

# Track your symptoms

Write down your symptoms each day, noting how they change over time and how they affect you at home, at work, and when you're with friends or family

## *Symptoms*

## *Impacted activities*

<b>1</b>	<ul style="list-style-type: none"><li>• Double vision or drooping eyelid</li></ul>	<ul style="list-style-type: none"><li>• Driving</li><li>• Reading</li><li>• Watching TV</li><li>• Working</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Difficulty speaking and chewing</li></ul>	<ul style="list-style-type: none"><li>• Talking</li><li>• Eating and drinking</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Choking and difficulty swallowing</li><li>• Difficulty supporting neck</li></ul>	<ul style="list-style-type: none"><li>• Eating and drinking</li><li>• Driving</li><li>• Exercising</li></ul>
<b>4</b>	<ul style="list-style-type: none"><li>• Difficulty breathing at rest or with physical activity</li></ul>	<ul style="list-style-type: none"><li>• Sleeping</li><li>• Exercising</li><li>• Completing daily tasks</li><li>• May lead to breathing problems that require a hospital visit</li></ul>
<b>5</b>	<ul style="list-style-type: none"><li>• Weakness in arms and/or legs</li><li>• Tiredness</li><li>• Difficulty walking</li><li>• Difficulty standing</li></ul>	<ul style="list-style-type: none"><li>• Working</li><li>• Exercising</li><li>• Getting around public places</li><li>• Doing household chores</li><li>• Personal grooming</li></ul>