

DIARY OF 24H HOLTER MONITORING

Daily activities record



Name: Insurance company code:

Insurance number: Date:

Return the device on the date at o'clock.

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

Time	Activity	Symptoms	Exertion

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).