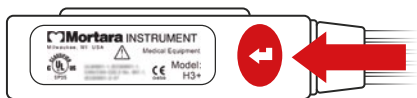


LONG-TERM EKG – PATIENT DIARY

Name: _____

Date: _____



If **symptoms** such as tachycardia, dizziness, chest pain or similar occur, **please press the event button once.**

Time	Activity (in key words)	Symptoms (tachycardia, dizziness, chest pain or similar)
Example 07:30 a.m.	getting up	dizziness