A Med Practice

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HOLTER MONITOR DIARY

Patient Name: _____ Record Number: _____

While you are being monitored by a Holter monitor. it's important to keep an accurate diary of your activities and symptoms during the test. If you feel symptoms such as chest pain. shortness of breath. uneven heartbeats or dizziness. note in your diary the time of day they began and what you were doing. Your diary will be compared to the changes in your ECG recorded by the Holter monitor.

Remember that your doctor needs a complete picture of your activities.

If in doubt. write it down. Use the following diary to record all of your daily activities:

- **Time of day - Write the time of day for every activity or symptom that you write in the diary.**
- **Your activities -Sitting. walking. strenuous exercise. eating. sexual activity. taking medications. etc.**
- **Your symptoms - Chest pain, back pain, dizziness. nausea. other pain -whether or not you feel they are important.**

DATE	TIME	ACTIVITY	SYMPTOMS