

GOUT ATTACKS TRACKER

Communicate honestly with your doctor and keep a record to share with your doctor of how many flares you've experienced since your last visit and how intense they were. Use this Gout Attacks Tracker to record relevant details. Take it to your next doctor's appointment to help you and your doctor identify patterns or triggers that might have caused the most recent attacks.

DATE OF GOUT ATTACK ONSET & DURATION:

Date began: ___ / ___ / ___ AM or PM Date ended: ___ / ___ / ___ AM or PM

JOINT(S) AFFECTED:

SYMPTOMS:

- Swelling Redness Pain
 Tenderness Heat Other _____

PAIN SEVERITY:

1 2 3 4 5 6 7 8 9 10
mild _____ severe

How quickly did your pain become severe?

POSSIBLE TRIGGERS:

(check all that apply)

- Joint injury or trauma Eating large amounts of purine-rich foods
 Drinking too much alcohol Other (please explain): _____
 hard liquor beer

MEDICATIONS TAKEN:

List the medications you have taken to relieve this gout flare:

List medications you take for lowering uric acid levels and ongoing gout management:

List other medications, vitamins and supplements you take:

GOUT ATTACK MANAGEMENT TACTICS:

List anything you did to cope with pain, such as using ice and elevating or resting joints:

ADDITIONAL INFORMATION:

Date of last doctor visit: ___ / ___ / ___

Date of last serum uric acid test: ___ / ___ / ___

Serum uric acid level: _____

USE THE BACK OF THIS SHEET TO LIST ANY ADDITIONAL QUESTIONS YOU MAY HAVE FOR YOUR DOCTOR