

# My Weekly MMN Symptom Tracker

Use this tracker to record your MMN symptoms each week, and bring a copy to your next medical appointment. Keeping track of your symptoms can help you and your doctor see how your MMN management plan is doing.

Current Treatment (if any) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

At the end of each week, answer each question below based on the scale:



Date of First Dose ____/____/____	End of Week 1 ____/____/____	End of Week 2 ____/____/____	End of Week 3 ____/____/____	End of Week 4 ____/____/____
I am able to hold items such as cups or utensils without any grip strength issues				
I am able to handle my everyday tasks (such as tying shoes, buttoning a coat, or using a phone) without any dexterity problems				
I have enough energy and overall strength to do things like climb stairs or carry medium-to-large objects without any problems				
I feel like my management plan is working				
<b>Overall this week I feel:</b>				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_