

# Self-measured blood pressure: Seven-day recording log



MAPBP™

**Instructions:** Complete the information below each time you take a measurement. It is best to take two measurements in the morning and two measurements in the evening for a week. If you miss any blood pressure measurements, leave that section blank and continue for the next time.

**Blood pressure arm:** Left or Right (check one)

| Day 1                                | Day 2                                | Day 3                                | Day 4                                | Day 5                                | Day 6                                | Day 7                                |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| (Date)                               | (Date)                               | (Date)                               | (Date)                               | (Date)                               | (Date)                               | (Date)                               |
| <b>Morning ☀</b>                     | <b>Morning ☀</b>                     | <b>Morning ☀</b>                     | <b>Morning ☀</b>                     | <b>Morning ☀</b>                     | <b>Morning ☀</b>                     | <b>Morning ☀</b>                     |
| 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ |
| 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ |
| Notes                                | Notes                                | Notes                                | Notes                                | Notes                                | Notes                                | Notes                                |
| <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     | <b>Evening 🌙</b>                     |
| 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ | 1 SYS _____ DIA _____<br>PULSE _____ |
| 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ | 2 SYS _____ DIA _____<br>PULSE _____ |
| Notes                                | Notes                                | Notes                                | Notes                                | Notes                                | Notes                                | Notes                                |

**For office use**

Patient name: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_  
 PCP: \_\_\_\_\_  
 SMBP average: \_\_\_\_\_SYS / \_\_\_\_\_DIA

**Report back results by:**

- Appointment \_\_\_\_\_
- Phone \_\_\_\_\_
- Email \_\_\_\_\_
- Patient Portal \_\_\_\_\_
- Other \_\_\_\_\_

**Important information**

**Please call your doctor's office if:**

- Your blood pressure is above \_\_\_\_\_ SYS or \_\_\_\_\_ DIA
- Your blood pressure is below \_\_\_\_\_ SYS or \_\_\_\_\_ DIA
- You have symptoms that concern you or have a question about your blood pressure.