



Record your PNH signs and symptoms here

Take this form to discuss with your healthcare team at your next appointment

However you should always contact your doctor or clinic immediately if you are concerned about any of your symptoms

Date	Date	Date

Signs and Symptoms

Please tick the circle which indicates the severity of your PNH sign/symptoms

Dark Coloured Urine	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Shortness of Breath	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Difficulty Swallowing	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Yellow of the Skin and/or Eyes	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Erectile Dysfunction	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Cold or Infection Since Last Visit	Yes	No		Yes	No		Yes	No	

Pain

Please tick the circle which indicates the severity of your PNH sign/symptoms

Stomach Pain	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Leg Pain or Swelling	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Chest Pain	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Back Pain	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe

Fatigue

Please tick the circle which indicates the severity of your PNH sign/symptoms

Tiredness	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Inability to Perform Daily Activities	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Trouble Concentrating	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Dizziness	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe
Weakness	None	Moderate	Severe	None	Moderate	Severe	None	Moderate	Severe

Lactate Dehydrogenase (LDH) <i>(Write the LDH value from the Blood test most recent to the symptom entry date.)</i>	Value	Value	Value
Transfusions <i>(Frequency = the number of transfusions you receive e.g 2 in the past month)</i>	Frequency	Frequency	Frequency
	No. of Units	No. of Units	No. of Units