Name: _____

Blood Pressure Log

Blood Pressure Goal: $\frac{< 140 \text{ systolic BP (top number)}}{< 85 \text{ diastolic (bottom number)}}$

Instructions:

- Measure your blood pressure at least once a day—morning and/or late afternoon—at about the same times every day **AFTER** you have taken your blood pressure medication.
- For best results, sit comfortably with both feet on the floor for at least two minutes before taking a measurement.
- When you measure your blood pressure, rest your arm on a table so the blood pressure cuff is at about the same height as your heart.
- Record your blood pressure on this sheet and show it to your doctor at your next visit.

Date and Time	Systolic BP (top number)	Diastolic BP (bottom number)	Pulse	Weight	Notes

Name: _____

Date and Time	Systolic BP (top number)	Diastolic BP (bottom number)	Pulse	Weight	Notes