MS SYMPTOM TRACKER for _

This form is suggested as a tool to help you or your caregiver keep track of your MS symptoms. This form, or something like it, can be helpful in updating your doctor on your progress at any time, although it can be especially useful when preparing a claim for disability benefits. Either you or your caregiver can complete this form. Begin by filling in the date, then rate the severity of the symptom you are experiencing from 1 to 5, where 1 is mild and 5 is severe. See the bottom for examples.

	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day
	3014	MOIN	102	***	1110		JAI	including anything unusual.
Area								
Mobility (difficulty walking or running)								
Hand Function (such as grabbing, holding, writing, eating or grooming)								
Vision (such as blurred or double vision, light sensitivity)								
Fatigue (lack of energy)								
Problems thinking (difficulty remember- ing, staying focused, problem-solving, recalling words)								
Bladder (such as frequency, urgency or hesitancy)								
Bowel (such as constipation or incontinence)								
Sensory Symptoms (such as numbness, tingling, or sensations like burning, bands or electric shocks)								

MS Symptom Tracker (continued)										
	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.		
Area										
Spasticity Symptoms (such as muscle tightening, leg stiffness, cramping)										
Pain										
Emotional issues (such as anxiety, depression, irritability, mood swings)										
Tremor/Loss of Coordination (balance problems, shaking of head, heads or legs, clumsiness)										
	•	•	•	•	•	•	•			
EXAMPLES:										
Area	8/6	8/7	8/8	8/9	8/10	8/11	8/12	Comments		
Mobility		3	4	3	5	3	3	Had the flu		
Fatigue	5	5						Ran out of Provigil 2 days		
Blurred Vision				2	2	2	2	Heat wave		