JUVENILE IDIOPATHIC ARTHRITIS FLARE

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

HAS YOUR CHILD HAD JOINT SWELLING?: yes no

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 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 CHILD’S...

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-juvenile-arthritis, and find tips to manage flares