

Monthly Blood Pressure Journal

Month: _____ Year: _____

Name: _____
Target BP: _____
Medications: _____

DAY	MORNING			EVENING			NOTES / SYMPTOMS
	SYS	DIA	PULSE	SYS	DIA	PULSE	
1							
2							
3							
4							
5							
6							
7							
Week 1 Average: ____ / ____							
8							
9							
10							
11							
12							
13							
14							
Week 2 Average: ____ / ____							
15							
16							
17							
18							
19							
20							
21							
Week 3 Average: ____ / ____							
22							
23							
24							

Monthly Summary

Monthly Average

Lowest Reading

Highest Reading

% in Target Range

Notes for Doctor Visit