blood Pressure Diary

Name: _____

Date of Birth: _____

Name of Clinician requesting this information: _____

Please monitor and record your blood pressure at home for 7 consecutive days (minimum 5).
In the notes section, write down anything that could affect your reading, such as feeling unwell or changes to your medication.

Remember to bring this diary with you to your next appointment/review

When to measure:

- Monitor your blood pressure in the morning and evening at roughly the same time.
- Measure your morning blood pressure before you take your medication.
- Don't exercise, smoke, eat or drink caffeine in the 30 minutes before measurements

Measuring blood pressure:

- **DO** sit quietly for 5 minutes before starting measurements (no TV, talking, reading, phone use)
- **DO** sit with feet flat on the floor, legs uncrossed, upper arm bare, back and arm supported with upper arm at the level of the heart.
- **DO** write down the numbers in the table below **exactly** as they appear on the monitor screen- do not round them up or down.
- **DO** 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. Write down the average of the last 2 readings. Note the number taken.

	Date	AM (6am-12midday)		PM (6pm – 12midnight)		Notes
		Readings	Average	Readings	Average	
Example	07/08/2018	1: 152/81 2: 164/93	158/87	1: 174/62 2: 166/76	170/69	e.g. Exercised shortly before PM reading
Day 1		1: / 2: /	/	1: / 2: /	/	
Day 2		1: / 2: /	/	1: / 2: /	/	
Day 3		1: / 2: /	/	1: / 2: /	/	
Day 4		1: / 2: /	/	1: / 2: /	/	
Day 5		1: / 2: /	/	1: / 2: /	/	
Day 6		1: / 2: /	/	1: / 2: /	/	
Day 7		1: / 2: /	/	1: / 2: /	/	

Advice on BP Monitor choice:

<https://bihsoc.org/bp-monitors/>

Advice on BP measurement at home:

<https://bihsoc.org/resources/bp-measurement/hbpm/>