

**Home Blood Pressure Diary**

**Why do we want you to measure your blood pressure at home?**

Often, your blood pressure at home is very different to in the surgery and so this allows us to have more accurate measurements on which to decide treatment for high blood pressure.

**What do we want you to do?**

We would like you to do some readings, twice a day for 5 days. Once you have completed the diary, please return it to the surgery. We will then contact you within 2-3 days to explain the outcome of your readings.

**When to measure:**

* Monitor your blood pressure in the morning and evening at roughly the same time.
* Don’t exercise, smoke, eat or drink caffeine in the 30 minutes before measurements
* Make sure you do not need to use the toilet, and that you have not just eaten a big meal.

**Measuring blood pressure:**

* DO sit quietly for 5 minutes before starting measurements (no TV, talking, reading, phone use)
* DO wear loose-fitting clothes like a short sleeved t-shirt so that you can push your sleeve up comfortably.
* DO always use the same arm for readings, as each arm will give you a slightly different reading.
* DO sit with feet flat on the floor, legs uncrossed, upper arm bare, back and arm supported with upper arm at the level of the heart.
* DO put the cuff 5cm above your elbow and ensure that your arm is relaxed.
* DO write down the numbers in the table below exactly as they appear on the monitor screen- do not round them up or down.
* DO take a take a minimum of two readings, leaving at least a minute between each. If the first two readings are very different, take 2 further readings. Write down the 2 readings.

Do not be alarmed if you get an unexpected high reading! A one-off reading may be nothing to worry about.

If you want to learn more about blood pressure, please see https://www.bloodpressureuk.org/.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Date | Time | Systolic (top reading) | Diastolic (bottom reading) | Notes |
| Day 1- AM |  |  |  |  |  |
| Day 1- AM |  |  |  |  |  |
| Day 1- PM |  |  |  |  |  |
| Day 1- PM |  |  |  |  |  |
| Day 2- AM |  |  |  |  |  |
| Day 2- AM |  |  |  |  |  |
| Day 2- PM |  |  |  |  |  |
| Day 2- PM |  |  |  |  |  |
| Day 3- AM |  |  |  |  |  |
| Day 3- AM |  |  |  |  |  |
| Day 3- PM |  |  |  |  |  |
| Day 3- PM |  |  |  |  |  |
| Day 4- AM |  |  |  |  |  |
| Day 4- AM |  |  |  |  |  |
| Day 4- PM |  |  |  |  |  |
| Day 4- PM |  |  |  |  |  |
| Day 5- AM |  |  |  |  |  |
| Day 5- AM |  |  |  |  |  |
| Day 5- PM |  |  |  |  |  |
| Day 5- PM |  |  |  |  |  |

**Diary**

**Name:**

**Date of birth:**

Now you have completed the diary- please do the following:

1. Add up all the systolic numbers
2. Divide this number by 20 and write it here
3. Add up all the diastolic numbers
4. Divide this number by 20 and write it here

This is your average blood pressure!

Now please return this sheet to the surgery.