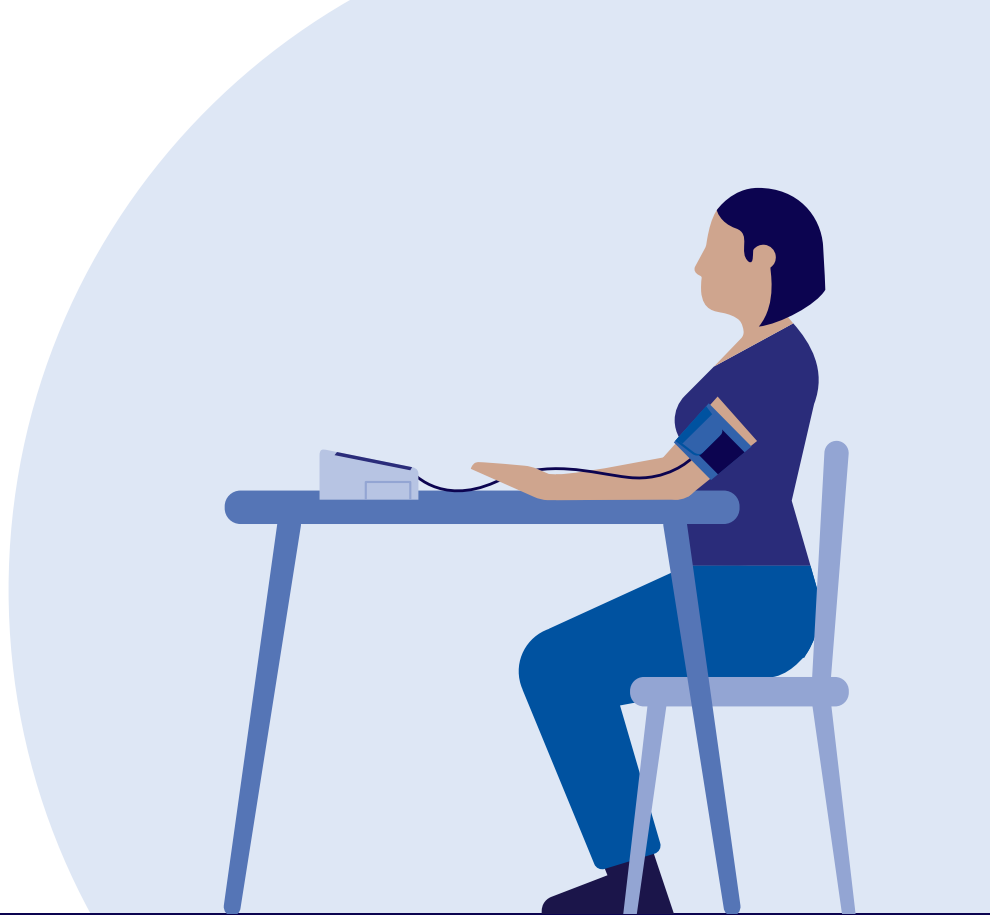


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How to measure your blood pressure at home



Follow these steps to get an accurate blood pressure measurement

1. Prepare

- Avoid these things for 30 minutes:
 - Eating
 - Smoking
 - Exercise
 - Caffeine, such as coffee and some teas and sodas
- Measure before taking your blood pressure medicine
- Use the bathroom to empty your bladder if needed
- Find a quiet space to sit with no distractions

2. Position

- Sit in a chair that supports your back
- Sit next to a flat surface, like a desk or table
- Put the cuff above your elbow on your upper arm, on your skin, and not over clothing
- Rest your arm on the flat surface at mid-chest or heart level with your palm up
- Keep both feet flat on the floor with your legs uncrossed

3. Measure

- Rest quietly for five minutes in your seated position
- Keep your arm and body relaxed
- Sit quietly without:
 - Talking or conversations
 - TV, phone, or other electronic devices
- Take two measurements, waiting one minute in between. Do this twice a day, once in the morning and once at night, for the number of days requested by your physician.
- Write down each of your measurements as instructed by your doctor or care team
- Share your measurements with your doctor or care team as instructed

Note: For recommended devices, please visit: [validatebp.org](https://www.validatebp.org)

Blood pressure recording log

1. Measure your blood pressure two times in the morning, and two times in the evening.
Wait one minute in between measurements.
2. Fill in your blood pressure and pulse numbers for each day and time you measure –
systolic (SYS) is the top number, and diastolic (DIA) is the bottom number.
3. Return your log after completing the number of days the physician requested via

Appointment

Phone

Email

Patient portal

Other

Day 1 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 2 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 3 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 4 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 9 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 10 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 11 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 12 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
Evening	Pulse _____
	_____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Important! Call your doctor's office if:

- Your blood pressure is above _____ SYS or _____ DIA
- Your blood pressure is below _____ SYS or _____ DIA
- You're worried about your symptoms
- You have any questions

Day 5 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 6 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 7 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 8 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 13 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

Day 14 _____ (Date)

Morning	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	
Evening	SYS _____ DIA _____
	Pulse _____ _____ Wait 1 minute _____
	SYS _____ DIA _____
	Pulse _____
Blood pressure arm: Left Right	

For office only:

Patient name: _____

Patient ID: _____

PCP: _____

SMBP average:

_____ SYS / _____ DIA

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