Cardiotest Cardiac Investigations

HOLTER ACTIVITY DIARY

Ambulatory ECG Monitoring

Why this diary matters
Your Holter monitor records your heart rhythm while you go about your normal day. A clear diary helps your doctor match symptoms and activities with the ECG recording. If you have symptoms, record the **exact time** whenever possible.

PATIENT / STUDY DETAILS

Patient name:		DOB:	
Medicare No:		Clinic:	
Referring doctor:		Connected by:	
Start date/time:		Monitoring period:	

WHEN TO MAKE AN ENTRY

Record an entry whenever:
- you feel palpitations, chest discomfort/pain, shortness of breath, dizziness, unusual heartbeats, neck or arm pain, or another symptom;
- you press the monitor's **EVENT** button;
- there is a sudden change in activity;
- you go to bed or wake up;
- you take medication.

For symptoms, write the **time + activity + symptom**. If you press the EVENT button, make the diary entry at the same time.

IMPORTANT: DO / DO NOT

DO
- continue your normal daily activities;
- use normal household appliances and your mobile phone;
- take your usual medication unless your doctor told you otherwise.

DO NOT
- get the monitor wet;
- take part in rough/contact activities;
- use electric blankets or go near electric fences or arc welders.

QUICK FACTS

SLEEP
You may sleep while wearing the monitor.

COMFORT
The monitor is non-invasive and wearing it should not be painful.

RETURN
Return the monitor as instructed by the clinic.

REPORT
Your doctor will generally receive the report within 24-48 hours after the recording is returned.

EXAMPLE DIARY ENTRIES

TIME	ACTIVITY	SYMPTOMS	NOTES / EVENT
8:10 AM	Walking	Palpitations	Pressed EVENT button
1:23 PM	Physical activity / running	Nil	
11:35 PM	Went to bed	Nil	
6:34 AM	Woke up	Nil	

Please bring or return this diary with the Holter monitor.

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ACTIVITY & SYMPTOM LOG

Write the exact time whenever possible

Use one row for each symptom, EVENT-button press, activity change, medication, bedtime or wake-up time. If you have no symptoms during an activity, write **Nil.**

Patient name: _____ Start date/time: _____

TIME	ACTIVITY	SYMPTOMS	MEDICATION / NOTES

If symptoms occur: press the EVENT button (if instructed), then record the time, what you were doing and the symptom. **Keep the monitor dry.** Return the monitor and this diary as instructed by the clinic.