BHS
British Hypertension Society

ABPM Patient Diary

Name …………………………………………….. **Date of ABPM** ……………………………

Hospital Number ……………………………… **Cuff Size (S, M or L)** ……………………....

DOB …………………………………………… **Arm used (L or R)** …………………………

Please complete the following diary as accurately as possible and return it with your monitor

Started at: **Monitor No:**

Time	Activity/Symptoms	Time	Activity/ Symptoms	Time	Activity/ Symptoms

Went to bed at: *Woke up at:* **Finishes at:**

SWITCH THE MACHINE OFF

CHECK LIST, HAVE I?

☐ Recorded my medicine/times?

☐ Switched the machine off?

☐ Recorded sleep/wake times?

Please document when you take your blood pressure medication below				
Name of drug/dosage:	DAY 1 – DATE:		DAY 2 – DATE:	
	AM	PM	AM	PM