

# 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 _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____
2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ 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 _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____	1 SYS _____ DAY _____ PULSE _____
2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____	2 SYS _____ DAY _____ PULSE _____
Notes	Notes	Notes	Notes	Notes	Notes	Notes

**For office use**

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

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