

# MY iMCD

## DIARY



EUSA Pharma

Mon  Tue  Wed  Thur  Fri  Sat  Sun Date: \_\_\_\_\_

Infusion day:  Yes  No Was your infusion well tolerated?  Yes  No

If no, make a note of any symptoms you experienced:

Today I generally felt:  😊  😊  😐  😞  😞

Compared to yesterday, I feel:  Better  Worse  Unchanged

How stressful was today? Not at all 1 2 3 4 5 Very

How was your sleep last night? Very bad 1 2 3 4 5 Very good

Today I had the following symptoms (check those that apply) How long did it last? How severe was it? (1: very mild, 5: very severe)

Infection 1 2 3 4 5

Fever 1 2 3 4 5

Limb or muscle pain 1 2 3 4 5

High blood pressure 1 2 3 4 5

Swollen lymph nodes  
Whereabouts on your body? 1 2 3 4 5

Problems with my mouth or throat 1 2 3 4 5

Tummy issues or indigestion 1 2 3 4 5

Weight change  Gain  Loss

Water retention (swelling or puffiness)  
Whereabouts on your body? 1 2 3 4 5

Fatigue/tiredness 1 2 3 4 5

Shortness of breath 1 2 3 4 5

Night sweats 1 2 3 4 5

Skin rash 1 2 3 4 5

Itching 1 2 3 4 5

Cough 1 2 3 4 5

Pain 1 2 3 4 5

Other  
Describe the symptom 1 2 3 4 5

How did your symptoms impact your daily life?

Visit the MySylvant website for more information on iMCD and Sylvant

