Home blood pressure monitoring record

Name:……………………………………………………

Date of birth……../……../……..

* Record two consecutive seated measurements, at least 1 minute apart
* Record blood pressure twice daily, ideally in the morning and evening

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Time: | 1st reading | | 2nd reading | |
| **01/01/15** | **9.00** am | Systolic  (top reading) | Diastolic  (bottom reading) | Systolic  (top reading) | Diastolic  (bottom reading) |
|  | am |  |  |  |  |
|  | pm |  |  |  |  |
|  | am |  |  |  |  |
|  | pm |  |  |  |  |
|  | am |  |  |  |  |
|  | pm |  |  |  |  |
|  | am |  |  |  |  |
|  | pm |  |  |  |  |
|  | am |  |  |  |  |
|  | pm |  |  |  |  |
| **Total** | |  |  |  |  |
| **Mean** | |  |  |  |  |