**Appendix 2: HOME BLOOD PRESSURE AND URINE TESTING DIARY**

(for women where results reporting is not digital or where women prefer to also keep a paper diary)

Name:

Identifier number:

Address:

**Patient**

Target blood pressure: .........../ .............

Arm used: Left Right

Please monitor and record your blood pressure at home as you have been instructed. On each occasion take a minimum of 2 readings at least one minute apart. Please record the second of these readings. Sit on a chair with your back supported and both feet on the ground. Sit quietly for 5 minutes before beginning to check your blood pressure.

Use the table below to record your blood pressure and urine readings. The numbers you write down should be the same as appear on your screen or urine chart. Do not round the numbers up or down.

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME** | **SYSTOLIC BP** (top number) | **DIASTOLIC BP**  (Middle number) | **Urine: Protein Reading** | **Urine: Glucose**  **Reading** | **NOTES**  (eg. Medication changes) |
| Eg. 06/03/20 | 0945 | 134 | 83 |  |  | No medication |
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| **DATE** | **TIME** | **SYSTOLIC BP** (top number) | **DIASTOLIC BP**  (Middle number) | **Urine: Protein Reading** | **Urine: Glucose**  **Reading** | **NOTES**  (eg. Medication changes) |
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