Tracking Your Sjögren's Symptoms

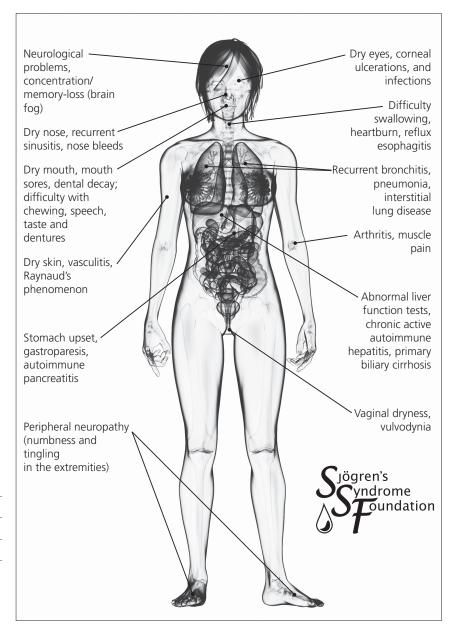
Date:	
Jacc.	

Additional notes about daily activities/results:

Sleeping Notes

Bed Time:	
Hours of Sleep:	
Times Getting up for Medication:	
Activity Notes	

Work Sheet



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

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