



Arm used: L / R Goal: _____

No caffeine, exercise or smoking for 30 min. Sit quietly 5 min, back supported, feet flat, arm at heart level, cuff on bare upper arm. Measure at the same times each day. Take 2 readings, 1 minute apart, and write both down. Use a validated upper-arm cuff.

Above 180/120: recheck, contact your doctor right away. With chest pain, shortness of breath, weakness, vision or speech changes — call 911.



Arm used: L / R Goal: _____

No caffeine, exercise or smoking for 30 min. Sit quietly 5 min, back supported, feet flat, arm at heart level, cuff on bare upper arm. Measure at the same times each day. Take 2 readings, 1 minute apart, and write both down. Use a validated upper-arm cuff.

[illegible]

Above 180/120: recheck, contact your doctor right away. With chest pain, shortness of breath, weakness, vision or speech changes — call 911.