Larivière + Massicotte
Pharmaciennes, inc.
Your specialty drugs pharmacy

Multiple Sclerosis Tracking Journal

This journal will help you monitor symptom evolution on a day-to-day basis, identify factors that may be impactful, and facilitate discussions with your healthcare team during follow-ups and ETNA-MS result evaluation.

Multiple Sclerosis

Name: _____

Month: _____

Date of the last ETNA-MS Test: _____

Rating Scale

Score	Meaning
0	No symptom
1-3	Mild
4-6	Moderate
7-10	Important to severe

1) Main symptoms

For each symptom you monitor throughout the day, enter a score between **0 and 10**

Symptoms	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fatigue																															
Pain																															
Leg weakness																															
Numbness/tingling																															
Spasms																															
Tremors																															
Balance/tumbles																															
Blurred vision																															
Memory impairement / concentration																															
Mood (anxiety or sadness)																															

2) Overall functioning

Enter a score between **0 and 10**.

Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Energy level																															
Quality of sleep																															
Stress level																															
Ability to carry out everyday activities																															

3) Factors that may affect symptoms

Enter the relevant days:

Triggering factors	Relevant days
Infection or illness	_____
Significant heat	_____
Severe stress	_____
Sleep deprivation	_____
Menstruation	_____
Unusual physical activity	_____
Other: _____	_____

4) Treatment

Did you take your MS medication as planned?

☐ Yes throughout the period ☐ Several omissions
☐ No
Comments: _____

5) Changes monitored this month

☐ No change
☐ Improvement of symptoms
☐ Worsening of symptoms
☐ Emergence of a new symptom
Precisions: _____

6) Signs that may indicate a relapse

Check if present:
☐ New neurological symptom
☐ More intense symptom(s) lasting over 24 hrs
☐ More difficulty walking
☐ Acute vision loss
☐ Major imbalance
☐ Unusual weakness
☐ Other: _____

Start date: _____
Estimated duration: _____

Notes

_____

_____

_____