Self-measured blood pressure: Seven-day recording log

Instructions: Complete the information below each time you take a measurement. It is best to take two measurements in the morning and two measurements in the evening for a week. If you miss any blood pressure measurements, leave that section blank and continue for the next time.

Dav 5 Day 6 Day 1 Day 2 Day 3 Dav 4 Dav 7 (Date) (Date) (Date) (Date) (Date) (Date) (Date) Morning 🛎 Morning 🔶 Morning 🛎 Morning 🔶 Morning 单 Morning 🔶 Morning 🛎 SYS SYS SYS SYS SYS SYS SYS DIA DIA DIA DIA DIA DIA DIA PULSE PULSE PULSE PULSE PULSE PULSE PULSE **2** SYS DIA DIA **2** SYS DIA 2 SYS DIA **2** SYS DIA 2 SYS DIA **2** SYS DIA 2 SYS PULSE PULSE PULSE PULSE PULSE PULSE PULSE Notes Notes Notes Notes Notes Notes Notes Evening 🤅 Evening 🤄 Evening 🤄 Evening 🤄 Evening 🤄 Evening 🤄 Evening 🤄 SYS SYS SYS DIA DIA SYS DIA SYS DIA DIA SYS DIA SYS DIA PULSE PULSE PULSE PULSE PULSE PULSE PULSE 2 SYS 2 SYS DIA DIA 2 SYS DIA 2 SYS DIA **2** SYS DIA 2 SYS DIA 2 SYS DIA PULSE PULSE PULSE PULSE PULSE PULSE PULSE Notes Notes Notes Notes Notes Notes Notes

For office use	Report back results by:	Important inform
Patient name:	Appointment	Please call your d
Patient ID:	□ Phone	 Your blood press
	Email	Your blood press
PCP:	Patient Portal	You have symptom
SMBP average:SYS /DIA	□ Other	blood pressure.

 Important information

 Please call your doctor's office if:

 • Your blood pressure is above______ SYS or_____ DIA

 • Your blood pressure is below______ SYS or_____ DIA

 • You have symptoms that concern you or have a question about your blood pressure.

AMA

MAP^{BP^{**}}

Blood pressure arm: Left or Right (check one)

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