

Autoimmune Disease Symptom Checklist

PERSONAL INFORMATION

Name:

Age:

Gender:

Date of Checklist:

AUTOIMMUNE DISEASE HISTORY

Have you been diagnosed with any autoimmune diseases? Yes No

If yes, please specify:

GENERAL SYMPTOMS

Specific Symptoms (Please check all that apply):

Abdominal pain

Digestive issues (diarrhea, constipation)

Shortness of breath

Chest pain

Vision changes

Numbness or tingling in extremities

Difficulty swallowing

Frequent infections

Swollen glands

Thyroid abnormalities

ADDITIONAL INFORMATION

Are there any other symptoms or concerns you would like to note?

FREQUENCY OF SYMPTOMS

How often do you experience these symptoms?

Symptoms	Daily	Weekly	Monthly
Joint pain/swelling			
Shortness of breath			
Vision changes			
Numbness or tingling in extremities			
Frequent infections			
Thyroid abnormalities			

SEVERITY OF SYMPTOMS

Please rate the severity of each symptom on a scale of 1 to 5 (1 being mild, 5 being severe):

Symptoms	1	2	3	4	5
Joint pain/swelling					
Shortness of breath					
Vision changes					
Numbness or tingling in extremities					
Frequent infections					
Thyroid abnormalities					

COMMENTS