

Symptoms of ATTR amyloidosis vary from person to person and can change over time. Keeping detailed notes of your symptoms as they occur can help you and your healthcare team manage your condition. **Use this symptom tracker to record your symptoms of ATTR amyloidosis, and bring it to each visit with your healthcare team. You can fill it out on your computer before printing it, or print it first and write your notes on the pages.** For more detailed explanations of the ATTR amyloidosis symptoms listed below, visit myATTRroadmap.com

The symptom tracker is not a substitute for reporting symptoms to your healthcare team. Report any symptoms that concern you to your healthcare team right away.

1	2	3	4	5
<p>Start here: Fill out in 5 easy steps</p> <p>Select your symptoms</p>	<p>Indicate the severity on a scale from 1 to 5, with 5 being severe</p>	<p>Since your last visit with your doctor, indicate if your symptoms have:</p> <p>I - Improved S - Stayed the same W - Worsened</p>	<p>Write down the dates you've experienced these symptoms</p>	<p>Indicate the impact on daily life:</p> <p>A) Difficulty with daily activities, including work B) Reduced social interaction C) Reduced physical activity (eg, walking, lifting) D) Reduced emotional well-being</p>
<p><input checked="" type="checkbox"/> Example symptom</p>	<p>1 2 3 4 5</p>	<p>W</p>	<p>6/3-7/3</p>	<p>C</p>

Symptoms in the hands, arms, legs, and feet

<input type="checkbox"/> Tingling or pain in your hands or feet	1 2 3 4 5			
<input type="checkbox"/> Aching pain in both hands and/or forearms	1 2 3 4 5			
<input type="checkbox"/> Reduced grip	1 2 3 4 5			
<input type="checkbox"/> Loss of sensitivity to touch or temperature	1 2 3 4 5			
<input type="checkbox"/> Numbness or weakness in the legs and feet	1 2 3 4 5			
<input type="checkbox"/> Difficulty walking or moving around	1 2 3 4 5			

Symptoms related to the heart, blood vessels, and circulation

<input type="checkbox"/> Abnormal heartbeat	1 2 3 4 5			
<input type="checkbox"/> Shortness of breath	1 2 3 4 5			
<input type="checkbox"/> Fatigue	1 2 3 4 5			
<input type="checkbox"/> Swelling in the feet or ankles	1 2 3 4 5			
<input type="checkbox"/> Dizziness upon standing	1 2 3 4 5			
<input type="checkbox"/> Lightheadedness	1 2 3 4 5			

<p>1</p> <p>Start here: Fill out in 5 easy steps</p> <p>Select your symptoms</p>	<p>2</p> <p>Indicate the severity on a scale from 1 to 5, with 5 being severe</p>	<p>3</p> <p>Since your last visit with your doctor, indicate if your symptoms have:</p> <p>I - Improved S - Stayed the same W - Worsened</p>	<p>4</p> <p>Write down the dates you've experienced these symptoms</p>	<p>5</p> <p>Indicate the impact on daily life:</p> <p>A) Difficulty with daily activities, including work B) Reduced social interaction C) Reduced physical activity (eg, walking, lifting) D) Reduced emotional well-being</p>
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Symptoms related to digestion, nutrition, and weight

<input type="checkbox"/> Diarrhea	1 2 3 4 5			
<input type="checkbox"/> Constipation	1 2 3 4 5			
<input type="checkbox"/> Loss of bowel or bladder control	1 2 3 4 5			
<input type="checkbox"/> Reduced appetite	1 2 3 4 5			
<input type="checkbox"/> Unintended weight loss	1 2 3 4 5			

Other symptoms

<input type="checkbox"/> Blurry vision	1 2 3 4 5			
<input type="checkbox"/> Eye floaters	1 2 3 4 5			
<input type="checkbox"/> Sexual dysfunction	1 2 3 4 5			
<input type="checkbox"/> Anxiety and/or depression	1 2 3 4 5			

Use the space below to write any additional notes, such as:

- Additional symptoms not captured in the spaces above
- More detail about symptoms and their impact on daily life
- Questions for your healthcare team
