7-day	y b	lood	pressure recording l	oq

- 1. For 7 days, measure your blood pressure 2 times in the morning, and 2 times in the evening. Wait 1 minute in between measurements.
- 2. Fill in your blood pressure and pulse numbers for each day and time you measure "SYS" is the top number, and "DIA" is the bottom number.
- 3. Return your log after 7 days to your doctor's office by:

☐ Appointment	☐ Phone	Email	□ Patient portal	Other
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Important! Call your doctor's office if:

- Your blood pressure is above ______ SYS or _____DIA
- Your blood pressure is below ______ SYS or _____ DIA
- You're worried about your symptoms
- You have any questions

Blood pressure arm: O Left O Right

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning •	Morning 🌞	Morning 🍎	Morning •	Morning 🏚	Morning 🍅	Morning 🍎
1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA
PULSE	PULSE	PULSE	PULSE	PULSE	PULSE	PULSE
Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute
Morning •	Morning 🌞	Morning 🌞	Morning •	Morning 🌞	Morning •	Morning 🏟
2 SYS DIA	2 SYS DIA	2 SYS DIA	2 SYS DIA	2 SYS DIA	2 SYS DIA	2 SYS DIA
PULSE	PULSE	PULSE	PULSE	PULSE	PULSE	PULSE
Evening 📞	Evening 📞	Evening C	Evening 📞	Evening 📞	Evening 📞	Evening 📞
1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA	1 SYS DIA
PULSE	PULSE	PULSE	PULSE	PULSE	PULSE	PULSE
Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute	Wait 1 minute
Evening C	Evening 📞	Evening 📞	Evening C	Evening 📞	Evening 📞	Evening 📞
2 SYS DIA	2 SYS 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 only:
Patient name: ______Patient ID: _____PCP: _____SYS / _____DIA

