**Home BP monitoring**

**Name :** ……………………………………………................................................ **DoB**: …………………………………………



* Ensure sitting in correct position and use validated automatic BP monitor
* Take 2 consecutive measurements at least one minute apart.
* Record your blood pressure at least twice daily, ideally in the morning and evening.
* Continue this for 7 days and enter the values in the table below.
* Please ensure if you are taking blood pressure medication, that you take you blood pressure at least 2 hours after you have taken your medication.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning 1** | **Morning 2** | **Evening 1** | **Evening 2** |
| **Day 1** |  |  |  |  |
| **Day 2** |  |  |  |  |
| **Day 3** |  |  |  |  |
| **Day 4** |  |  |  |  |
| **Day 5** |  |  |  |  |
| **Day 6** |  |  |  |  |
| **Day 7** |  |  |  |  |

**Average BP:**

Discard the measurements taken on the first day and use the average value of all the remaining measurements (in the grey boxes):

* Add top numbers (systolic) in grey boxes & divide ny number of readings
* Add the bottom numbers (diastolic) in grey boxes & divide by number of readings