Record your signs and symptoms of PNH before each appointment and discuss them with your healthcare team.

Please check off the severity of your signs and symptoms.

My PNH record	**Visit 1** Date:	**Visit 2** Date:
Signs and symptoms		
Dark-colored urine	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Shortness of breath	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Difficulty swallowing	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Yellowing of the skin and/or eyes	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Erectile dysfunction	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Have you had a cold or infection since your last visit?	☐ Yes ☐ No	☐ Yes ☐ No
Pain		
Stomach pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Leg pain or swelling	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Chest pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Back pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Fatigue		
Tiredness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Inability to perform daily activities	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Trouble concentrating	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Dizziness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Weakness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Lactate dehydrogenase (LDH)*	Value:	Value:
Transfusions	Frequency: # of units:	Frequency: # of units:

*Talk to your healthcare team about other important lab test results.

To download additional assessment forms, go online at PNHSource.com/tools.

Record your signs and symptoms of PNH before each appointment and discuss them with your healthcare team.

Please check off the severity of your signs and symptoms.

My PNH record	**Visit 3** Date:	**Visit 4** Date:
Signs and symptoms		
Dark-colored urine	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Shortness of breath	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Difficulty swallowing	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Yellowing of the skin and/or eyes	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Erectile dysfunction	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Have you had a cold or infection since your last visit?	☐ Yes ☐ No	☐ Yes ☐ No
Pain		
Stomach pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Leg pain or swelling	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Chest pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Back pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Fatigue		
Tiredness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Inability to perform daily activities	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Trouble concentrating	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Dizziness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Weakness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Lactate dehydrogenase (LDH)*	Value:	Value:
Transfusions	Frequency: # of units:	Frequency: # of units:

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Record your signs and symptoms of PNH before each appointment and discuss them with your healthcare team.

Please check off the severity of your signs and symptoms.

My PNH record	**Visit 5** Date:	**Visit 6** Date:
Signs and symptoms		
Dark-colored urine	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Shortness of breath	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Difficulty swallowing	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Yellowing of the skin and/or eyes	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Erectile dysfunction	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Have you had a cold or infection since your last visit?	☐ Yes ☐ No	☐ Yes ☐ No
Pain		
Stomach pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Leg pain or swelling	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Chest pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Back pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Fatigue		
Tiredness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Inability to perform daily activities	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Trouble concentrating	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Dizziness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Weakness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Lactate dehydrogenase (LDH)*	Value:	Value:
Transfusions	Frequency: # of units:	Frequency: # of units:

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Record your signs and symptoms of PNH before each appointment and discuss them with your healthcare team.

Please check off the severity of your signs and symptoms.

My PNH record	**Visit 7** Date:	**Visit 8** Date:
Signs and symptoms		
Dark-colored urine	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Shortness of breath	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Difficulty swallowing	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Yellowing of the skin and/or eyes	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Erectile dysfunction	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Have you had a cold or infection since your last visit?	☐ Yes ☐ No	☐ Yes ☐ No
Pain		
Stomach pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Leg pain or swelling	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Chest pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Back pain	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Fatigue		
Tiredness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Inability to perform daily activities	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Trouble concentrating	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Dizziness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Weakness	☐ None ☐ Moderate ☐ Severe	☐ None ☐ Moderate ☐ Severe
Lactate dehydrogenase (LDH)*	Value:	Value:
Transfusions	Frequency: # of units:	Frequency: # of units:

*Talk to your healthcare team about other important lab test results.

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