



Home Blood Pressure Monitoring



Name: _____

Date of birth: ____/____/____ Device: _____

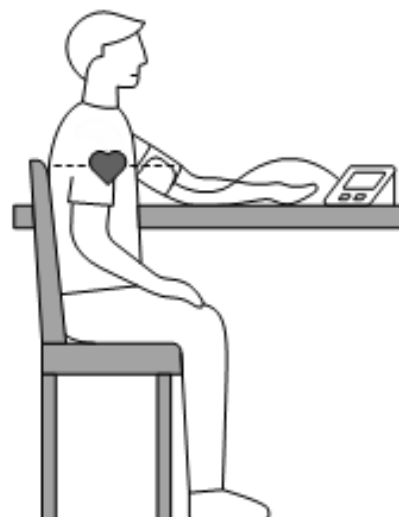
		Time	Systolic-Diastolic	(Pulse rate)
DAY 1 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

DAY 2 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

DAY 3 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

DAY 4 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

DAY 5 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		____:____	____ - ____	(____)



Validated electronic arm-cuff device

Before each office visit:

- 7-day monitoring (at least 3)
- Morning and evening, before drug intake
- After 5 min sitting rest
- 2 measurements with 1 min interval

Long-term follow-up:

Duplicate measurement once or twice per week or month

		Time	Systolic-Diastolic	(Pulse rate)
DAY 6 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

DAY 7 ____/____/202__	Morning	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)
	Evening	1 st ____:____	____ - ____	(____)
		2 nd ____:____	____ - ____	(____)

WRITE HERE THE AVERAGE OF ALL READINGS EXCEPT OF DAY 1: _____ - _____ (____)