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:**

1. **MOST PAINFUL JOINT/AREA:**

2. **PAIN LEVEL:**

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

3. **HAVE YOU HAD JOINT SWELLING?:**

   - yes
   - no

   **IF YES, WHERE?:**

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

   - Less than ½ hour
   - ½ - 1 hour
   - more than 1 hour

5. **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: Very slight
  - 2: Mild
  - 3: Moderate
  - 4: Severe
  - 5: Worst possible limitations

### FATIGUE LEVEL:

### 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...

#### NUTRITION:

- Very healthy
- Most days
- No exercise

#### EXERCISE ROUTINE:

- Very restful
- No stress

#### SLEEP QUALITY:

- Very poor

#### STRESS MANAGEMENT:

- Very poor

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

For more information, visit arthritis.org/about-psoriatic-arthritis, and find tips to manage flares