



BP Tracker

A TOOL FOR KEEPING TRACK
OF YOUR BLOOD PRESSURE


Intermountain[®]
Healthcare

My name/phone: _____

Contact numbers

Healthcare provider: _____

After hours clinic: _____

Pharmacy: _____

Other contacts: _____

Appointments

Date	Time	With



**In case of
EMERGENCY
call 911**

Bring this booklet to all of your healthcare visits.

Current BP medicines

While you're bringing your BP into control, you may need to change your medicines or doses several times. Update this list when you have a change.

Medicine	Dose	When to take

BP medicines tried in the past (no longer taking):

Other medicines you take

Having a list of all your medicines will help any healthcare provider caring for you. Include prescriptions, over-the-counter medicines, patches, inhalers, vitamins, and herbal remedies.

Medicine and what it's for	Dose	When to take

Allergies or problems with any medicines:

Are you taking your medicines as directed?

Your doctor and pharmacist need to know if you're taking your medicines as directed. This is the only way they can know if the medicines are working—and what to do next.

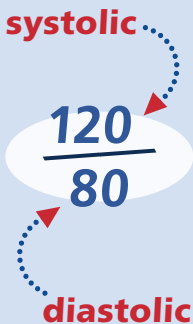
- I have no problems taking my medicines as directed.
- I have problems taking my medicines as directed because:
 - They cost too much
 - I don't like the side effects, such as:

- I sometimes forget to take them.
- Other reason: _____

If you **are not** taking your medicines as directed for any reason, your healthcare providers can help you make a plan to address the problem.

If you **are** taking your medicines, but they're not helping enough, you may need a change to your prescription.

What is high blood pressure?



systolic

120
—
80

diastolic

The diagram shows a light blue background with a white oval containing the numbers 120 over 80, separated by a horizontal line. A dotted blue line with red arrowheads curves from the word 'systolic' (in red) at the top left to the number 120. Another dotted blue line with red arrowheads curves from the number 80 to the word 'diastolic' (in red) at the bottom left.

Blood pressure (BP) is the force of blood pressing on your artery walls. A BP measurement consists of 2 numbers:

- Your **systolic BP** (top number) is the pressure in your arteries when your heart beats.
- Your **diastolic BP** (bottom number) is the pressure that remains in your arteries when your heart relaxes between beats.

If **EITHER** your systolic or diastolic BP is too high, you have **high blood pressure**.

High blood pressure raises your risk of serious health problems like heart attack, heart failure, stroke, and kidney disease. The good news is there are treatments to lower it.

What your BP numbers mean

Category	Systolic		Diastolic	
Normal blood pressure	less than 120	and	less than 80	<i>Good news!</i> Keep up a healthy lifestyle. Have it rechecked at least every 2 years.
Elevated blood pressure	120–129	and	less than 80	Your BP is a problem. Make lifestyle changes now to control it. Have your BP rechecked at least once a year.
Stage 1 high blood pressure	130–139	or	80–89	You have high blood pressure. In addition to making healthy lifestyle changes, you'll probably need to take one or more medicines to manage your BP.
Stage 2 high blood pressure	140 or higher	or	90 or higher	

Managing your blood pressure with MAWDS

Use **MAWDS** to help you remember and follow the basics for maintaining a healthy BP.

M

medicine

A

activity

W

weight

D

diet

S

smoking/
stress

Take your **MEDICINE** if prescribed by your healthcare provider.

Get at least 150 minutes per week of physical **ACTIVITY**— or about 30 minutes most days.

Maintain a healthy body **WEIGHT**.

Follow a healthy **DIET**. Eat plenty of fruits, vegetables, and low-fat dairy products. Limit salt (sodium), saturated and total fat, and alcohol.

Stop **SMOKING** and manage your **STRESS**.

For more information on how to manage your blood pressure, refer to the **BP Basics booklet**.

Choosing a blood pressure monitor

You can buy a home monitor in a drugstore, supermarket pharmacy, and other large store. Here are some tips for choosing a monitor:

- **If possible, choose a monitor that inflates automatically.** If you have a monitor that inflates with a squeeze ball, have someone else squeeze the ball to inflate the cuff.
- **Choose a monitor that also shows your heart rate.** Some BP medicines affect your heart rate, so your doctor may ask you to keep track of it. A normal heart rate is 60 to 100 beats per minute.
- **Choose a monitor with a cuff that wraps around the upper arm.** Avoid wrist cuffs.
- **Be sure the arm cuff is the right size for your arm.** Ask someone to measure around your upper arm. If your upper arm is more than 13 inches around, buy a monitor with a large cuff. To get a correct measurement, the cuff needs to be the right size.

Checking your BP at home

You need a correct measurement to get the right treatment. Here's what to do.

Check your BP at home based on the schedule set by you and your healthcare provider.

Your doctor may recommend:

- **If your high blood pressure has not yet been confirmed**, check it 6 to 8 times over 2 weeks.
- **If you have just been diagnosed, or if your medicine has just been changed**, check every day.
- **If your blood pressure is stable**, check 1 or 2 times per month.

Record your readings in this tracker or with an online application (app).

- Bring this book or records from the online app to each appointment.
- Your healthcare provider may want to check your results as often as every 2 weeks until your BP goal is reached. After that, check it at least every 6 months to be sure you're still on track.

Follow these tips to get a good reading:

- **Check your blood pressure in the early morning or in the evening.** In the morning, check it before you eat, drink, or take medicines.
- **Removes clothes that get in the way of the cuff.**
- **Wait 30 minutes** if you have just eaten a lot, had a drink with caffeine or alcohol, used tobacco products, or exercised.
- **Rest both feet flat on the floor with your back supported.** Rest your arm at heart level on a table or the arm of a chair.
- **Sit quietly for 5 minutes or more before taking your blood pressure.** Avoid talking while your blood pressure is being measured.
- **Press the button or squeeze the ball to measure your blood pressure.** Write down the time, the measurement, and your pulse. Wait 2 minutes. Repeat 2 or 3 times.

How to use this tracker

Fill in your Target BP and Target weight at the top of the BP Tracker. For most people, target BP is less than 120/80. Different people have different targets. Ask your healthcare provider what's right for you.

Each time you record your blood pressure:

- 1 Enter the date and time.
- 2 Record your blood pressure as "systolic BP/diastolic BP."
- 3 Check the box to show where your BP was measured: at your doctor's office, at home, or other (such as a pharmacy or grocery store).
- 4 Record your heart rate (pulse) if your healthcare provider asked you to. Most automated BP machines will also show your heart rate.
- 5 Enter your weight, especially if you're trying to lose pounds.

1 Date/Time	2 Systolic BP/Diastolic BP	3 Measured at: doctor's office home* other			4 Pulse	5 Weight
1/5/18 10:00 am	126 / 82 (right arm)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73	176

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
doctor's office
home*
other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
 doctor's office
 home*
 other

Date/Time	Systolic BP/Diastolic BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

BP TRACKER

Target BP _____ / _____

Target weight _____

Measured at:
doctor's office
home*
other

Date/Time	Systolic BP/Diastolic BP				Pulse	Weight
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Refer to pages 10 to 11 for tips on taking a correct BP at home.

NOTES

Write down any notes you have about tracking your BP — including side effects, questions, and taking medicines.

Where to find more information

In most cases, high blood pressure is a lifelong condition. Learning more may help you better manage your condition and stay healthy in the long term. Find more information at:

- **Intermountain Healthcare**
[Intermountainhealthcare.org/BP](https://www.intermountainhealthcare.org/BP)
- **The American Heart Association**
[Heart.org](https://www.heart.org)
- **The National Heart, Lung, and Blood Institute**
[NHLBI.NIH.gov](https://www.nhlbi.nih.gov)
- **The Centers for Disease Control and Prevention**
[CDC.gov](https://www.cdc.gov)

FOLLOW UP WITH YOUR HEALTHCARE PROVIDER.

Remember to go to all healthcare provider appointments. These may happen as often as every **2 to 4 weeks** until you reach your blood pressure goal. Then, have your BP checked every **6 to 12 months** to make sure you're still on track.



To find these and other resources, go to:
intermountainhealthcare.org/BP



Intermountain Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo.

我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助。

©2004–2021 Intermountain Healthcare. All rights reserved.

The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns. BP001 – 09/21