

## 24H BLOOD PRESSURE MONITORING – PATIENT DIARY

Name: \_\_\_\_\_ Date: \_\_\_\_\_



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

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