

Instructions on Completing the Sjögren's Symptom & Impact Tracker

This tool was created by the Sjögren's Foundation® to assist you in gathering information about your Sjögren's disease experience. Completing the tracker before each medical appointment can help you effectively share information about your Sjögren's disease experience with your rheumatologist or healthcare provider on the day of your visit.

This tracker is for personal use; it is not a diagnostic or data collection tool, nor a comprehensive list of possible symptoms. The tracker lists common symptoms identified by people living with and healthcare professionals who treat Sjögren's disease.



Complete the Symptoms & Impact Tracker **on your own and prior to each healthcare appointment**. Each step below corresponds to the same step on the tracker itself.

1**STEP #1**

On a scale from 0-10 with 0 being “no symptom” and 10 being “worst possible symptom” mark the number that best rates the **dryness, pain, and fatigue** that you have experienced in the past two weeks. Select the option that best represents your **physical health** and **mental** and **emotional health** over the past two weeks.

2**STEP #2**

Check the appropriate box to indicate whether you have had any **Sjögren's flare(s)** since your last healthcare visit. A flare is generally described as a worsening of symptoms for a discernible period of time. Flares can often be triggered by external elements such as stress, food, or sun/heat exposure. If you have had a flare or multiple flares, there is space to describe how the flare(s) affected your body, the length of time the flare(s) lasted, triggers that contributed to the flare(s), and any actions that improved how you felt.

3**STEP #3**

Review each symptom listed in the first column.

- Check the box in the second column if you have experienced this symptom at any point since your last healthcare visit.
- In the third column, check the box if the symptom is a brand new symptom.
- The fourth column can be used for making notes about each symptom. Include details such as where the symptom presented on your body, how long the symptom has been present (or how long before it subsided), and anything that you think may have triggered the symptom.
- At the bottom of the symptom list, there is an area to add symptoms you have experienced that are not already listed.

This section also includes statements to indicate how Sjögren's disease has impacted your life. For each statement, indicate the response option that best represents how often that statement has been true for you since your last visit.

4**STEP #4**

Use this space to share additional important information with your healthcare provider. List the priority items that you want to discuss with your provider. For example, you may want to ask about new therapy options to improve the quality of your life, discuss new symptoms, or share how Sjögren's has impacted your life since your last visit.

Download the tracker at sjogrens.org/symptomtracker

Sjögren's Symptom & Impact Tracker

Complete this tracker and discuss your symptoms with your rheumatologist or healthcare provider at each appointment. It is helpful to your healthcare provider if you focus on the symptoms for which you seek support or treatment, and on new symptoms. This tracker is for personal use; it is not a diagnostic or data collection tool, nor a comprehensive list of possible symptoms.

Step #1: Score how you are feeling for each area from 0 to 10 (0 = no symptoms, 10 = worst possible symptoms).

DRYNESS: Considering all your dryness symptoms (eyes, mouth, nose, skin, etc.) in the past 2 weeks, please rate the severity of your dryness.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

FATIGUE: Considering all your symptoms of fatigue in the past 2 weeks, please rate the severity of your fatigue.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

PAIN: Considering all your symptoms of joint or muscle pain in the past 2 weeks, please rate the severity of your pain.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

My **PHYSICAL HEALTH** in the past 2 weeks has been

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

My **MENTAL AND EMOTIONAL HEALTH** in the past 2 weeks has been

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Step #2: Have you had any Sjögren's FLARES since your last doctor visit? ☐ Yes ☐ No

How was your body affected by the flare(s) (length of time, suspected triggers, and actions you took)?

Step #3: Check the box next to each symptom you have experienced since your last doctor visit, including current symptoms. If you are experiencing the symptom for the first time, check the "new symptom" box.

SYMPTOMS	Past or Current Symptom	New Symptom	Notes on Experience (duration, location of symptoms, any trigger, etc.)
<i>Example: Feeling faint or dizzy</i>	☒	☒	<i>For two weeks, when I stood up, I felt faint and had to put my head between my legs.</i>
Constitutional/Systemic			
Fatigue – unexplained	☐	☐	
Fever – unexplained	☐	☐	
Weight gain or loss – unexplained	☐	☐	
Trouble sleeping	☐	☐	
"Brain fog" (forgetfulness, difficulty finding words, difficulty concentrating)	☐	☐	
Sweating – excessive, reduced, and/or night sweats	☐	☐	
Feeling faint or dizzy	☐	☐	
Parotid gland and/or lymph node swelling/ tenderness	☐	☐	
Raynaud's (cold hands or feet that may discolor)	☐	☐	
Ocular/Eye			
Dry eyes	☐	☐	
Eye fatigue and/or pain	☐	☐	
Poor/blurred vision	☐	☐	
Eye infection	☐	☐	
Neurological/Cognitive			
Neuropathy, "pins and needles," tingling, or numbness in hands or feet	☐	☐	
Frequent headaches and/or migraines	☐	☐	

SYMPTOMS	Past or Current Symptom	New Symptom	Notes on Experience (duration, location of symptoms, any trigger, etc.)
Oral/Dental			
Dry mouth	☐	☐	
Mouth ulcers or sores	☐	☐	
Infection in your mouth (yeast, salivary gland, etc.)	☐	☐	
Trouble speaking due to dry mouth	☐	☐	
Choking and/or trouble swallowing	☐	☐	
Tooth decay and/or dental caries (cavities)	☐	☐	
Respiratory/Pulmonary			
Shortness of breath and/or lung congestion	☐	☐	
Chronic dry cough	☐	☐	
Dry nose and/or congested sinuses	☐	☐	
Chest pain or pressure and/or heart palpitations	☐	☐	
Sinus or bronchial infection	☐	☐	
Musculoskeletal/Joint			
Morning stiffness for over 30 minutes	☐	☐	
Joint pain	☐	☐	
Muscle pain and/or muscle weakness	☐	☐	
Tendonitis (swelling or sore tendons)	☐	☐	
Dermatologic/Skin			
Dry or itchy skin	☐	☐	
Rash (general or caused by being in the sun)	☐	☐	
Purpura/petechiae (multiple red spots usually on legs that do not fade)	☐	☐	
Gastrointestinal			
Reflux or heartburn	☐	☐	
Constipation or diarrhea (significant or concerning)	☐	☐	
Genitourinary			
Vaginal, urinary tract, and/or bladder infection	☐	☐	
Vaginal or penile dryness	☐	☐	
Pain during intercourse (dyspareunia)	☐	☐	
Sexual dysfunction	☐	☐	
Other Symptoms			
	☐	☐	
	☐	☐	

IMPACT TO MY QUALITY OF LIFE	Indicate how often each statement is TRUE			
Since my last visit ...	None of the Time	Some of the Time	Most of the Time	All of the Time
I was unable to perform daily activities because of pain or fatigue.	☐	☐	☐	☐
I was unable to fulfill my job/work/school responsibilities.	☐	☐	☐	☐
I was limited in my ability to exercise.	☐	☐	☐	☐
My symptoms interfered with my relationships with my spouse/family/friends.	☐	☐	☐	☐
I was unable to participate in social activities or hobbies outside of the house.	☐	☐	☐	☐
I felt anxious and/or depressed.	☐	☐	☐	☐
My Sjögren's medication(s) caused bothersome side effects.	☐	☐	☐	☐

Step #4: List the 3 or 4 most important issues or concerns to discuss at this appointment.