**Home Blood Pressure Monitoring Form**

**Name:** **DOB:**

We now know that surgery readings of blood pressure are not always truly representative of what someone’s blood pressure is like most of the time. We would be grateful therefore if you could record your blood pressure at home.

* Please sit down and relax before commencing
* Take two readings at least a minute apart
* Do this morning and evening for one week

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Systolic**    **Diastolic** | **P**  **U**  **L**  **S**  **E** | Morning | | | | Evening | | | |
| 1st Reading | | 2nd Reading | | 1st Reading | | 2nd Reading | |
| Day 1 | |  |  |  |  |  |  |  |  |
| Day 2 | |  |  |  |  |  |  |  |  |
| Day 3 | |  |  |  |  |  |  |  |  |
| Day 4 | |  |  |  |  |  |  |  |  |
| Day 5 | |  |  |  |  |  |  |  |  |
| Day 6 | |  |  |  |  |  |  |  |  |
| Day 7 | |  |  |  |  |  |  |  |  |
| Averages –  data quality use only | |  |  |  |  |  |  |  |  |