

# Home Blood Pressure Monitoring

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Device: \_\_\_\_\_

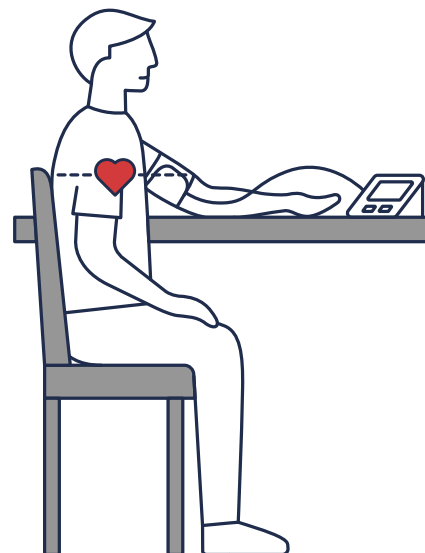
		Time	Systolic-Diastolic	(Pulse rate)
<b>DAY 1</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

<b>DAY 2</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

<b>DAY 3</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

<b>DAY 4</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

<b>DAY 5</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)



- Use validated electronic arm-cuff device (www.stridebp.org)
- Take measurements for 7 days (at least 3)
- Before drug intake, morning and evening
- After 5 min sitting rest
- 2 measurements with 1 min interval

		Time	Systolic-Diastolic	(Pulse rate)
<b>DAY 6</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

<b>DAY 7</b> ____/____/202__	Morning	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)
	Evening	1 <sup>st</sup> ____:____	_____ - _____	(_____)
		2 <sup>nd</sup> ____:____	_____ - _____	(_____)

**WRITE HERE THE AVERAGE OF ALL READINGS EXCEPT OF DAY 1: \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_)**