



Self-Measured Blood Pressure: Seven Day Recording Log

Your Goal BP: ____ / ____ Start measuring on: __ / __ / __

It is best to take two measurements in the morning and two measurements in the evening for one week. Rest 5 minutes prior to taking your blood pressure. Allow 1 minute in between measurements.

Blood pressure arm: Left or Right (check one)

Day 1 _____ <small>(Date)</small>	Day 2 _____ <small>(Date)</small>	Day 3 _____ <small>(Date)</small>	Day 4 _____ <small>(Date)</small>	Day 5 _____ <small>(Date)</small>	Day 6 _____ <small>(Date)</small>	Day 7 _____ <small>(Date)</small>
Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀
1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____
2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____
Notes	Notes	Notes	Notes	Notes	Notes	Notes
Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙
1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____
2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____
Notes	Notes	Notes	Notes	Notes	Notes	Notes

Please report results back by dropping off this sheet at your primary care provider's office.

For office use only: SMBP average: ____ / ____ This form is a modified version of the 2020 AMA Target: BP form.

Patient Sticker

