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BLOOD PRESSURE MONITOR DIARY

NAME_____ **START TIME**_____

ADDRESS_____

DATE OF BIRTH_____ **DATE** _____

If you experience any symptoms such as chest pain or breathlessness, please note times below. Also give an indication of your mood, e.g. stressed, busy, active, relaxed.

	DATE	TIME	SYMPTOMS OR LEVEL OF ACTIVITY
DAY 1	e.g. 1st Jan	e.g. 9.32AM	e.g stressed, at work