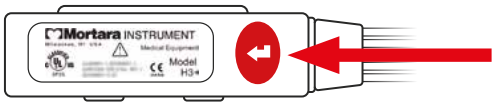
Long-term ECG – Patient Diary

Name _____ **Date** _____



If **symptoms** occur (e.g. palpitations, irregular heart-beat, dizziness, pain, shortness of breath, general malaise) **press the event button once!**

	Date	Time	Activity (brief description)	Symptoms (brief description)
Example	*01.01.2025*	*7:30 a.m.*	*Getting up*	*Dizziness*

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