STRIDE BP www.stridebp.org

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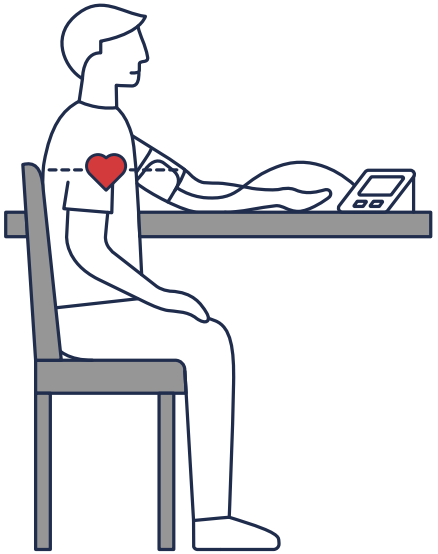
Home Blood Pressure Monitoring

Name: _____

Date of birth: ____/____/____ **Device:** _____



Validated electronic arm-cuff device

Before each office visit:

→ 7-day monitoring (at least 3)

→ Morning and evening, before drug intake

→ After 5 min sitting rest

→ 2 measurements with 1 min interval

Long-term follow-up:
Duplicate measurement once or twice per week or month

			Time	Systolic-Diastolic	(Pulse rate)
DAY 1 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 2 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 3 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 4 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 5 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 6 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
DAY 7 ___/___/202_	Morning	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)
	Evening	1st	__:__	_____ - _____	(_____)
		2nd		_____ - _____	(_____)

WRITE HERE THE AVERAGE OF ALL READINGS EXCEPT OF DAY 1: _____ - _____ (_____)