

## Sjogren's Syndrome Symptoms Checklist

Yes  No **Dry or Itchy eyes**

I find myself rubbing my eyes often because they feel dry.

I use over the counter eye drops several times a day/more than the recommended amount

Yes  No **Dry mouth**

I find myself rubbing my eyes often because they feel dry.

I use over the counter eye drops several times a day/more than the recommended amount

Yes  No **Difficulty talking chewing or swallowing**

My mouth hurts when I chew or swallow food

I find it difficult to chew and/or swallow dry foods like crackers

Yes  No **Sore or cracked tongue**

My tongue often feels like sandpaper, and is very dry and scratchy

My tongue sometimes feels sore

Yes  No **Oral yeast infections, such as candidiasis**

I have had several oral yeast infections over the last year

Yes  No **Increased dental cavities**

Even though I brush and floss, I seem to be experiencing more oral health problems than usual

I seem to have more tooth decay and cavities than ever before

Yes  No **Extreme fatigue or drowsiness**

I have cancelled plans or stopped what I'm doing because I feel too tired

Yes  No **Joint pain or soreness**

I find myself rubbing my eyes often because they feel dry.

I use over the counter eye drops several times a day/more than the recommended amount

Yes  No **I have been diagnosed with fibromyalgia**

**For every new patient LCWL will donate \$1 to the Sjogren's Syndrome Foundation**

**For more information on Sjogren's Syndrome please go to [www.sjogrens.com](http://www.sjogrens.com)**

## Drug Alcohol Screening

Yes  No Have you felt the need to Cut down on your drinking?

Yes  No Do you feel Annoyed by people complaining about your drinking?

Yes  No Do you ever feel Guilty about your drinking?

Yes  No Do you ever drink an Eye-opener in the morning to relieve shakes?

Yes  No Do you use any illegal drugs?

Signature \_\_\_\_\_ Date \_\_\_\_\_