

Remote Home Blood Pressure Monitoring Diary

Vine House Health Centre

Patient name:.....**DOB:**.....**Usual GP**.....

Target BP (if appropriate): lower than/..... **Average BP:**/.....

Make or model used:.....**Cuff size:** S/M/L**Arm used (rt/lt):**.....

Please monitor and record your blood pressure at home for 7 consecutive days (unless you have been advised otherwise). On each day, monitor your blood pressure on two occasions- in the morning (between 6am and 12noon) and again in the evening (between 6pm and midnight). On each occasion take a minimum of two readings, leaving at least a minute between each and record the lowest reading. If the first two readings are very different, take 2 or 3 further readings. Please also answer the following questions:

- Have you ever smoked?
- If you have given up smoking, when do you give up and how many cigarettes did you used to smoke each day?
- If you currently smoke, how many do you smoke a day?

How tall are you?

How much do you weigh?

Use the table below to record all of your blood pressure readings. The numbers you write down should be the same as those that appear on the monitor screen - do not round the numbers up or down. In the comments section, you should also write down anything that could have affected your reading, such as feeling unwell or changes in your medication. You do not need to record your pulse/heart rate.

	Date Morning	Time	Systolic BP top no.	Diastolic BP bottom no.	Notes
	e.g. 7/10/2013	9:36am	142	87	Felt a bit dizzy when I woke up
1					
2					
3					
4					
5					
6					
7					
	Date Evening	Time	Systolic BP top no.	Diastolic BP bottom no.	Notes
	e.g. 7/10/2013	9:36pm	142	87	Felt a bit dizzy when I stood up
1					
2					
3					
4					
5					
6					
7					