

PSORIATIC ARTHRITIS FLARE TRACKER

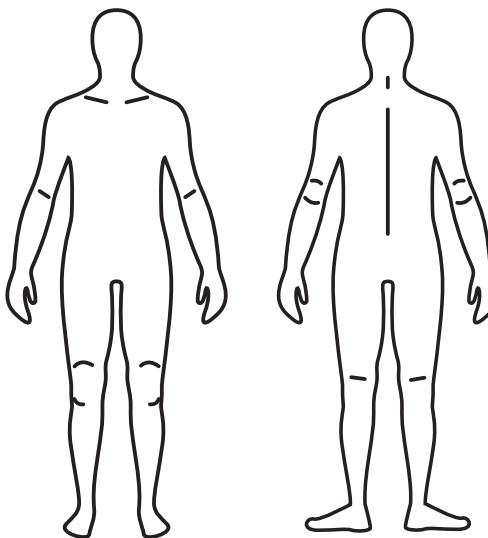
Keep a record of your symptoms and activities to help identify patterns and solutions. Use this to record relevant details and take it to your next doctor's appointment to help you better communicate with your provider.

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 $\frac{1}{2}$ hour $\frac{1}{2}$ - 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 _____

SELF-MANAGEMENT: HOW IS YOUR...

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-psoriatic-arthritis, and [find tips to manage flares](#)



The content of this resource was independently produced by the Arthritis Foundation. Production was made possible, in part, with funding from Amgen, Bristol Myers Squibb, Johnson & Johnson, Novartis, and UCB.