**WEST END CLINIC HOME BLOOD PRESSURE DIARY**

Name:-

D.O.B.

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

Or 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 – 12 midday) | | PM (6pm – 12 midnight) | | Notes |
| Readings | Average | Readings | Average |
| Day 1 |  | 1 / | / | 1 / | / |  |
| Day 2 |  |  |  |  |  |  |
| Day 3 |  |  |  |  |  |  |
| Day 4 |  |  |  |  |  |  |
| Day 5 |  |  |  |  |  |  |
| Day 6 |  |  |  |  |  |  |
| Day 7 |  |  |  |  |  |  |