

**Home Blood Pressure Readings**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Weight: | Number of alcohol units consumed per week: |
| Have you ever smoked?  Do you currently smoke? Yes / No  How much do you smoke per day? | Do you currently vape? Yes / No |

Please sit for 10min before taking your blood pressure.

Take 3 readings, 1-2 mins apart, morning and afternoon, each day for 7 days.

Remain seated until all 3 readings have been taken

Surgery Contact details: 01276 538600 lightwater.admin@nhs.net

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **Systolic / Diastolic** | **Systolic / Diastolic** | **Systolic / Diastolic** |  |
| *Eg Day 1 am* | *01/01/25* | *0900* | *123 / 84* | *122 / 81* | *121 / 79* |  |
| Day 1 am |  |  |  |  |  |  |
| Day 1 pm |  |  |  |  |  |  |
| Day 2 am |  |  |  |  |  |  |
| Day 2 pm |  |  |  |  |  |  |
| Day 3 am |  |  |  |  |  |  |
| Day 3 pm |  |  |  |  |  |  |
| Day 4 am |  |  |  |  |  |  |
| Day 4 pm |  |  |  |  |  |  |
| Day 5 am |  |  |  |  |  |  |
| Day 5 pm |  |  |  |  |  |  |
| Day 6 am |  |  |  |  |  |  |
| Day 6 pm |  |  |  |  |  |  |
| Day 7 am |  |  |  |  |  |  |
| Day 7 pm |  |  |  |  |  |  |