

My CIDP Symptom Tracker

Keeping tabs on your symptoms can help you and your doctor see how your Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) management plan is going. Use this tracker to record your CIDP symptoms each week and bring it to your next medical appointment.

Current Treatment (if any) _____

At the end of each week, think about how CIDP has affected the items in the list below. Follow the scale and click the box that matches the level of impact you've experienced.

0 1 2 3
 Not at all Very little Somewhat A lot

Date of First Dose ____ / ____ / ____ Dose & Frequency _____	End of Week 1				End of Week 2				End of Week 3				End of Week 4			
	Dose & Frequency _____				Dose & Frequency _____				Dose & Frequency _____				Dose & Frequency _____			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
I have trouble with fine motor skills such as buttoning a shirt, brushing my teeth, or turning a key in a lock																
I have trouble going up or down the stairs																
I have trouble walking on my own and need a walking aid																
I am off balance when walking																
I have trouble sleeping																
I experience pain that bothers me																
I have trouble performing my duties at work																
I have trouble doing activities I enjoy																
I feel that CIDP has impacted my emotional well-being																

Notes: _____

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