

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				
Overall this week I feel:				

Notes: _____

