## Blood pressure self-measurement reading

### Your personal information:

* Last name and first name:
* Date of Birth:
* Current treatments:

### Rules for taking voltage measurements:

* Three consecutive measurements (a few minutes apart in the morning before breakfast),
* Three consecutive measurements (a few minutes apart in the morning between dinner and bedtime),
* Three days in a row,
* Enter all the numbers that appear on the screen.

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| --- |
| 1st day : |
|  | **Morning** | **Evening** |
| **Systolic** | **Diastolic** | **Pulse** | **Systolic** | **Diastolic** | **Pulse** |
| Measure 1 |  |  |  |  |  |  |
| Measure 2 |  |  |  |  |  |  |
| Measure 3 |  |  |  |  |  |  |
| 2nd day : |
|  | **Morning** | **Evening** |
| **Systolic** | **Diastolic** | **Pulse** | **Systolic** | **Diastolic** | **Pulse** |
| Measure 1 |  |  |  |  |  |  |
| Measure 2 |  |  |  |  |  |  |
| Measure 3 |  |  |  |  |  |  |
| 3rd day: |
|  | **Morning** | **Evening** |
| **Systolic** | **Diastolic** | **Pulse** | **Systolic** | **Diastolic** | **Pulse** |
| Measure 1 |  |  |  |  |  |  |
| Measure 2 |  |  |  |  |  |  |
| Measure 3 |  |  |  |  |  |  |
| **Systolic average (1)** | **Diastolic average (1)** | **Auto blood pressure monitor** |
|  |  | Brand : | Model : | Wrist / arm (2) |

**Necessary**: show this document to the pharmacist when you come to the pharmacy and the doctor at the next consultation.

1. - Add all the measurements and divide by 18,
2. - Delete unnecessary measurements.