

# 7-Day Home Blood Pressure Diary

Please complete this diary as instructed by your doctor or practice team. Bring it to your follow-up appointment.

How to measure	When to seek urgent help
Sit quietly for 5 minutes. Back supported, feet flat, arm supported at heart level. Do not talk. Take 2 readings 1 minute apart in the morning and evening for 7 days.	Seek urgent medical help if very high blood pressure occurs with chest pain, shortness of breath, weakness/numbness on one side, speech problems, confusion, fainting, sudden severe headache, or visual changes.

Name: \_\_\_\_\_

Practice/Doctor: \_\_\_\_\_

Start date: \_\_\_\_\_

Day	Date	Time	Reading 1 SYS/DIA	Reading 2 SYS/DIA	Pulse	Notes (stress, sleep, caffeine, symptoms, medication)
Day 1		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 2		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 3		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 4		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 5		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 6		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	
Day 7		Morning	___ / ___	___ / ___	___	
		Evening	___ / ___	___ / ___	___	

Note: Do not change, stop, or take extra medication based on a single reading unless your doctor has given you specific instructions.