

AXIAL SPONDYLOARTHRITIS FLARE TRACKER

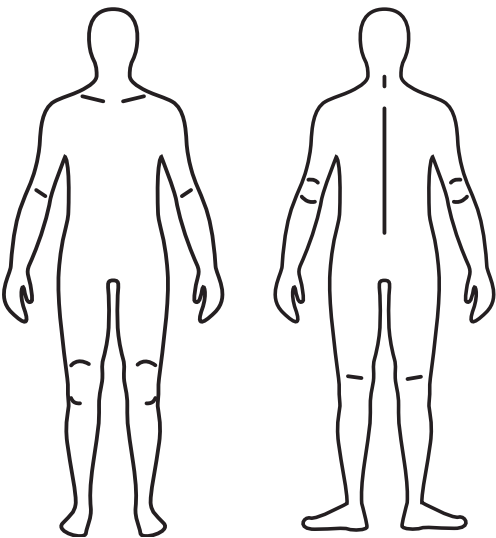
Keep a record of your symptoms and activities to help identify patterns and solutions. Use this to record relevant details and take it to your next doctor’s appointment to help you better communicate with your provider.

FLARE ONSET DATE:

DURATION:

POSSIBLE CAUSE(S):

MARK ALL PAINFUL AREAS WITH AN X:



MOST PAINFUL JOINT/AREA:

PAIN LEVEL:

no pain12345678910worst possible pain

HAVE YOU HAD JOINT SWELLING?:

yesno

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 limitations12345678910worst 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](#)