

Sign & Symptom Log

Date Updated: _____

Date of First Symptoms: _____

Anatomy of First Symptoms (Eyes, Limbs, B/B, etc.): _____

Specific First Symptoms (Vision Loss, Weakness, N/V, etc): _____

Date of Most Recent Relapse: _____

Symptoms of Most Recent Relapse: _____

Average Daily Pain Score in Last Month (1 best / 10 worst): _____

Average Daily Pain Score in Last Year (1 best / 10 worst): _____

Average Daily Fatigue Score in Last Month (1 best / 10 worst): _____

Average Daily Fatigue Score in Last Year (1 best / 10 worst): _____

Average Daily B/B Score in Last Month (1 best / 10 worst): _____

Average Daily B/B Score in Last Year (1 best / 10 worst): _____

Average Daily Vision Score in Last Month (1 best / 10 worst): _____

Average Daily Vision Score in Last Year (1 best / 10 worst): _____

Other Important Medical History: _____



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Average Daily Vision Score in Last Month (1 best / 10 worst): _____

Average Daily Vision Score in Last Year (1 best / 10 worst): _____

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