

## **Blood Pressure Log**

| Name:                   |      |  |
|-------------------------|------|--|
| Date of Birth:          |      |  |
| My Blood Pressure Goal: | <br> |  |
|                         |      |  |

## Instructions:

- 1. When you measure your blood pressure, rest your arm on a table so the blood pressure cuff is at about the same heigh as your heart. Example Kitchen Table.
- 2. Sit comfortably with both feet on the floor, resting for 3-5 minutes before taking a measurement.
- 3. Record your blood pressure on this sheet.

| DATE | TIME | BLOOD PRESSURE | PULSE |
|------|------|----------------|-------|
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |

| DATE | TIME | BLOOD PRESSURE | PULSE |
|------|------|----------------|-------|
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |
|      |      |                |       |