



Home Blood Pressure Reading Guidance and Record Sheet

NAME _____

DATE OF BIRTH _____

REQUESTING GP: _____

- While rested, not immediately after exercise or upset, sit down and make yourself comfortable
- Place the blood pressure cuff on the arm ***NB You should use the same arm each time**
- Press the button on your machine and allow the blood pressure cuff to inflate and deflate
***NB Ignore the first reading. This does not need recording**
- After a minute or so, repeat the blood pressure assessment and record this reading
- After a minute or so, repeat the blood pressure assessment a final time and record this reading
- Add the two top (systolic) numbers together and divide by two
- Add the two bottom (diastolic) numbers together and divide by two
- Record your results below
- Repeat on 7 consecutive days, both in the morning and afternoon. **DO NOT LEAVE ANY DAYS OUT**

DATE		FIRST READING	SECOND READING	THIRD READING	Average of the 2 nd & 3 rd reading
	DAY ONE AM	DO NOT RECORD			
	DAY ONE PM	DO NOT RECORD			
	DAY TWO AM	DO NOT RECORD			
	DAY TWO PM	DO NOT RECORD			
	DAY THREE AM	DO NOT RECORD			
	DAY THREE PM	DO NOT RECORD			
	DAY FOUR AM	DO NOT RECORD			
	DAY FOUR PM	DO NOT RECORD			
	DAY FIVE AM	DO NOT RECORD			
	DAY FIVE PM	DO NOT RECORD			
	DAY SIX AM	DO NOT RECORD			
	DAY SIX PM	DO NOT RECORD			
	DAY SEVEN AM	DO NOT RECORD			
	DAY SEVEN PM	DO NOT RECORD			