

RA SYMPTOM TRACKER

Month/Year: _____

DATE	PAIN LEVEL (1-10)	MORNING STIFFNESS	JOINT SWELLING	FATIGUE LEVEL
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Active Trigger Areas:

Hands/Wrists
Elbows
Shoulders
Knees
Ankles/Feet
Hips
Neck
Spine

Medication Changes & Side Effects:

Note: This document is for personal tracking and informational purposes only. Consult with your rheumatologist regarding any significant changes in symptoms.