

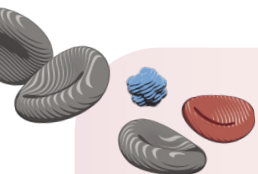
PNH Symptom Tracker

Keeping track of the symptoms you experience is important when you are living with paroxysmal nocturnal hemoglobinuria (PNH).

Use this tracker to record information about the symptoms you experience, making sure to be as detailed and accurate as possible so you can easily identify patterns or irregularities.

Report any new or worsening symptoms to your healthcare provider right away. Please bring this tracker with you to your next appointment to help you discuss how you are feeling with your healthcare provider.

Use the chart to rate your symptoms as **MILD**, **MODERATE**, or **SEVERE**. Add any additional symptoms you are experiencing.



Date: Date: Date: Date: Date: Date:

Tiredness or weakness

Chest pain

Stomach pain

Shortness of breath

Difficulty swallowing

Dark urine

Note the color of your urine.

1 2 3 4 5

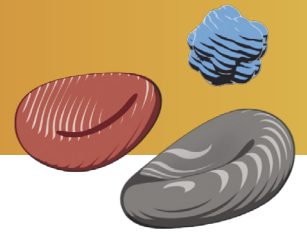
Erectile dysfunction

For male patients only.

Other _____

	Date:	Date:	Date:	Date:	Date:	Date:
Tiredness or weakness						
Chest pain						
Stomach pain						
Shortness of breath						
Difficulty swallowing						
Dark urine						
Erectile dysfunction						
Other _____						

PNH Activity Tracker










It can be helpful to track your ability to stay active

Take note of the ease or difficulty of the activities you are able to take part in. Please use this tracker to help you talk with your healthcare provider about any changes in your level of activity.

Using a scale of 0 to 4, use the chart to rate your ability to take part in these activities.

0 means being unable to perform the activity. 4 means being able to perform the activity with little to no difficulty. Leave the space blank if you did not take part in a particular activity.

Date: Date: Date: Date: Date: Date:

	Date:	Date:	Date:	Date:	Date:	Date:
 Socializing with friends and family						
 Attending work or school						
 Walking one or more blocks						
 Climbing a flight of stairs						
 Exercising Including biking, jogging, or going to the gym						
 Doing chores Including cooking, cleaning, laundry, and yard work						
 Running errands Including shopping and appointments						

You can download additional lab tracking forms at [PNHSource.com](https://www.pnhsource.com).

