## My MS Symptom Tracker

Use this space to jot down any new or recurring symptoms. Note when they started, what was happening at the time, and whether you've contacted your healthcare team.

| **Date** (Start/end) | **Symptom(s)** (Description, location, severity) | **What was going on?** (Context, possible triggers, etc.) | **Contacted healthcare team?** | **How was this symptom managed?** |
|---|---|---|---|---|
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |

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| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |
| | | | ☐ Yes<br>☐ No | |