

# AXIAL SPONDYLOARTHRITIS FLARE TRACKER

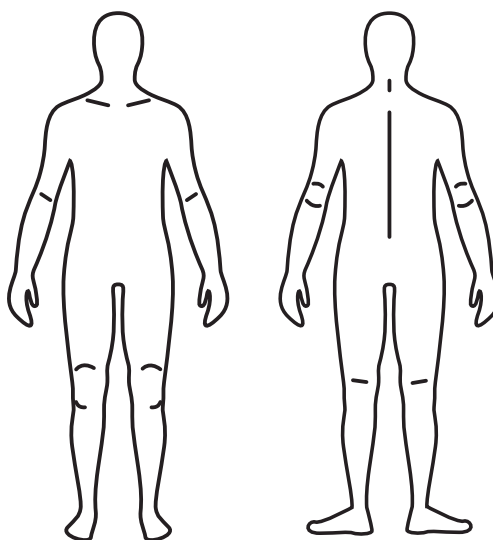
Keep a record of your symptoms and activities to help identify patterns and solutions. Use this to record relevant details and take it to your next doctor's appointment to help you better communicate with your provider.

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 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 \_\_\_\_\_

**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-axial-spondyloarthritis](https://www.arthritis.org/about-axial-spondyloarthritis), and [find tips to manage flares](#)