

DIARY OF 24H HOLTER MONITORING

Daily activities record



Name: Joe Smith Insurance company code: 211

Insurance number: xxxxxx/xxxx Date: dd/mm/yyyy

Return the device on the date _____ at _____ o'clock.

Medication (state the strength of the medication and the frequency of use)

Prestarium 10 mg 1-0-0, Orcal 5mg 0-0-1

Time	Activity	Symptoms	Exertion
6:30	Awakening		
6:30-7:30	Morning routine	Headache	
7:30-8:30	Way to work		2km walk
8:30-12:00	Common work		
12:00-12:30	Lunch		
12:30-14:30	Meeting	stress, heart palpitations	
14:30-16:00	Work with PC		
16:00-16:30	Way home from work		
16:35	4 floors walking		
16:40-17:30	Cycling		? km
17:30-18:00	Dinner		
18:30-19:00	Housework		
19:00-20:00	TV news		
20:00-22:00	Evening's entertainment (theatre, TV, ...)		
22:30	Bedtime		
?	Nightly awakening		

Patient instructions

Please record activities carried out during the day that involve physical or mental exertion, as well as restful activities, and any symptoms/problems that accompany these activities (chest pain, arrhythmias, stress, etc.). **During the measurement, it is necessary to climb 4 flights of stairs once and record the time of this activity in the table.**

In the evening, remove the batteries from the device and replace them with new ones as instructed by the nurse. Do not take a shower/bath and do not soak the device while wearing it. Avoid activities that might damage it (e.g. martial arts).