

AXIAL SPONDYLOARTHRITIS FLARE TRACKER

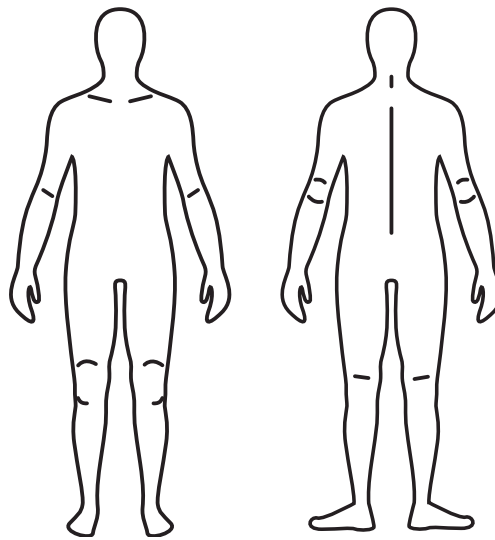
Keep a record of your symptoms and activities to help identify patterns and solutions. Use this to record relevant details and take it to your next doctor's appointment to help you better communicate with your provider.

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

HAVE YOU HAD JOINT SWELLING?:

yes

no

IF YES, WHERE?:

HOW LONG DOES MORNING JOINT STIFFNESS LAST:

Less than ½ hour ½ - 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 _____

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-axial-spondyloarthritis](https://www.arthritis.org/about-axial-spondyloarthritis), and [find tips to manage flares](#)



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