**HOME BLOOD PRESSURE MONITORING**

**Name:**

**DOB:**

Please:

1. Do not drink coffee/tea or eat a big meal before the measurement.
2. Do not talk during the measurement.
3. Take your blood pressure reading after you have sat down for 3-5 minutes before the test.
4. Have your arm resting on the table - palms up, arm relaxed. You can use a book to support your wrist so it is higher than your elbow.

You need to:

* record your blood pressure for at least 4 **consecutive** days, ideally for 7 days.
* for each blood pressure recording you need to take TWO consecutive measurements at least 1 minute and no more than 5 minutes apart.
* record your blood pressure **twice daily,** ideally once in the morning and once in the evening.

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| --- | --- | --- | --- | --- | --- |
| Day  | Date | AM 1 | AM 2 | PM 1 | PM 2 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

**For Admin use**

Disregard 1st day’s readings. Calculate an average of all the systolic and all the diastolic readings by adding up each figure and dividing it by the number of readings. Record on the patient’s notes as average home systolic/diastolic blood pressure.

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| Average Reading |  |