

BLOOD PRESSURE LOG

NAME
MONTH / YEAR
TARGET BP

		BLOOD PRESSURE		HEART	NOTES
DATE	TIME	SYSTOLIC	DIASTOLIC	RATE	(MEDICATION,
		(TOP)	(BOTTOM)	(PULSE)	ACTIVITY, DIET)

DATE	TIME	BLOOD PRESSURE		HEART RATE (PULSE)	NOTES (MEDICATION, ACTIVITY, DIET)
		SYSTOLIC (TOP)	DIASTOLIC (BOTTOM)		

Instructions: Rest for 5 minutes before taking measurements. Keep feet flat on the floor and arm at heart level.