

Self-measured blood pressure: Seven-day recording log

TARGET:BP™



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.

Content provided by
AMA | MAPBP™

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)
Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀	Morning ☀
1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____
2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____
Notes	Notes	Notes	Notes	Notes	Notes	Notes
Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙	Evening 🌙
1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____	1 SYS _____ DIA _____ PULSE _____
2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ PULSE _____	2 SYS _____ DIA _____ 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 _____ DIA
- Your blood pressure is below _____ SYS or _____ DIA
- You have symptoms that concern you or have a question about your blood pressure.