

IS MY BLOOD PRESSURE AT GOAL? Name _____

Record your blood pressure (BP).

Write **TOP Number** (systolic BP) in **column 1 (green)** if it is **129 or lower** or in **column 2 (pink)** if it is **130 or higher**. Record **bottom BP number** and **heart rate (pulse)**.

Date	Time	Column 1	Column 2	Bottom BP (Diastolic BP)	Pulse
		TOP BP 129 or lower	TOP BP 130 or higher		
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				

If there are more TOP BP in the 1st column (GREEN) than in the 2nd column (PINK) your BP is at goal.

If your BP is not at goal, contact **your provider**