Blood Pressure Tracking Sheet

Use this sheet to keep track of your blood pressure measurements at home using a home blood pressure device (you can purchase one at your local pharmacy). Discuss the information on this sheet with your healthcare provider at each visit.

Your goal blood pressure top number: ____  Call your healthcare provider if: Top number is greater than _____
Your goal blood pressure bottom number: ____  Bottom number is greater than _____

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Top Number</th>
<th>Bottom Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18/2014</td>
<td>8:15 AM</td>
<td>135</td>
<td>85</td>
<td>Felt Dizzy</td>
</tr>
<tr>
<td>10/18/2014</td>
<td>8:20 AM</td>
<td>132</td>
<td>85</td>
<td>Fine</td>
</tr>
</tbody>
</table>

Tips for Checking Your Blood Pressure at Home

Before Checking...
1. Check your blood pressure 2 times per day around the same time every day.
2. Do not exercise, smoke, or drink caffeine for at least 30 minutes before checking your blood pressure.
3. Rest at least 5 minutes before checking your blood pressure.
4. Roll-up your sleeve so your clothing is not in the way of the arm cuff.

While Checking...
1. Use the same arm each time (whichever arm gives the highest pressure).
2. Keep both feet flat on the floor.
3. Sit up straight and keep your back supported.
4. Remain silent while measuring blood pressure.
5. Keep your arm held straight at mid-chest level.