

Tracking your blood pressure



Tracking means regularly checking your blood pressure—and writing down your numbers—over a period of time. (For example, once or twice a day over one month, or as your doctor advises.)

Tracking your blood pressure can show how you are doing between doctor visits. Comparing your numbers over time is important. It can show how well lifestyle changes or your medicines are working to help lower blood pressure.

How to use this tracker

1. Set up and follow a schedule for checking your blood pressure at home.
2. Fill in your tracker with the current month and your blood pressure goal.
3. Each time you check your blood pressure, write down the date, time of day, and your blood pressure numbers in the tracker.
4. Print out and share your completed tracker with your doctor at your next office visit.

My Blood Pressure Goal

Month: September

My Goal: 130 / 80

Week 1: Sun-Sat

Date:	Sun	Mon	Tu
Time of Day:	<u>11:30 AM</u>		
BP Reading:	<u>150 / 90</u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
Time of Day:			
BP Reading:	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>

Remember:

- Try to take your blood pressure at the same time every day
- Follow the instructions for accurate readings that came with your monitor

My Blood Pressure Tracker

My Blood Pressure Goal

Month:

My Goal:

Close in on your goal. Ask your doctor about what your blood pressure goal should be—and what you can do to reach it. Having other medical conditions such as diabetes or kidney problems may affect the blood pressure goal your doctor gives you.

Week 1

Date:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time of Day:							
BP Reading:	/	/	/	/	/	/	/
Time of Day:							
BP Reading:	/	/	/	/	/	/	/

Week 2

Date:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time of Day:							
BP Reading:	/	/	/	/	/	/	/
Time of Day:							
BP Reading:	/	/	/	/	/	/	/

Week 3

Date:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time of Day:							
BP Reading:	/	/	/	/	/	/	/
Time of Day:							
BP Reading:	/	/	/	/	/	/	/

Week 4

Date:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time of Day:							
BP Reading:	/	/	/	/	/	/	/
Time of Day:							
BP Reading:	/	/	/	/	/	/	/

Notes

Write down any notes or questions you want to ask your doctor.

