TWO WEEK BLOOD PRESSURE LOG

Target BP: _____ / _____
Name: _____
Start Date: _____

DAY	MORNING (AM)			EVENING (PM)		
	TIME	BP (SYS/DIA)	PULSE	TIME	BP (SYS/DIA)	PULSE
WEEK 1						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
WEEK 2						
Mon						

DAY	MORNING (AM)			EVENING (PM)		
	TIME	BP (SYS/DIA)	PULSE	TIME	BP (SYS/DIA)	PULSE
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Notes (Medication changes, symptoms, or activity):
Maintain a seated position for 5 minutes before measuring. Keep arm at heart level.