

## LUPUS SYMPTOM CHECKER

DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_ FEMALE/MALE \_\_\_\_\_

SYMPTOM	WHEN DID YOU NOTICE THIS SYMPTOM	HOW LONG HAVE YOU HAD THIS SYMPTOM	IS THIS THE FIRST TIME YOU HAVE HAD THIS SYMPTOM
SKIN RASHES			
SENSITIVITY TO SUN OR LIGHT			
HAIR			
EXTREME FATIGUE			
PAINFUL OR SWOLLEN JOINTS			
MUSCLE WEAKNESS			
STIFFNESS IN JOINTS			
UNEXPLAINED FEVER			
DEPRESSION, SEIZURES, HEADACHES			
CHEST PAIN AND/OR DEEP BREATHING			
BLEEDING AND/OR BRUISING EASILY			
MEMORY PROBLEMS OR CONFUSION			

\*\*\*PLEASE NOTE, SHOULD YOU HAVE FOUR OR MORE SYMPTOMS, PLEASE TALK TO A LUPUS SPECIALIST.