***Home Blood Pressure Diary***

***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Requesting Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | Systolic  *(Top Number)* | Diastolic  *(Bottom Number)* |  | *Date* |  | *Systolic*  *(Top Number)* | *Diastolic*  *(Bottom Number)* |
|  | AM  PM |  |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
|  | AM |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
|  | AM  PM |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
|  | AM  PM |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
|  | AM  PM |  |  |  | AM  PM |  |  |
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|  | AM  PM |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
|  | AM  PM |  |  |  | AM  PM |  |  |
| PM |  |  | PM |  |  |
| **Mean Blood Pressure** | |  |  | ***Mean Blood Pressure*** | |  |  |

***Additional Information (Optional)***

***Current Weight:*** *\_\_\_\_\_\_\_\_\_ kg*

***Smoking Status:***

*Current Smoker***□** \_\_\_\_\_\_\_\_*cigarettes per day*

*Ex-smoker***□** *Stopped in*\_\_\_\_\_\_\_\_\_

*Never Smoked***□**

***Weekly Alcohol Intake \_\_\_\_\_\_\_****\_ units*

***Instructions***

1. ***Please check you Blood Pressure in the morning and evening for 7-14 days in total***
2. ***Do not check your Blood Pressure within 30 minutes after exercising or smoking***
3. ***Please check your Blood Pressure in a sitting position***
4. ***Once completed, please calculate your mean blood pressure by adding up the readings in each column and dividing by the number of readings taken***
5. ***Please drop in your completed Diary to reception or email to sxicb-esx.northiamsurgery@nhs.net. Please remember to book an appointment to discuss these readings with your doctor***