

## Symptom Checklist

Use this page to make notes to take to your doctor.  
Put a check mark beside the symptoms you have.  
Note when you experienced them.

Symptom	✓	Where?	When did you first notice?	How often?	Recent dates?
Example: Rash	✓	<i>face and chest</i>	<i>2 years ago</i>	<i>Once or twice a month</i>	<i>9/17, 10/8, 10/23, 11/15</i>
Red rash or color change					
Painful or swollen joints					
Unexplained fever					
Chest pain with deep breathing					
Unusual hair loss					
Pale or purple fingers or toes					
Sensitivity to sun					
Other					