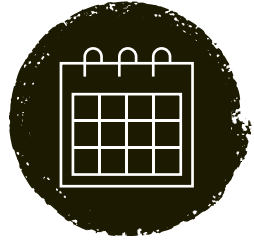


Patient Symptom Tracker for IgG4-Related Disease

Welcome to Your IgG4-RD Symptom Tracker

Use this tool to help you keep track of your symptoms over time to share with your healthcare team to better manage your condition.

How to Use This Tracker



Check In Monthly

Use this tracker to record any symptoms or changes you've noticed once a month. For each symptom, note how often it occurs and how much it impacts you, if at all.

Print, fill out, and bring the symptom tracker to your next medical appointment to start the conversation about IgG4-RD with your healthcare provider.



Be Honest and Detailed

Write down exactly how you feel—even the small details can be important. Use the notes section to capture anything unique.



Review and Share

It's important for your healthcare provider to understand how you've been feeling. Whether you have a diagnosis or are still seeking answers, sharing this tracker can provide valuable insights to guide your care.

A Couple of Tips for Staying Consistent

- Set a reminder on your phone to complete your tracker every month.
- Keep the tracker in an easy-to-access place, like your bedside table or phone.
- Focus on 2-3 symptoms that impact you the most if you are short on time.
- Use the "Notes" section to jot down anything unusual, like new triggers or changes.

Symptoms

Date: _____



IgG4-RD can cause many different symptoms that might not seem connected. These can include unusual lumps or swelling, puffiness in the face, hands, or feet, sinus problems, eye irritation or blurry vision, constant tiredness, unexpected weight changes, trouble breathing, or body aches. Use this space to write down any new or unusual symptoms, how often they happen, and how severe they feel.

Symptom: _____

How Often?

Never A few days/week Every day

How Much Does It Bother You?

Not at all A little Very much

Notes: _____

Symptom: _____

How Often?

Never A few days/week Every day

How Much Does It Bother You?

Not at all A little Very much

Notes: _____

Symptom: _____

How Often?

Never A few days/week Every day

How Much Does It Bother You?

Not at all A little Very much

Notes: _____

Monthly Summary

At the end of each month, reflect on your overall health:

Which symptom affected you the most this month? _____

How would you rate your overall health this month on a scale of 1 to 5 (1=poor; 5=excellent)?

1 2 3 4 5

Notes: _____

You're All Done!

Bring this symptom tracker with you to your next medical appointment to give an insight to your healthcare provider to understand how you've been feeling. Whether you have a diagnosis or are still seeking answers, sharing this tracker can provide valuable insights to guide your care.