

Tracking Your Sjögren's Symptoms

Daily Work Sheet

Date: _____

Additional notes about daily activities/results:

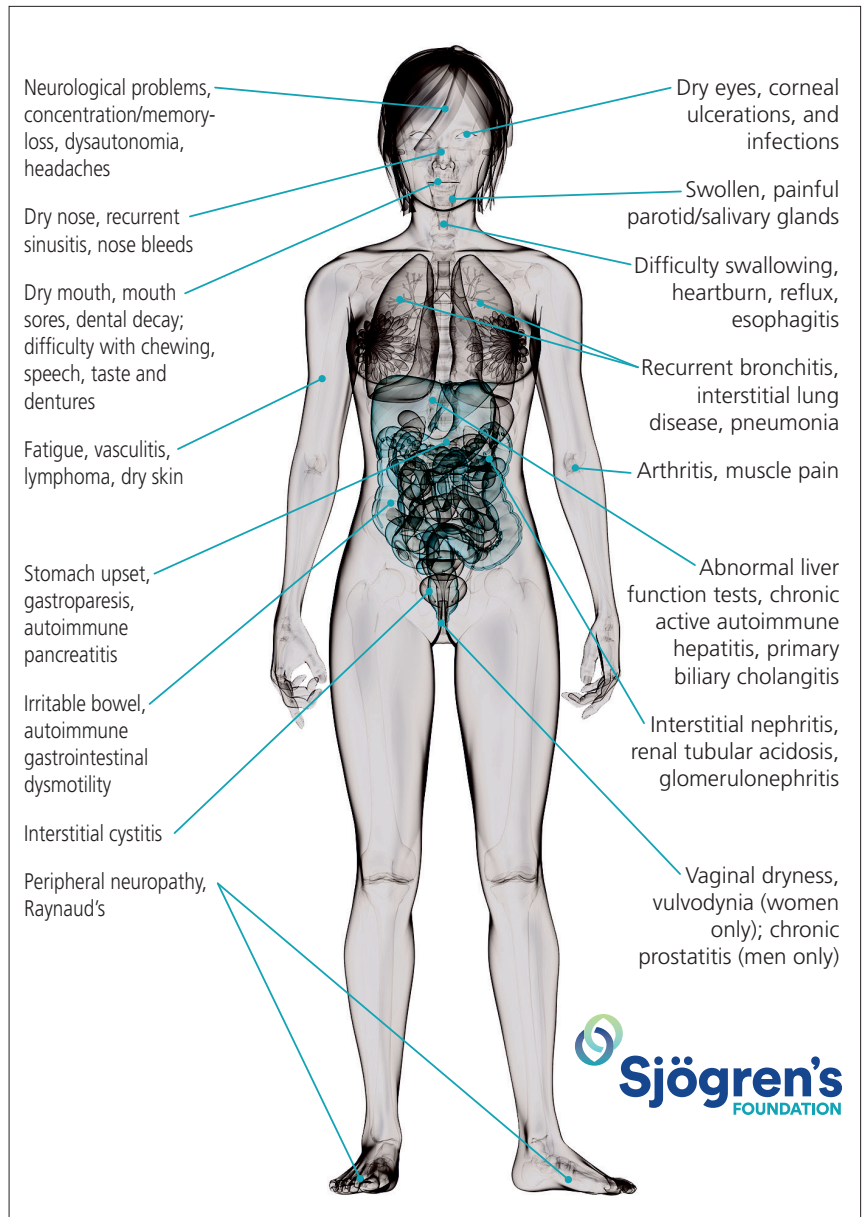
Bedtime: _____

Hours of Sleep: _____

Times Getting up for Medication: _____

Sleeping Notes

Activity Notes



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

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