

Tracking Your Sjögren's Symptoms

Work Sheet

Date: _____

Additional notes about daily activities/results:

Sleeping Notes

Bed Time: _____

Hours of Sleep: _____

Times Getting up for Medication: _____

Activity Notes

Neurological problems, concentration/memory-loss (brain fog)

Dry eyes, corneal ulcerations, and infections

Dry nose, recurrent sinusitis, nose bleeds

Difficulty swallowing, heartburn, reflux esophagitis

Dry mouth, mouth sores, dental decay; difficulty with chewing, speech, taste and dentures

Recurrent bronchitis, pneumonia, interstitial lung disease

Dry skin, vasculitis, Raynaud's phenomenon

Arthritis, muscle pain

Stomach upset, gastroparesis, autoimmune pancreatitis

Abnormal liver function tests, chronic active hepatitis, primary biliary cirrhosis

Peripheral neuropathy (numbness and tingling in the extremities)

Vaginal dryness, vulvodinia

Sjögren's Syndrome Foundation

Symptom	Morning	Afternoon	Evening
Fatigue Level			
Joint Pain			
Dry Eyes			
Dry Mouth			

Key: **N**= None, **S**= Slight, **M**= Moderate, **SE**= Severe, **I**= Intense