

## How to take your blood pressure at home.

Please check that the blood pressure machine you are using has been validated by the British Hypertension Society (see <http://www.bhsoc.org//index.php?cID=246> for a list), and that the size of the cuff fits your arm as it is supposed to.

Make sure you are sitting comfortably and that the cuff can be put onto your arm without clothing getting in the way.

If you have not yet checked whether there is a difference between the right and left arm, please follow the guidance on the next sheet **before** doing these 7 days of readings. This will ensure you are using the best arm.

Measure your blood pressure in the morning and the evening of 7 consecutive days. Each time do one reading, record it as below, wait 1 minute and then do a second reading and record that one too.

Once you have completed the readings, drop them into the surgery, or give to your gp at your next appointment.

Name: Full Name

Date of Birth: Date of Birth

Address: Home Full Address (single line)

|       | Date | Time of Day | 1 <sup>st</sup> reading |           | 2 <sup>nd</sup> reading |           |
|-------|------|-------------|-------------------------|-----------|-------------------------|-----------|
|       |      |             | Systolic                | Diastolic | Systolic                | Diastolic |
| Day 1 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 2 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 3 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 4 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 5 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 6 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |
| Day 7 |      | Morning     |                         |           |                         |           |
|       |      | Evening     |                         |           |                         |           |

**Checking the blood pressure difference  
between the left and the right arms.**

Some people have significant blood pressure differences between each arm. It is important that we know if this is the case for you, as it might make a difference as to how much medication you need. Also if there is a difference then we need to make sure that we always check your blood pressure in the higher arm.

Follow the guidelines above when taking your blood pressure.

Check your blood pressure in your Left arm and record the result below. Move the cuff over to your Right arm and check your blood pressure, and again record the result below.

If there is more than 15mm difference between the two systolic readings or the two diastolic readings then please repeat, doing 3 separate pairs of readings – left and right arms each time and record below.

If there is still more than 15mm difference then please use the higher arm for all blood pressure readings, and discuss with your doctor when you are next seen.

|                           | Left arm |  | Right arm | Difference between Left and Right arms |
|---------------------------|----------|--|-----------|--|
| 1st Systolic              |          |  |           |  |
| 1st Diastolic             |          |  |           |  |
|                           |          |  |           |  |
| 2 <sup>nd</sup> Systolic  |          |  |           |  |
| 2 <sup>nd</sup> Diastolic |          |  |           |  |
|                           |          |  |           |  |
| 3 <sup>rd</sup> Systolic  |          |  |           |  |
| 3 <sup>rd</sup> Diastolic |          |  |           |  |
|                           |          |  |           |  |
| 4 <sup>th</sup> Systolic  |          |  |           |  |
| 4 <sup>th</sup> Diastolic |          |  |           |  |