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.

**GOUT ATTACKS TRACKER**

**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:**

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

**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

For more information about gout visit arthritis.org/gout