



MOG-AD Relapse Tracker

The purpose of this MOG-AD Relapse Tracker is to log the history of all medically confirmed relapses. This will make it easier to remember important dates and details, assisting in providing specific information in filling out surveys and aiding in doctor appointments.

A relapse is objectively defined in a medical setting when you present to your doctor or hospital with new or worsening central nervous system symptoms. Generally, if your symptoms gradually worsen after 24-48 hours, there is heightened concern of relapse.

A pseudo-relapse is the recurrence of neurologic symptoms often due to a trigger such as heat, stress and/or infections. Pseudo-relapses may be distinguished clinically from relapses by fluctuation of symptoms, presence of triggers, and occurrence of symptoms that have previously been experienced, rather than new symptoms. Pseudo-relapses will not show any new or worsening of lesions on MRI.

The first sheet records your first attack. The second is to track subsequent attacks. You can either print the second sheet and fill it out or duplicate the sheet in this document and fill it out electronically.

The last sheet is a table of preventive treatments which should serve as a timeline for your doctor.



Notes on My Initial Attack

Patient name: _____

Date of onset: _____

Presenting symptom(s): _____

Treatment(s) received during the attack:

STEROIDS: Dosage/route/duration: _____

IVIG: Dosage/route/duration: _____

PLEX: Dosage/route/duration: _____

Other: Dosage/route/duration: _____

Prescribing doctor of treatment(s):

Location of treatment:

Did you fully recover? YES NO

If No, has this caused new or worsening disability? Please describe:

What occupational therapies, therapeutic medication, or resources were provided in aiding your recovery? _____

List any additional thoughts. i.e., triggers, length of recovery time, etc., _____



Subsequent Attack Sheet (Copy and use this sheet multiple times)

Patient name: _____

Relapse number: _____

Date of onset: _____

Presenting symptom(s): _____

Treatment(s) received during the attack:

STEROIDS: Dosage/route/duration: _____

IVIG: Dosage/route/duration: _____

PLEX: Dosage/route/duration: _____

Other: Dosage/route/duration: _____

Prescribing doctor of treatment:

Location of treatment:

Did you fully recover? YES NO

If No, has this caused new or worsening disability? Please describe:

What occupational therapies, therapeutic medication, or resources were provided in aiding your recovery? _____

List any additional thoughts. I.e., triggers, length of recovery time, etc. _____
