

# JUVENILE IDIOPATHIC ARTHRITIS FLARE

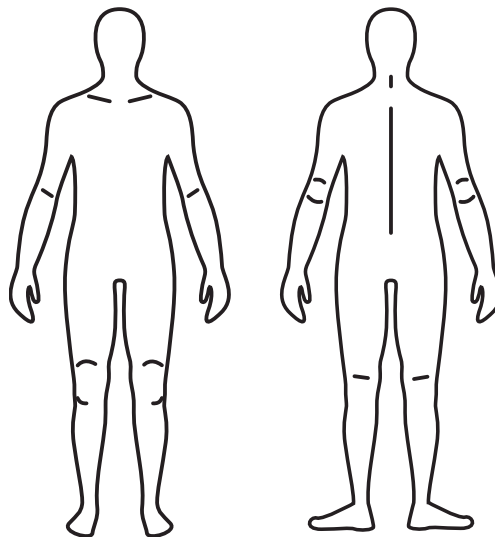
Keep a record of your child's symptoms and activities to help identify patterns and solutions. Use this to record relevant details and take it to your child's next doctor's appointment to help communication with your child's provider.

**FLARE ONSET DATE:**

**DURATION:**

**POSSIBLE CAUSE(S):**

**MARK ALL PAINFUL AREAS WITH AN X:**



**MOST PAINFUL JOINT/AREA:**

**PAIN LEVEL:**

no pain 1 2 3 4 5 6 7 8 9 10 worst possible pain

**HAS YOUR CHILD HAD JOINT SWELLING?:**

yes

no

**IF YES, WHERE?:**

**HOW LONG DOES MORNING JOINT STIFFNESS LAST:**

Less than 1/2 hour  1/2 - 1 hour  more than 1 hour

**MOBILITY/FUNCTION LEVEL:**

no limitations 1 2 3 4 5 6 7 8 9 10 worst limitations

**WHAT ACTIVITIES ARE AFFECTED?:**

**FATIGUE LEVEL:**

no limitations 1 2 3 4 5 6 7 8 9 10 worst limitations

**OTHER SYMPTOMS:**

**CHANGES SINCE YOUR LAST VISIT (CHECK ALL THAT APPLY):**

- Missed Medication     Medication Change     Change in Activities  
 Infection or Illness     Mental Health Change     Other/explain \_\_\_\_\_

**SELF-MANAGEMENT: HOW IS YOUR CHILD'S...**

**NUTRITION:**

very healthy 1 2 3 4 5 6 7 8 9 10 not healthy

**EXERCISE ROUTINE:**

exercise most days 1 2 3 4 5 6 7 8 9 10 no exercise

**SLEEP QUALITY:**

very restful 1 2 3 4 5 6 7 8 9 10 very poor

**STRESS MANAGEMENT:**

no stress 1 2 3 4 5 6 7 8 9 10 high stress

**LIST ANY ADDITIONAL QUESTIONS YOU MAY HAVE FOR YOUR DOCTOR:**

For more information, visit [arthritis.org/about-juvenile-arthritis](http://arthritis.org/about-juvenile-arthritis), and find tips to manage flares