BodyGuardian™ MINI Holter Diary

Boston Scientific
Cardiac Diagnostics, Inc.

The BodyGuardian™ MINI monitor allows your physician to determine how your heart performs during everyday activities. It's important to keep an accurate diary of your **symptoms** and **activities** so your physician can learn how your heart responds to your lifestyle. Your diary will be compared to the changes in your ECG recorded by the monitor.

Our Patient Services teams is here to help 24 hours a day, 7 days week at **888.500.3522**.

PATIENT INFORMATION

PATIENT NAME	PHONE
CITY	STATE

PATIENT TIME ZONE

☐ Pacific ☐ Mountain ☐ Central ☐ Eastern ☐ Other _____

HOSPITAL OR PRACTICE	PHYSICIAN NAME

MONITORING INFORMATION

DEVICE SERIAL NUMBER

Record when you begin your monitoring session.

_____/_____/_____ _____:_____ AM / PM

Record when you remove your monitor and finish monitoring.

_____/_____/_____ _____:_____ AM / PM

When you feel a symptom:

1. On the monitor, press and release the center button ⏻ once. Do not hold the button down.
2. Record the **DATE** and **TIME**.
3. Select your **ACTIVITY** at the time you felt the symptom.
4. Select at least one **SYMPTOM**.

	DATE	TIME	ACTIVITY (select one)							SYMPTOM (select at least one)									
			Exercising	Sitting	Climbing stairs	Walking	Taking medications	Other	Eating	None or accidental push	Light-headedness	Rapid or fast beats	Flutter or skipped beats	Shortness of breath	Chest pain or pressure	Dizziness	Tired or fatigued	Passed out	
1	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

When you feel a symptom:

1. On the monitor, press and release the center button ⏻ once. Do not hold the button down.
2. Record the **DATE** and **TIME**.
3. Select your **ACTIVITY** at the time you felt the symptom.
4. Select at least one **SYMPTOM**.

	DATE	TIME	ACTIVITY (select one)							SYMPTOM (select at least one)								
			Exercising	Sitting	Climbing stairs	Walking	Taking medications	Other	Eating	None or accidental push	Light-headedness	Rapid or fast beats	Flutter or skipped beats	Shortness of breath	Chest pain or pressure	Dizziness	Tired or fatigued	Passed out
8	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25	___ /___ /___	___:___ AM/PM	☐	☐	☐	☐	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐