**Taking your blood pressure at home**

* Machines with upper arm cuff preferable
* Take your blood pressure in a relaxed atmosphere while sat down
* Two readings a day are required
* Each time, take your blood pressure twice at least one minute apart.  **Discard the first reading**

**Patient name:**

**Date of birth:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Day1 | Day2 | Day3 | Day4 | Day5 |
| Week 1MorningEvening  |  |  |  |  |  |
|  Week 2 Morning Evening |  |  |  |  |  |

Average blood pressure (Clinician to record) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_